



International Society for the Enhancement of Eyesight

The **International Society for the Enhancement of Eyesight**, (founded 16 Jan 1995) is a web site and a mailing list dedicated to promoting better natural eyesight for everyone!

Simple, safe, and easy techniques have been known for at least a century that you can employ to prevent, lessen, and possibly completely eliminate blurry vision. These techniques of the "Art of Seeing" have been simply ignored by mainstream optometry and ophthalmology. It's time to change all that! You have nothing to lose but your glasses!

Directory of Documents

- [ISEE Library](#): articles on eye health, treatments, and vital concerns.
 - [ISEE Mailing List](#): how to subscribe and a year of archives!
 - [Eye Charts](#)
 - [Finding Help](#) -- organizations providing referrals, educational materials, and products in the area of vision therapy
 - [Bibliographies](#): Books to help you on your journey, eye-opening research on vision, and more...
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-

This site is maintained by Alex Eulenberg. Comments: [<i-see-owner@YahooGroups.com>](mailto:i-see-owner@YahooGroups.com).

Revised 11 December 2003



Library

The Basics

- [Bates Method in a Nutshell](#)
- [Natural Vision FAQ](#) (140K), maintained by [Vic Cinc](#)
- See also the  [Mailing List Archives](#)

Essays

- Alex Eulenberg's report on the [Preventability of Myopia](#). A review of theories and treatments on ways to prevent and treat nearsightedness. Lots of references, lots of quotes. Lots of surprises.
- Francine Eisner's [Introduction to Vision Training](#). Optometric vision training, what it's all about.
- [Glaucoma](#) -- a deconstruction of the disease by Ray Chamberlin
- Peter Pullicino's essay on [Myopia Theory, Public Attitudes, and the Eyecare Industry](#).
- Robin Parsons's look at [Myopia as a Pernicious Bad Habit](#).

Books

- William Bates's Classic, [Perfect Sight Without Glasses](#).
- [Your Glasses And Your Eyes](#), by Jacob Raphaelson.
- [Why Eyeglasses Are Harmful for Children And Young People](#), by Joseph J. Kennebeck, O.D.
- Selections from Otis Brown's [How To Avoid Nearsightedness: A Scientific Study of the Eye's Behavior](#).

Personal Experiences

- ["I Can See"](#) -- Performing artist Adam Klein shares his experience with vision improvement.
- How *not* to cure myopia, by Richard McCollim
 - [The Optifuge](#)
 - [The Incyclorotator](#)

- [Personal Histories](#) from the [I SEE Mailing List Archives](#)

Nutrition

- NutraSweet (aspartame) -- poison for the eye!
 - [Aspartame and the Eye](#) by H.J. Roberts, M.D.
 - [Aspartame and Blindness etc.](#) Various Authors, compiled by Betty Martini.
 - [Aspartame and Dry Eye](#) (and worse) -- a clinical report by H.J. Roberts
 - [More about aspartame](#) -- health matters, science, and politics.
- [Bilberry](#) for better vision -- two articles courtesy of Rob Bidelman.

Dissenting Doctors

- [How to Eliminate Hyperopia](#) by Dr. Merrill Allen -- if your child has a crossed or wandering eye, take this document to your eye doctor!
- Doctors agree: [Glasses make myopia worse!](#)

Figures in the History of Unorthodox Eyecare

- [William Horatio Bates, MD](#)
 - [Obituary](#) from New York Times
 - [Biography](#) from National Cyclopaedia of American Biography
 - His book, [Perfect Sight Without Glasses](#)
- [Emanuel Josephson, MD](#) and his [Nutritional Theory of Myopia](#).
- [Joseph Kennebeck, OD](#)
- [Chalmers Prentice, MD](#)
- [Jacob Raphaelson, OD](#)

Optics, geometrical and physiological

- [Extraocular muscles and their effect on the shape of the eye](#)
- [Schachar's theory of accommodation](#) (courtesy of eMedicine) -- a new lens-based theory of accommodation that differs from that of Helmholtz.
- [Accommodation in the Lensless Eye](#), by A. Edward Davis, an article published in 1895.
- [A Cybernetic Model of Accommodation](#), by Otis S. Brown et al.

Debate

- [How effective is surgery for cross-eye \(strabismus, esotropia\)?](#) Will we ever get an answer from the ophthalmologists? Featuring UCSD's favorite pediatric ophthalmologist, [David Granet](#).

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Revised 4 Jun 2003



Bates Method in a Nutshell

Based on *Better Eyesight Without Glasses* by William H. Bates (New York: Henry Holt, 1981), Chapter 24, "Fundamental Principles of Treatment", pp. 193-200. Note, this is a paraphrase, not a direct quote.

The means to better vision is through relaxing the eyes. Rest makes vision better, strain or effort makes vision worse. There are several ways to rest the eyes.

1. **Close your eyes.** While doing this, think of something agreeable.
2. **Cover your eyes.** Called "palming". If you cover your eyes so as to exclude all light, the eyes will be able to achieve a greater degree of relaxation. Cover both eyes with the palms of your hands, your fingers crossed on your forehead. Note: in order to be successful, you must be able to relax while palming. Some people cannot do this, and palming becomes counterproductive. The blacker the field you see, the more relaxed you are. But if you "try" to see black, this may cause more strain. Don't try to see black: it is better to imagine a concrete, familiar object or scene.
3. **Observe the swing of things.** As you move your gaze from one point to another, things seen should move in the opposite direction. For example, if you look at the upper left corner of the letter "H" and then shift your gaze to the lower left corner, the "H" should appear to move, or "swing" up. If it doesn't, this is a sign of strain. There are a variety of exercises to practice the swing. You can gently swing your whole body to the left and to the right, and watch a distant tree swing to the right and to the left, you can move just your head, or just your eyes. The better the vision, the shorter the swing can be made to be.
4. **Use your imagination.** By seeing things with your mind's eye, and remember them in precise detail, you increase your ability to see actual objects better. The perfect memory of any sensation can be produced only when one is free of strain. It also helps, when practicing with a test card, to imagine that the part of a letter that one is looking at is blacker than the rest of the letter, or to imagine a small letter within a small black spot of a letter. In this way you direct your mind to appreciating finer and finer detail.
5. **Catch those flashes.** When your eyes finally achieve a state of relaxation through swinging or palming, you will see a "clear flash"; paradoxically, the sight of everything in focus is such a surprise that it causes strain, and the blur returns. So before the clear picture blurs out, close your eyes and remember the image in its full sharpness and clarity.

6. **Keep your vision centered.** When you regard an object, only one small part should be seen best. This is because only the center of the retina -- the fovea -- has the best vision for detail. Farther away from the fovea, the retinal receptors get progressively less able to pick up fine detail. Therefore, trying to catch all the detail with all of your retina at once causes strain because it cannot be done! Instead of staring at the entirety of an image, restrict your attention to the smallest area that you can.
7. **Enjoy the sun.** Get out into the open and enjoy every sunny day. It is especially relaxing and stimulating to the eyes if you close your eyes and let the sun shine onto your lids as you sway back and forth.
8. **Practice with a test card.** Keep an [eye chart](#) on the wall. To practice, stand from 10 to 20 feet away, and read the smallest line that you can without straining. Then look at one of the letters on that line and close your eyes. Remember that letter -- go over every detail in your mind; shift from part to part, from curve to corner and so on. When you open your eyes, you will see not only that letter better, but also the one below it. If you find yourself staring at the letters, which results in the line becoming blurred as soon as it comes into focus, it is best to close the eyes before this can happen. When you open them, shift to another letter on the same line. If you close your eyes for each letter, you will become able to read the whole line. Practice every day for five minutes or more and keep a record of your progress.

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Eye Charts

If you want to improve your vision with natural vision improvement techniques, such as the [Bates Method](#), you need an *eye chart*. With an eye chart, you can perform various eye exercises, and, of course, an eye chart provides an objective way for you to see your progress as you improve your visual fitness. As you experiment with various vision improvement techniques, the eye chart can help you decide which exercises work and which ones *don't* work for you.

Check out the [eyechart download](#) section for free eye charts, ready to print out (or use on screen) and use in measuring and training various aspects of vision; or, follow the instructions on how to [make your own eye chart!](#)

Using a [Snellen eye chart](#)

The chart is usually read while standing at a distance of 20 feet. Acuity is represented as a fraction, with the distance at which you are standing being the numerator (top part of fraction), and the normal maximum legible viewing distance ("Distance" on the chart above) as the denominator (bottom of fraction). So if, at 20 feet, you can read the letters on the row marked "40", this means you have visual acuity of 20/40 or better: 1/2 normal. From 10 feet, if the smallest letters you could read were on the "40" line, this would give you an acuity of 10/40: 1/4 normal. If you are nearsighted, your vision will become more normal the closer you stand to the chart.

How do you use *your* eye chart? Tell us about it on the [I SEE mailing list!](#)

Free eye charts to download!

- **Interactive Eye Chart:** Alejandro Saksida's Flash-based **Ultimate Random Snellen Chart generator, version 2.5** now with new and improved picture options (updated December 11, 2003):
 - Read [Instructions](#).
 - Generate a [Random Snellen Chart](#) on the web.
 - Download a [ZIP Archive](#) of the generator for off-line use.
- **Vision Training Charts** from Ray Gottlieb, O.D., Ph.D., with instructions
 - Presbyopia Reduction Chart ([PDF](#)) -- helps you read fine print by training convergence

- String Of Pearls ([PDF](#)) -- for improving 3D perception
- Alex Eulenberg's **1-page Snellen Chart (20/20)**
 - in [GIF](#) format (browser-viewable, also printable at 72 dpi)
 - in Macintosh [PICT](#) format (hi-resolution, downloadable & printable)
 - in [Encapsulated PostScript \(.eps\)](#) format (compatible with, among other programs, WordPerfect for Windows.)
 - in [PDF](#) format.
- Joel Schneider's **3-page Snellen Chart plus near vision testing card**
 - in [PDF](#)
 - PostScript [source code](#)
- Vic Cinc's Letter **rows & grid of random tumbling E's**
 - in [PDF](#) format
 - in [PostScript](#) format
- Vic Cinc's [Astigmatic mirror](#)

Make your own eye chart!

For those enterprising souls out there who would like to laserprint or draw by hand their own eye chart, or if you would like to verify that your printout is of the correct proportions, here are the specs:

Distance (feet)	70	60	50	40	30	20	15	10	7	4
letter ht (mm)	31	27	22	18	13	9	7	4	3	2
letter ht (pt)	88	76	63	50	38	25	19	13	9	5
font size (pt)	152	130	108	87	65	43	33	21	15	9

Interpreting the table

"Distance" in the above table refers to the furthest distance from the chart at which a normal eye is able to read the letter. On a Snellen eye chart, rows letters of a given size have the corresponding distance number next to them. Thus row of 18mm letters is marked "40". The font must be **Courier** (or **Courier Bold**) in order for the "font size" in points to correspond to the indicated letter height. Courier Bold is the PostScript font that most closely approximates the official Snellen letters.

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Mailing List

The **I SEE** discussion group mailing list has a long history of good debate and conversations on all topics related to natural vision improvement. The group, currently hosted by [Yahoo! Groups](#), gets an average of 50-100 messages per week. Members can choose to be sent daily summaries or digests, or to keep up with the list on the web at the [I-SEE Yahoo! Group home page](#).

How to subscribe to the **I SEE** mailing list

To subscribe, send email (subject line and content does not matter) to i-see-subscribe@yahoogroups.com

How to regulate the frequency of mailings from the **I SEE** mailing list

To make changes to your account, you need a Yahoo! ID so you can log in and make the changes. You get your ID through the [Yahoo! Groups ID assignment wizard](#). Once you have your ID, you can switch to a daily digest mode, daily summary mode, or read-only-on-the-web mode. You can do this from the [I-SEE Yahoo! Group home page](#).

How to unsubscribe from the **I SEE** mailing list

Please do not send mail directly to the list if you want to unsubscribe. To unsubscribe, send email (subject line and content does not matter) to i-see-unsubscribe@yahoogroups.com

Problems?

If you have any trouble with the above procedures, visit our [Yahoo! Group page](#) for more information.

Mailing List Archives

We have archives of the mailing list, organized by topic (for 1995) and by month (for 1996 to January

1999).

Recent archives

Posts made since October 14, 1999 are available to members at the [Yahoo! Groups home page](#) (Yahoo! ID needed).

1996-1999 Present Archives (Indexed by Month)

- 1999 (coming soon)
- 1998 (coming soon)
- 1997 (coming soon)
- 1996 [Jan](#) [Feb](#) [Mar](#) [Apr](#) [May](#) [Jun](#) [Jul](#) [Aug](#) [Sep](#) [Oct](#) [Nov](#) [Dec](#)

1995 Archives, Indexed by Topic

Popular Topics

- [Principles](#)
- [Palming](#)
- [Sun and Sunning](#)
- [Plus Lens Therapy](#)
- [Misc. Techniques and Exercises](#)
- [Reducing Prescription Strength](#)
- [Bill Stacy's \\$1000 Challenge](#)
- [Flashes of Clear Vision](#)
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- [Accommodation \("focusing"\)](#)
- [Brain and the Eyes](#)
- [Hypnosis](#)
- [Philosophy of Vision Improvement](#)
- [Measuring Vision](#)
- [A word from Dr. Robert-Michael Kaplan...](#)

Products and Services

- [Eye Charts](#)
- [Pinhole Glasses](#)
- [Dealing with Contact Lenses](#)

- [Re-Shaping the Cornea with Contact Lenses](#)
- [Lamps, Full Spectrum and Otherwise](#)
- [Miscellaneous Products](#)

Particular Eye Conditions

- [Myopia Research](#)
- [Denis Alarie's Theory of Developmental Myopia](#)
- [Presbyopia \("Old Age Sight"\)](#)
- [Amblyopia \("Lazy Eye"\)](#)
- [Cataracts](#)
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- [Light](#)
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 - *From:* Andy Tenka <c22at@eng.delcoelect.com>
- [Re: Seeking Cataract Advice](#)
 - *From:* RLangridge@aol.com
- [Re: Seeking Cataract Advice](#)

- *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- **Re: Elena tells all (long)**
 - *From:* yacovg@kkl.org.il (yacov granot)
- **bates method and vision improvement**
 - *From:* Nicholas Hill <faucet@pipeline.com>
- **Bilberry Seeds**
 - *From:* Sid Gudes <cougar@roadrunner.com>
- **Methanol toxicity from nutrasweet mimics MS**
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- **RE: Phototherapy and Other Questions**
 - *From:* HEROLD@research.bfg.com
- **Re: Bilberry Seeds**
 - *From:* Betty Martini <betty@pd.org>
- **Re: bates method and vision improvement**
 - *From:* AMPFLP@aol.com
- **Bilberry seeds**
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- **Re: bates method and vision improvement**
 - *From:* tekkdavi@pipeline.com (Karen Yang)
- **Exercise: align your eyes!**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: bates method and vision improvement**
 - *From:* Sean Woodward/estec/ESAdev
- **Huckleberries.**
 - *From:* mat@tekbase.metrica.com (Marco A. Terry)
- **No Subject**
 - *From:* Nicholas Hill <faucet@pipeline.com>
- **Re: Re: bates method and vision improvement**
 - *From:* Nicholas Hill <faucet@pipeline.com>
- **Re: improvement**
 - *From:* tekkdavi@pipeline.com (Karen Yang)
- **Karen Yang's improvement**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: bates method and vision improvement**
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- **Re: Re: bates method and vision improvement**
 - *From:* Nicholas Hill <faucet@pipeline.com>
- **Re: Re: bates method and vision improvement**
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- **VT, PERFECT FLASHES, AND THE IMAGINATION**
 - *From:* Linda Lee <llee@comox.island.net>

- [Buying an eyechart](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
- [Bates method](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [bilbeery again](#)
 - *From:* MeiTien@aol.com
- [Re: Re: bates method and vision improvement](#)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- [cataract](#)
 - *From:* "Kellie S." <103271.1451@compuserve.com>
- [Re: Bates method](#)
 - *From:* Sid Gudes <cougar@roadrunner.com>
- [Re: Huckleberries.](#)
 - *From:* Sid Gudes <cougar@roadrunner.com>
- [Vitrectomy](#)
 - *From:* charlesdf@accent.net (Charles De Felice)
- [Re: Vitrectomy](#)
 - *From:* Betty Martini <betty@pd.org>
- [Re: Bates method](#)
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- [CATARACTS](#)
 - *From:* kelli s <103271.1451@compuserve.com>
- [Re: Re: Re: bates method and vision improvement LONG](#)
 - *From:* Nicholas Hill <faucet@pipeline.com>
- [Re: Vitrectomy](#)
 - *From:* solusrex@198.4.75.47
- [Re: the power of bilberry](#)
 - *From:* Sid Gudes <cougar@roadrunner.com>
- [RE: Bates method](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [RE: Bates method](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [RE: Bates method](#)
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- [bates method and vision improvement LONG](#)
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- [Obtaining an Eye Chart](#)
 - *From:* "Linda" <llee@comox.island.net>
- [bilberr: tea etc](#)
 - *From:* as@twics.com (andreas schneider)
- [I SEE is UNMODERATED](#)

- *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **[RE: Bates method](#)**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **[Tiny white flying things...](#)**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **[Buying an eyechart](#)**
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
- **[Re: your mail](#)**
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
- **[Re: Tiny white flying things...](#)**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **[Re: notes like this](#)**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **[Re: Tiny white flying things..](#)**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **[Re: Re: your mail](#)**
 - *From:* Nicholas Hill <faucet@pipeline.com>
- **[Re: bates method and vision improvement LONG](#)**
 - *From:* Nicholas Hill <faucet@pipeline.com>
- **[Re: Obtaining an Eye Chart](#)**
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- **[Re: Tiny white flying things...](#)**
 - *From:* solusrex@198.4.75.47
- **[Re: Tiny white flying things...](#)**
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- **[Re: bates method and vision improvement LONG](#)**
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- **[Re: Buying an eyechart](#)**
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- **[Central fixation](#)**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **[Re: bates method and vision improvement LONG](#)**
 - *From:* tekkdavi@pipeline.com (Karen Yang)
- **[Objective Vision Results](#)**
 - *From:* "Linda" <llee@comox.island.net>
- **[Vision Improvement and Art](#)**
 - *From:* "Linda" <llee@comox.island.net>
- **[Re: notes like this](#)**
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
- **[Re: Tiny white flying things..](#)**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>

- [Re: notes like this \(fwd\)](#)
 - *From:* Andy Tenka <c22at@eng.delcoelect.com>
- [Several of them](#)
 - *From:* solusrex@198.4.75.47
- [Re: Tiny white flying things.. \(fwd\)](#)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
- [grits](#)
 - *From:* hollima@tech.duc.auburn.edu (Machiko Hollifield)
- [Re: Tiny white flying things.. \(fwd\)](#)
 - *From:* maribel@panix.com (Maribel Antonsanti)
- [Re: bates method and vision improvement](#)
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- [Re: Re: bates method and vision improvement LONG](#)
 - *From:* Nicholas Hill <faucet@pipeline.com>
- [Re: Re: bates method and vision improvement LONG](#)
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- [Re: Objective Vision Results](#)
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- [BEWARE](#)
 - *From:* "kellie s." <103271.1451@compuserve.com>
- [Re: Several of them](#)
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- [Re: Re: Re: your mail](#)
 - *From:* Nicholas Hill <faucet@pipeline.com>
- [presbyopia](#)
 - *From:* freelynn@mars.superlink.net (lynn cremona)
- [Re: notes like this](#)
 - *From:* solusrex@198.4.75.47
- [Re: bates method and vision improvement](#)
 - *From:* tekkdavi@pipeline.com (Karen Yang)
- [Objective Results](#)
 - *From:* "Linda" <llee@comox.island.net>
- [orgone shmorgone](#)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
- [Re: Tiny white flying things.. \(fwd\)](#)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
- [Re: Re: your mail](#)
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
- [Re: notes like this](#)
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
- [Re: Objective Vision Results](#)

- *From:* Peter Locher <plocher@cougar.multiline.com.au>
- [Re: orgone shmorgone](#)
 - *From:* solusrex@198.4.75.47
- [Re: Tiny white flying things.. \(fwd\)](#)
 - *From:* "P.G. Middleton" <cabr90@iona.strath.ac.uk>
- [Re: Tiny white flying things.. \(fwd\)](#)
 - *From:* "P.G. Middleton" <cabr90@iona.strath.ac.uk>
- [Re: bates method and vision improvement](#)
 - *From:* tekkdavi@pipeline.com (Karen Yang)
- [Re: Objective Results](#)
 - *From:* tekkdavi@pipeline.com (Karen Yang)
- [NLP & long distance vision](#)
 - *From:* "Linda" <llee@comox.island.net>
- [Re: presbyopia](#)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- [orgone discussion](#)
 - *From:* Ivo Polasek - ICOMP <u932491@student.canberra.edu.au>
- [Saline solution](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [Hearaches](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [Re: orgone discussion](#)
 - *From:* solusrex@198.4.75.47
- [Re: orgone discussion](#)
 - *From:* Mike Sivack <sivack@arl.mil>
- [Little vibrant energy things](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [Re: orgone shmorgone](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [Re: Saline solution](#)
 - *From:* Sid Gudes <cougar@roadrunner.com>
- [what you can do to change the way myopia is treated](#)
 - *From:* Imarran@mindseye.Berkeley.EDU
- [Little vibrant energy things \(fwd\)](#)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
- [Hearaches \(fwd\)](#)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
- [Re: NLP & long distance vision](#)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
- [Re: notes like this](#)
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>

- [Re: Saline solution](#)
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
- [Eye Chart Math](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [moderated I_SEE: a trial](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Re: Eye Chart Math](#)
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- [Natural Vision Improvement Ophthamologist in Irvine, California?](#)
 - *From:* "Robert Kelle" <RobKelle@msn.com>
- [Internal Light Show](#)
 - *From:* Vincet@mail.microserve.net
- [Re: Little vibrant energy things \(fwd\)](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [Intermediate Prescriptions](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [Re: notes like this](#)
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
- [PRIO glasses](#)
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
- [Re: Little vibrant energy things \(fwd\)](#)
 - *From:* "Stephen Thomas Brindle" <sbrindle@netcom.com>
- [Snellen Chart](#)
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- [Re: Little vibrant energy things \(fwd\)](#)
 - *From:* solusrex@198.4.75.47
- [Re: Intermediate Prescriptions](#)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- [Re: Intermediate Prescriptions](#)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- [Eye Chart Semantics](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Getting it](#)
 - *From:* solusrex@soho.ios.com
- [Diopter Math correction](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Re: Diopter Math correction](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [Re: Eye Chart Semantics](#)
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- [eye bags & breathing exercise](#)

- *From:* jknox1@swarthmore.edu (josh knox)
- **[Eye muscles cause structural changes](#)**
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
- **[Re: Objective Results](#)**
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
- **[Iridology WWW page](#)**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **[Causes of Myopia](#)**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **[Re: Causes of Myopia](#)**
 - *From:* Beyond 20/20 Vision <Beyond_20/20@Sunshine.net>

Mail converted by [MHonArc](#) 2.1.0

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Seeking Cataract Advice (fwd)

- *Subject:* Seeking Cataract Advice (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Wed, 3 Jan 1996 10:52:24 +1100 (EST)
-

>_From: mastewart@CCTR.UMKC.EDU

>

> I am 45, pretty nearsighted, wear contacts, and have been diagnosed with
> cataracts. One eye bothers me a lot with multiple images, light glare,
> blurry/cloudy vision. I have tried: some Bates/Meier Schneider type exercises,
> nutrition, good UV protection. I am not getting worse but not really getting
> better either. I am advised that due to the shape of eyes (extreme
> nearsighted) I am not a good candidate for cataract surgery. In any case I am
> more a fix it yourself if you can type. I would be most grateful for
> suggestions, advice, references, referrals. Also, anyone hazard a guess at why
> cataracts would develop at such an early age? Also I have some astigmatism and
> sometimes I think the problem is astigmatism gone wacko but I can't get
> ophthalmologists or optometrists who have generally done well by me to confirm
> this suspicion. Thanks for any help.

> Mary Ann Stewart

> mastewart@cctr.umkc.edu

there was a story in a Sydney paper that a team of researchers had found
the cause of cataracts and expect to have a solution within a couple of years.
which will be based on either nutrition or a new drug. the story didnt go into
too much detail. so you might want to avoid the surgery until this becomes
more widely available.

Vic

=====

-
- Next by Date: [Seeking Cataract Advice \(fwd\)](#)
 - Next by thread: [Seeking Cataract Advice \(fwd\)](#)
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Seeking Cataract Advice (fwd)

- *Subject:* Seeking Cataract Advice (fwd)
 - *From:* Kellie Elizabeth Cass <KELLIECASS@delphi.com>
 - *Date:* Tue, 02 Jan 1996 22:23:49 -0500 (EST)
-

root@spook.cia.com.au wrote

Nthere was a story in a Sydney paper that a team of researchers had found
Nthe cause of cataracts and expect to have a solution within a couple
Nof years. which will be based on either nutrition or a new drug. the
Nstory didnt go into too much detail. so you might want to avoid the
Nurgery until this becomes more widely available.

What can folks do in the meantime? Do you know of any thing
that will be good for the eyes and at least help cataracts from
getting worse?

In other words, what should those of us who either have
cataracts or who are terrified of getting cataracts do to keep
our eyes healthy and prevent cataracts or like the lady who
posted at least keep them from getting worse?

And does anyone know WHAT nutrition is good for cataracts?

Thankyou so much for any help you can give.

Kellie

`[1;31;46mRainbow V 1.19.4 for Delphi - Registered

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-
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Seeking Cataract Advice (fwd)

- *Subject:* Seeking Cataract Advice (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Wed, 3 Jan 1996 14:58:56 +1100 (EST)
-

>_From: Kellie Elizabeth Cass

>

> root@spook.cia.com.au wrote

> Nthere was a story in a Sydney paper that a team of researchers had found
> Nthe cause of cataracts and expect to have a solution within a couple
> Nof years. which will be based on either nutrition or a new drug. the
> Nstory didnt go into too much detail. so you might want to avoid the
> Nsurgery until this becomes more widely available.

>

> What can folks do in the meantime? Do you know of any thing
> that will be good for the eyes and at least help cataracts from
> getting worse?

> In other words, what should those of us who either have
> cataracts or who are terrified of getting cataracts do to keep
> our eyes healthy and prevent cataracts or like the lady who
> posted at least keep them from getting worse?

> And does anyone know WHAT nutrition is good for cataracts?

> Thankyou so much for any help you can give.

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SCIENTISTS LIFT A VEIL ON CAUSE OF CATARACT BLINDNESS
Gavin Gilchrist (technology writer)

A team of Australian scientists believes it has solved one of the great mysteries of modern medicine: the reason for cataracts, the most common cause of blindness.

After 8 years of research, the team believes it has discovered a major cause of cataracts, a major defect in the eye lens.

In a remarkable finding - which was opposite to the expected result - the scientists found that people with cataracts broke down a common dietary

component, tryptophan, more quickly than those with normal sight.

As a result, people with cataracts had much higher level of key tryptophan by-products circulating in thier blood; it was known that those by-products caused lens damage.

The findings by the Australia Cataract Research Foundation at the University of Wollongong offers hope that early damage may be arrested or even reversed by lowering the levels of those by-products, either through a change in diet or by new drugs.

As well, it may be feasible to develop a test to establish those people at high risk of cataracts by measuring the rate at which they broke down tryptophan.

"Given that we really know nothing about what causes cataracts. I guess this is really the first clue about what might be causing this major cuase of blindness" said director of foundation, Professor Roger truscott.

"It changes the way we think about cataracts"

The finding, which is about to be published in the international journal Clinical Science, is the result of 8 years' research by Professor Truscott and Dr Anthony Elderfield.

Overseas research had suggested tryptophan might be involved in cataracts, so the Wollongong team decided to test the theory. First Dr Elderfield developed a unique test for the by-products, which are created when the body breaks down tryptophan, an amino acid absorbed from food.

Working with cataract patients from Sydney Eye hospital, the team found that those with cataracts borke down the tryptophan about twice as quickly as another group with healthy eyes.

While it is possible that the link between tryptophan and cataracts is coincidental, other evidence suggests that a coincidental link is highly unlikely.

Three of the seven know by-products reate powerfully with proteins similar to those that create the human lens.

Scientists can take any of the three and, in a test tube, cause the same change to lens protein that is seen in cataracts.

I cant find my food composition book, but these are avallable in most bookshops. the message seems to be stay away from tryptophan rich foods.

maybe somebody can post a list of these...

Vic

=====

-
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Cataract Advice

- *Subject:* Cataract Advice
 - *From:* mastewart@CCTR.UMKC.EDU
 - *Date:* Wed, 03 Jan 1996 14:40:29 CST
-

Thanks for the many comments. I haven't been ingesting aspartame but doubtless have been ingesting tryptophan. Problem is, since it's an essential amino acid found in turkey and soy products as well as meat, poultry, fish and eggs, where to begin? I'm a vegetarian but do consume fish and soy products. I suppose I could abandon them for a while and see what happens but would really appreciate more solid research info before such experimentation. Thanks Vic, for the article on the Australia Cataract Research Foundation. Any idea how to get in contact with them?

Mary Ann Stewart
mastewart@cctr.umkc.edu

=====

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- Next by Date: [Pinhole glasses \(fwd\)](#)
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Pinhole glasses (fwd)

- *Subject:* Pinhole glasses (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Thu, 4 Jan 1996 09:23:07 +1100 (EST)
-

```
> From tomreed@engin.umich.edu Thu Jan 4 03:33 EST 1996
>
> I just found your natural vision FAQ page:
>
> http://www.usyd.edu.au/~vicc/faq.html#NA1.4
>
> I've not had time to read through it yet, but I do have one question (if
> you would be so kind as to refer me, if possible).
>
> Where might I obtain a set of "Pinhole" glasses?
>
> Thank you for your time.
> -----
>      _/      _/_/_/_/_/      _/_/_/_/_/      Thomas B. Reed, Research Fellow
>      _/      _/      _/      Intelligent Transportation Systems
>      _/      _/      _/_/_/_/      Room: 213 EPB, University of Michigan
>      _/      _/      _/      Ann Arbor, MI 48109-2140 Ph:(313) 936-7622
>      _/      _/      _/_/_/_/_/      tomreed@engin.umich.edu Fax:(313) 763-1674
> -----
```

can anyone send a pointer to this guy? (tomreed@engin.umich.edu)
I had an address in australia, but I dont think its of much use
for someone in ann arbor.

Vic

=====

- Prev by Date: [Cataract Advice](#)
- Next by Date: [Cataract Advice \(fwd\)](#)
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Cataract Advice (fwd)

- *Subject:* Cataract Advice (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Thu, 4 Jan 1996 09:35:14 +1100 (EST)
-

>_From: mastewart@CCTR.UMKC.EDU

> Content-Length: 608

>

> Thanks for the many comments. I haven't been ingesting aspartame but doubtless
> have been ingesting tryptophan. Problem is, since it's an essential amino acid
> found in turkey and soy products as well as meat, poultry, fish and eggs, where
> to begin? I'm a vegetarian but do consume fish and soy products. I suppose I
> could abandon them for a while and see what happens but would really appreciate
> more solid research info before such experimentation. Thanks Vic, for the
> article on the Australia Cataract Research Foundation. Any idea how to get in
> contact with them?

> Mary Ann Stewart

> mastewart@cctr.umkc.edu

University of Wollongong

Northfields Avenue, Wollongong NSW 2522, AUSTRALIA

Phone: +61 42 213555

<http://www.uow.edu.au/>

Vic

=====

-
- Prev by Date: [Pinhole glasses \(fwd\)](#)
 - Next by Date: [Re: Cataract Advice](#)
 - Prev by thread: [Re: Pinhole glasses \(fwd\)](#)
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Re: Cataract Advice

- *Subject:* Re: Cataract Advice
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Wed, 3 Jan 1996 23:22:05 -0700
-

At 02:40 PM 1/3/96 CST, you wrote:

>Thanks for the many comments. I haven't been ingesting aspartame but doubtless
>have been ingesting tryptophan. Problem is, since it's an essential amino acid
>found in turkey and soy products as well as meat, poultry, fish and eggs, where
>to begin? I'm a vegetarian but do consume fish and soy products. I suppose I
>could abandon them for a while and see what happens but would really appreciate
>more solid research info before such experimentation. Thanks Vic, for the
>article on the Australia Cataract Research Foundation. Any idea how to get in
>contact with them?

The current (January) issue of Universal Light Technology News has an article on using light therapy and nutritional support for cataracts. It's a bit long to type, but if you send me a fax number I can fax it to you, or you can call Universal Light Technology at 1-800-81-LIGHT and ask them for a copy. ULT is headed by Dr. Jacob Liberman, who has written several books on light therapy and vision improvement.

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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-
- Prev by Date: [Cataract Advice \(fwd\)](#)
 - Next by Date: [Re: Seeking Cataract Advice](#)
 - Prev by thread: [Cataract Advice](#)
 - Next by thread: [Pinhole glasses \(fwd\)](#)
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Re: Seeking Cataract Advice

- *Subject:* Re: Seeking Cataract Advice
 - *From:* [Beyond 20/20@Sunshine.net](#) (Beyond 20/20 Vision)
 - *Date:* Fri, 5 Jan 96 06:31 PST
-

Hello Mary Ann:

I appreciated your questions very much. I am thankful that others have answered your questions from the nutritional point of view, and I consider the discussion generated very important. On the other hand, my patients generally report to me that the physical approach to cataracts is only part of the continuum of focus that is needed to get to the root cause of this condition or any eye disease problem for that matter. Your request for a guess as to why the condition is present at a such an early age is one of my favourite and interesting questions I hear from my patients. Rather than attempt to diagnose your situation, I would recommend you read my book *The Power Behind Your Eyes*, and glean from the many non-eye exercise self-help processes whether you find your own answer. If on the other hand, you would like some guidance, I can offer this form of consultation. My approach is three-prong. I have my clients listen to self-healing audio tapes, in your case the one called cataract, change their eating style, you have already done this part, ingest a balanced anti oxident formulae with other ingredients, which have been discussed in this group, and use coloured light brought into and through the eye. Our portable units are under \$100 making them quite affordable. Any more questions, please let me know.

Robert-Michael Kaplan
B.C. Canada.

>I am 45, pretty nearsighted, wear contacts, and have been diagnosed with
>cataracts. One eye bothers me a lot with multiple images, light glare,
>blurry/cloudy vision. I have tried: some Bates/Meier Schneider type exercises,
>nutrition, good UV protection. I am not getting worse but not really getting

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Re: Pinhole glasses (fwd)

- *Subject:* Re: Pinhole glasses (fwd)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Fri, 5 Jan 96 06:32 PST
-

As part of our vision fitness programs, we provide our clients with pinholes and an instructional paper on specific exercises you can use while wearing the pinholes.

You can e-mail us or write

Kim Tasa, Vision Educator
Beyond 20/20 Vision
RR#5 Site 26 Comp 39
Gibsons, B.C. V0N 1V0
Canada

>> From tomreed@engin.umich.edu Thu Jan 4 03:33 EST 1996

>>

>> I just found your natural vision FAQ page:

>>

>> <http://www.usyd.edu.au/~vicc/faq.html#NA1.4>

>>

>> I've not had time to read through it yet, but I do have one question (if you would be so kind as to refer me, if possible).

>>

>> Where might I obtain a set of "Pinhole" glasses?

>>

>> Thank you for your time.

>>

>> _/ _/_/_/_/ _/_/_/_/ Thomas B. Reed, Research Fellow
>> _/ _/ _/ Intelligent Transportation Systems
>> _/ _/ _/_/_/ Room: 213 EPB, University of Michigan
>> _/ _/ _/ Ann Arbor, MI 48109-2140 Ph:(313) 936-7622
>> _/ _/ _/_/_/_/ tomreed@engin.umich.edu Fax:(313) 763-1674
>> -----

>

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Protective screen filters

- *Subject:* Protective screen filters
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
 - *Date:* Fri, 5 Jan 1996 13:47:07 -0500
-

On sci.med.vision. in article <4ci3g4\$qc4@news.vanderbilt.edu> Stefan Stefanov writes:

>Protective filters that are attached in front of computer screens are
>widely used in Europe. I am surprised to find that they are not popular
>in the US. In Europe I used what was known as an "optical filter" over my
>NEC screen. Now I don't use such a filter in the US (an HP screen), and
>my eyes get tired much more quickly.

Just a few days ago, I got a filter from OCLI called "Glare Guard" that supposedly blocks radiation in addition to eliminating glare. It does make viewing less "tiring" -- because of the glare reduction or because of the electromagnetic field radiation, I don't know. It cost \$30 at a discount office supply store. It has a plug for grounding. It's "approved by the American Optometric Association", for what that's worth.

>Does anybody have an idea how these filters work and if they
>are incorporated in the newest screens built?

I am told the radiation is blocked by a thin lead coating within the glass. The material that came with the product did not say how it blocked radiation, but it is supposed to block "95% of EMF radiation".

Some computers at Indiana University computer clusters are marked "low radiation." I did seem to notice a difference with those monitors.

--Alex

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- Prev by Date: [Re: Pinhole glasses \(fwd\)](#)
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computer eye aids

- *Subject:* computer eye aids
 - *From:* Kellie Elizabeth Cass <KELLIECASS@delphi.com>
 - *Date:* Sat, 06 Jan 1996 14:29:07 -0500 (EST)
-

Can anyone please tell me how to make Windows colors easier to distinguish for someone with eye problems? Like with DOS you can set it for white on blue or white on black and it is real clear. Is there any way to make Windows print bolder and easier to read onscreen? I understand how to fix the printed print but I'm talking about looking at it onscreen. With so many folks with vision problems there must be SOME way to make it more clear but we sure can't figure it out.

Thankyou so much for anyone who can help.

Kellie

=====

-
- Prev by Date: [Protective screen filters](#)
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Re: computer eye aids

- *Subject:* Re: computer eye aids
- *From:* "Stephen Thomas Brindle" <sbrindle@netcom.com>
- *Date:* Sun, 7 Jan 1996 13:56:54 -0800

> Date: Sat, 06 Jan 1996 14:29:07 -0500 (EST)
> From: Kellie Elizabeth Cass <KELLIECASS@delphi.com>
> Subject: computer eye aids
> To: i_see@indiana.edu

> Can anyone please tell me how to make Windows colors easier
> to distinguish for someone with eye problems? Like with DOS
> you can set it for white on blue or white on black and it is
> real clear. Is there any way to make Windows print bolder and
> easier to read onscreen? I understand how to fix the printed
> print but I'm talking about looking at it onscreen. With so many
> folks with vision problems there must be SOME way to make it
> more clear but we sure can't figure it out.

Windows 95 has a High Contrast option in the Accessibility Options applet in the Control Panel. This makes fonts and boxes much easier to read for people with vision problems.

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- Prev by Date: [computer eye aids](#)
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Re: computer eye aids

- *Subject:* Re: computer eye aids
 - *From:* Kellie Elizabeth Cass <KELLIECASS@delphi.com>
 - *Date:* Sun, 07 Jan 1996 19:48:40 -0500 (EST)
-

Thank you so much for your help! Now I can't wait to upgrade!
(I tried to thank someone else who emailed me but it wouldn't
go through so thanks to him too!)
Thanks again!

Kellie

.[br/>`[1;35;44mRainbow V 1.19.4 for Delphi - Registered

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- Prev by Date: [Re: computer eye aids](#)
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Re: computer eye aids (fwd)

- *Subject:* Re: computer eye aids (fwd)
 - *From:* Andy Tenka <c22at@eng.delcoelect.com>
 - *Date:* Mon, 8 Jan 1996 07:36:15 -0500 (EST)
-

Acckkk!!!! Do not upgrage to doze 95, please :).

If you have Windoze 3.1 (and 3.0, if I am not mistaken), you can change the color scheme.

Go to the MAIN window, double click on CONTROL PANEL, double click on COLOR and experiment with the choices. Also, you can change the icon size, grid thickness, etc, on the CONTROL PANEL.

I hope this will do what your want it to do.

Forwarded message:

```
> From owner-i_see@indiana.edu Sun Jan 7 20:06:05 1996
> Date: Sun, 07 Jan 1996 19:48:40 -0500 (EST)
> From: Kellie Elizabeth Cass <KELLIECASS@delphi.com>
> Subject: Re: computer eye aids
> To: sbrindle@netcom.com, i_see@indiana.edu
> Message-Id: <01HZQOE6OLNM9897RR@delphi.com>
> X-Vms-To: INTERNET"sbrindle@netcom.com"
> X-Vms-Cc: INTERNET"i_see@indiana.edu"
> Mime-Version: 1.0
> Content-Type: TEXT/PLAIN; CHARSET=US-ASCII
> Content-Transfer-Encoding: 7BIT
> Sender: owner-i_see@indiana.edu
> Precedence: bulk
```

```
>
> Thank you so much for your help! Now I can't wait to upgrade!
> (I tried to thank someone else who emailed me but it wouldn't
> go through so thanks to him too!)
> Thanks again!
```

```
> . Kellie
```

```
> `[1;35;44mRainbow V 1.19.4 for Delphi - Registered
```

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- Prev by Date: [Re: computer eye aids](#)
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Re: Seeking Cataract Advice

- *Subject:* Re: Seeking Cataract Advice
 - *From:* RLangridge@aol.com
 - *Date:* Mon, 8 Jan 1996 22:09:50 -0500
-

Dr. Kaplan,

I noticed that you mentioned that you have a \$100 colored-light device. Is this device similar to Dr. Jacob Liberman's??

I have read Dr. Liberman's book, "Take Off Your Glasses and See" and was quite intrigued by his approach toward vision improvement. How would you compare your approach - similar or completely different??

Do you have any information or guidance with regard to treating myopia using colored light therapy??

I would appreciate any information you can give me.

Regards,

Bob Langridge

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-
- Prev by Date: [Re: computer eye aids \(fwd\)](#)
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Re: Seeking Cataract Advice

- *Subject:* Re: Seeking Cataract Advice
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Tue, 9 Jan 96 05:25 PST
-

>Dr. Kaplan,

>I noticed that you mentioned that you have a \$100 colored-light device. Is
>this device similar to Dr. Jacob Liberman's??

I have taken a stroboscopic xenon variable flashing light source and modified the opening aperture. This device makes use of gelatin filters of the same frequency and combinations as used in Syntonic Optometry. I wanted to come up with a simple device that could be used at home by anyone interested in colour light balancing. The available instruments are more sophisticated and expensive. My clients have reported excellent results as documented in the book *The Power Behind Your Eyes*.

>
>I have read Dr. Liberman's book, "Take Off Your Glasses and See" and was
>quite intrigued by his approach toward vision improvement. How would you
>compare your approach - similar or completely different??

Jacob and I are very dear friends and have collaborated on many occasions and are currently working on a joint project. We have tended to focus on vision improvement from two distinctly different viewpoints. My focus has been on modified lens prescriptions, and using the iris interpretation to help explain some of the causes of vision problems. Other than this we both have similar vision therapy, psychoemotional and optometric experiences. My suggestion is to read my books, and then draw your own conclusions.

>
>Do you have any information or guidance with regard to treating myopia using
>colored light therapy??
>I would appreciate any information you can give me.

>Regards,

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Re: Elena tells all (long)

- *Subject:* Re: Elena tells all (long)
 - *From:* yacovg@kkl.org.il (yacov granot)
 - *Date:* Thu, 11 Jan 1996 07:44:48 +0200
-

Hi Elena,

I have been myopic since I got the measles as a small kid and have been wearing hard contacts since the age of 18 (34 years ago). I was born in the US and came to Israel at the age of 24. I don't recall just how near-sighted I am but I am extremely so (so is my father).

I work in front of a computer most of the day.

I began to try Bates, based on some articles that I read via i_see on the Internet last week. I took out my contacts for a week but had to put them back in while driving. I felt my vision was improving a trifle but had to bend close to see things, which was not very convenient or productive at work. I put my contacts back in 2 days ago and my eyes have felt heavy since then. I do have a pair of glasses lying around the house and now, after reading your letter, I think I will try them, when necessary at work, instead of contacts. I hope it works out - I was foolish enough to think that the procedure was to go from contacts to nothing at all!

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- Prev by Date: [Re: Seeking Cataract Advice](#)
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bates method and vision improvement

- *Subject:* bates method and vision improvement
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Thu, 11 Jan 1996 11:06:54 -0500
-

Hello listees,

I joined this list about a week ago and have been brousing hoping for some discussion regarding the bates method.

I'm quite myopic I've been wearing glassses for about 23 years now. I finally decided to take the plunge and seriously try the bates method. I've pretty much gone cold turkey and thrown off my glasses. For about two weeks now I've been stumbling around New York City and Brooklyn. I'm slowly getting used to my vision and the blur.

I can now see a sharpness within that blur. Some times I can read the sign at the church across the street or the words on all the papers around me. Usually this clarity disapears when I blink but comes right back again. I'm quite determind and trying to stay very positive about this but I must admit the evenings can get quite frustrating when my vision is less clear than the day.

I have been palming, sunning, yawning, stretching, shifting, swinging, taking vitamins, herbs, etc....

Are there any others on this list who have successfully thrown off their glasses and improved their vision?

Have others tried this on their own with out any teachers?

Feeling a little isolated out here in the blur thanks for your patience,
Alexandra Hill

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- Prev by Date: [Re: Elena tells all \(long\)](#)
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Bilberry Seeds

- *Subject:* Bilberry Seeds
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Thu, 11 Jan 1996 11:09:13 -0700
-

Does anyone know a source for bilberry seeds in the U.S.? I'd like to grow my own. Alternatively, does anyone know the botanical name for it, so I can have some friends track it down?

TIA,
Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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- Prev by Date: [bates method and vision improvement](#)
- Next by Date: [Methanol toxicity from nutrasweet mimics MS](#)
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Methanol toxicity from nutrasweet mimics MS

- *Subject:* Methanol toxicity from nutrasweet mimics MS
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Thu, 11 Jan 1996 13:39:30 -0500 (EST)
-

Betty,

Sorry I didn't get back to you sooner. I meant to write after Thanksgiving but things got a little busy for me. I keep meeting new aspartame victims, though, so I thought this might be a good time to drop you a note.

The woman about whom I have written to you is doing better all the time. Her MS symptoms are GONE! She still has a problem with light sensitivity in the eye with the damaged optic nerve but that is gradually improving with time. Even during the holidays, she has continued to lose weight since giving up aspartame. She had been severely over-weight for many years and nothing that she did to lose weight worked for her. It is unfortunate that the diet products that she thought would help her lose weight did nothing but make her more unhealthy and obese. I am afraid that many women fall into that same trap.

Over the holidays, I learned that a business associate of my mother recently lost her job. She has lost her ability to concentrate and her memory is failing. She has some other neurological problems and was recently diagnosed with MS and depression. She is over-weight and has been on a series of unsuccessful diets for most of her adult life. We spoke to her and she agreed to give up aspartame. She is a confirmed skeptic but, at this point, she is desperate enough to try anything. I can only hope that we got to her in time to help.

I also found out that an elderly, diabetic friend of my parents is having some health problems. He has always been able to manage his diabetes through diet and exercise. Recently, his blood sugar has gotten out of control and the doctors have no idea why. I am sure it is related to his aspartame consumption and he has agreed to change his diet to see if that will help him.

I hope to have some good news to pass on soon about both these people

soon. It is amazing how wide spread these types of problems seem to be now that I know what to look for. Thanks so much for all of your helpful information and support.

Amanda

On Thu, 21 Dec 1995, Betty Martini wrote:

> Amanda: We have a new auto-responder now and I wanted you to have thae
> instructions because we keep adding reports. The World Environmental
> Conference report goes into the epidemic of MS. Little by little we'll
> start adding scientific reports. Hope your friend gets off aspartame and
> will send us her case history. I bet her problems will disappear after
> she has been off aspartame long enough.

>
> Regards,
> Betty

>
> *****
> To get more information on aspartame, email betty@pd.org
> In the subject line, simply put "sendme help".

- >
> Betty Martini 1. Take the 60-day No-Aspartame test
> Mission Possible and send us your case history.
> PO Box 28098 2. Tell your doctor and your friends.
> Atlanta GA 30358 3. Return Aspar-Poisoned foods to the store.
> (Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

> We are dedicated to the proposition that we will not be satisfied until death
> and disability are no longer considered an acceptable cost of business.

=====

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- Prev by Date: [Bilberry Seeds](#)
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RE: Phototherapy and Other Questions

- *Subject:* RE: Phototherapy and Other Questions
 - *From:* HEROLD@research.bfg.com
 - *Date:* Thu, 11 Jan 1996 15:20:01 -0500 (EST)
-

RE: Phototherapy

Hi,

I noticed a discussion on Phototherapy about two days ago. During the thread Dr. Kaplan briefly detailed a color-light device which sounded interesting.

The reason for my interest is basically related to my daughter's (Melissa) amblyopia condition. Presently she has under gone traditional patching of the good eye, but unfortunately, after initial improvement her visual acuity, it appears that the improvement has stabilized. I am "NOT" trying to second guess her pediatric ophthalmologist (MD) but since Melissa's improvement has stopped I am seeking advice on what other "real" options exist. The following is Melissa's vision history:

The problem was noted in May of 95 she was 5.5 years old at point in time. No Strabismus was noted but she was amblyopic in here right eye. Optically corrected her amblyopic eye had a visual acuity of about 20/400. After about 4 months (around Sept. 95) of full time patching of her good eye her visual acuity was about 20/200 in her amblyopic eye, now as of Dec 29 no change has occurred - she is still at 20/200 acuity - optically corrected. A MRI has been done and no organic problems were noted. A specialist - a neuro-ophthalmologist at a Cleveland hospital was seen for a second option - this specialist said to basically quite patching because Melissa's amblyopic eye was not going to improve - no test beyond the normal eye exam was done. At present we are still full time patching under the direction of her original pediatric ophthalmologist.

At end of December 95 I took Melissa to a behavioral optometrist (BO) - until going online I wasn't even made aware that BOs existed! The BO detailed tersely Phototherapy (PT) as well as visual training (VT). The BO detailed Melissa would need Phototherapy about 2 to 4 times a week at a cost

\$20 per 20min session, and the VT would be about 2 times a week at about \$50 per session.

What I am seeking is the following:

Are the rates noted for VT and BO typical and fair?

How specific does the color have to be for the PT, example - 400nm +/- ?

What colors are used, or is it just guess work?

Can VT and BO be done at home?

What is the typical results for amblyopia problems treated via VT and BO.

How long for results - weeks, months, years?

I have an idea about making a very inexpensive home PT device, well less than \$100, but I need to know a few more details about the color wave number(s) and the photometric intensities typically used. I have an electrical engineering background as such this device would be interesting to build. Dr. Kaplan if would like to discuss this idea I would be pleased to talk to you about it.

Any feedback on any of the above will be appreciated.

Mark Herold

(216) 447-5498 work eastern time zone - USA

Email: herold@research.bfg.com

PS Alex - thanks for maintaining this mail list!

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- Prev by Date: [Methanol toxicity from nutrasweet mimics MS](#)
 - Next by Date: [Re: Bilberry Seeds](#)
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Re: Bilberry Seeds

- *Subject:* Re: Bilberry Seeds
 - *From:* Betty Martini <betty@pd.org>
 - *Date:* Thu, 11 Jan 1996 19:29:32 -0500 (EST)
-

Dear Sid: You might try the people who import it into America. They might could tell you. They are:

Bioforce of America, LTD
Kinderhook, New York 12106

I have a bilberry information number which is 1 800 -818-9131. I'll forward you by private email the information I have on bilberry.

Regards,
Betty

To get more information on aspartame, email betty@pd.org the following:
Subject: sendme help (do not put anything in the message text)

Betty Martini	1. Take the 60-day No-Aspartame test
Mission Possible	and send us your case history.
PO Box 28098	2. Tell your doctor and your friends.
Atlanta GA 30358	3. Return Aspar-Poisoned foods to the store.
USA	(Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On Thu, 11 Jan 1996, Sid Gudes wrote:

> Does anyone know a source for bilberry seeds in the U.S.? I'd like to grow
> my own. Alternatively, does anyone know the botanical name for it, so I can
> have some friends track it down?
>
> TIA,
> Sid Gudes

> Santa Fe & Vallecitos, New Mexico
> cougar@roadrunner.com
>
>

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 - Next by Date: [Re: bates method and vision improvement](#)
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Re: bates method and vision improvement

- *Subject:* Re: bates method and vision improvement
 - *From:* AMPFLP@aol.com
 - *Date:* Thu, 11 Jan 1996 19:54:47 -0500
-

In a message dated 96-01-11 11:17:01 EST, you write:

>Are there any others on this list who have successfully thrown off their
>glasses and improved their vision?
>Have others tried this on their own with out any teachers?

Hi,

I'm going through sort of the same thing. Except that I need my glasses, but am DETERMINED to eventually not need them.

I went and got a prescription for less than my 'charted' requirement.

ie - I was measured at -5.00, and my current glasses are -3.50. I wear them all the time. I figure that if I can't see anything (ie without my glasses) it actually won't do as much good, because my eyes might give up on trying to see clearly.

So far, it's really working, I can see much more clearly now than when I put the -3.50 on for the first time 6 weeks ago. I plan to go in again in another 2 months and get a -2.50 - see what happens...

Anyway, the -3.50 work fine for computer usage, everyday stuff, actually, everything except driving at night (that's still a bit of a problem). I haven't had the stronger ones on at all for 4 weeks now.

My doctor has never worked with this type of plan before, but is very open and helpful. He's interested in the ideas that I'm getting from this group!

Good luck!

Alice

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- Prev by Date: [Re: Bilberry Seeds](#)
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Bilberry seeds

- *Subject:* Bilberry seeds
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Thu, 11 Jan 1996 21:11:33 -0500 (EST)
-

I didn't save the message from the person that asked about buying bilberry seeds. However, I am told that there is an on-line catalogue at <http://www.datasync.com./sbe>.

I haven't had a chance to check it out yet, so I am not sure if they have bilberry seeds but the spammer that posted this address in one of the newsgroups said that they have a "collection of exotic, rare and unusual plant seeds".

Hope that is helpful to you.

Amanda

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- Prev by Date: [Re: bates method and vision improvement](#)
 - Next by Date: [Re: bates method and vision improvement](#)
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Re: bates method and vision improvement

- *Subject:* Re: bates method and vision improvement
- *From:* tekkdavi@pipeline.com (Karen Yang)
- *Date:* Thu, 11 Jan 1996 22:56:20 -0500

On Jan 11, 1996 11:06:54, 'Nicholas Hill <faucet@pipeline.com>' wrote:

>Are there any others on this list who have successfully thrown off their
>glasses and improved their vision?
>Have others tried this on their own with out any teachers?
>
>Feeling a little isolated out here in the blur

Hi, Alexandra!

You're not alone... I also have been working on my own at getting used to
life
without glasses. Unfortunately, I had a bit of a relapse over the
holidays,
but am getting back to it! I've been doing exercises about twice a day and
have been going without my glasses as much as I can. I've yet to brave
walking
about the streets without them in my pocket, at least, since I usually have
my
3 y.o. daughter in tow. But just the other day I saw a one way sign half a
block away -- it really made my week!
I've worn glasses for 22 years, and it's taken me about six months or so to
get
this far. Hold on to the clear flashes! They start coming more often and
staying longer. Just before Christmas, I had a clear flash while I was
looking
at my eye chart. I could actually see the 20/20 line and it lasted for
about a
minute -- long enough for me to look up and realize I could also read some

small words on a poster that had been a black blur a moment before. It gets better -- just keep working at it!

Also, does anyone have that Canadian address for pinhole glasses that someone posted a while ago? I accidentally deleted it.... Or does anyone have any other places where I could find a pair? I'd like to stop having to wear my glasses while I'm at the computer and doing other close work. Thanks!

Karen Yang
a.k.a.
tekkdavi@nyc.pipeline.com

The whole imposing edifice of modern medicine is like the celebrated tower of Pisa -- slightly off balance.
--Charles, Prince of Wales

Web site o' the month: Electronic Resources for Youth Services --
<http://www.ccn.cs.dal.ca/~aa331/childlit.html>

- =====

- Prev by Date: [Bilberry seeds](#)
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Exercise: align your eyes!

- *Subject:* Exercise: align your eyes!
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 11 Jan 1996 23:22:56 -0500 (EST)
-

This is a sequel to "thumb-watching".

Materials necessary:

- 1 pair eyes
- 1 pair thumbs

Preparation:

1. Open both eyes; remove all lenses
2. Hold your right thumb between your eyes as close as you can without it becoming blurry or going double.
3. Extend your left arm, thumb up. Keep focusing on your right thumb. You should see in the blurry distance not one, but two left thumbs.

Now for the action!

4. Look at your left thumb-images. Are they level? Is one thumb-image higher than the other? (Remember, keep your focus on the right thumb.) Watch what happens when you tilt your head. When the thumbs are level, is your head upright? It should be.
5. Change focus from your right thumb to your left thumb. Watch your left thumbs snap together to become one, as your right thumb splits into two. Do your left thumb-images snap together, or does only one thumb move? Does one thumb fade? If such things occur, this means that one eye is dominating. Make both eyes dominate. Align your thumbs so that the single-image thumb will always be right smack in the middle of your two double-image thumb images. Switch your gaze back and forth from thumb and always be aware of the splitting and merging of thumb-images.

6. Keep your gaze fixed on your right (closer) thumb. See the ridges (and dirt, if any) on your thumbnail. Keep it in focus. At the same time, wave your left thumb around. Now, keep your left hand still, and move your right hand out towards your left, and back again, always maintaining focus on your right thumb. Always notice how the left thumb images come closer and farther apart, and how they become more and less focussed. Now fix your gaze on your left (farther) thumb, and do the same motions.

Variations / Substitutions:

1. Use a pen instead of your right thumb. Use any distant object as your left thumb (will not work for first half of #6).
2. Put a pen between your eyes and a text. You should have two see-through pens. Look "under" each pen and read the text. Is one pen more solid than the other? Do you see only one pen? If so, that means one eye is being "turned off" as you read.

What to expect:

Heightened 3D perception and new sense of balance. Improved clarity. Easing of tension in the eyes.

Note: as with all exercises, if you do this too "hard" you may get eyestrain. If you feel a pain or stinging in your eyes stop, relax (palm), and try again later.

Also important: Do not try to see the double-image thumbs as clear! Always be aware of them, but see them fuzzy, as they should be, since you're focusing on the other thumb!

--Alex

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Re: bates method and vision improvement

- *Subject:* Re: bates method and vision improvement
 - *From:* Sean Woodward/estec/ESAdev
 - *Date:* 12 Jan 96 10:29:19
-

>Are there any others on this list who have successfully thrown off their
>glasses and improved their vision?
>Have others tried this on their own with out any teachers?

>Feeling a little isolated out here in the blur thanks for your patience,
>Alexandra Hill

Hi Alexandra,

I have also attempted Bates style vision improvement without a teacher. I stopped wearing my glasses about two months ago and have never worn them since. My vision has slowly improved and I have had genuine flashes of very clear eyesight. I am currently living in Holland where the some of the TV shows are in English and subtitled in Dutch. I find that I can move further and further away from the television and see the subtitles with the same clarity.

I have tried various exercises such as palming, swinging, tracing the outline of objects with my eyes but in general I don't do these exercises as much as I should. I tend to work on the emotional aspects of poor eyesight, the things that stress me out. I think my poor eyesight is a combination of poor visual habits and these emotional aspects but the biggest gain I think I can get is not so much perfect vision but living in a more confident and open manner. Most of all being more aware of myself and what is going on around me.

So don't worry you are not alone and the more you believe you can improve your vision the better it gets with time.

Cheers

Sean Woodward

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Huckleberries.

- *Subject:* Huckleberries.
 - *From:* mat@tekbase.metrica.com (Marco A. Terry)
 - *Date:* Fri, 12 Jan 1996 10:45:27 -0500 (EST)
-

Hello :-

I remember reading that bilberry was called huckleberry in the US (can someone verify?) and it was my pleasure to notice that a dich in a restaurant had huckleberries in it - can oyu get them at the supermarket?

cheerios.

--

Marco Terry
Metrica, Inc.
8 Winchester Place
Winchester, MA 01890

"Dateline Italy: New evidence confirms that Rome was in fact built in a day, completely disproving previous claims that hard work and steadfast diligence are the only ways to obtain success...."

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No Subject

- *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Fri, 12 Jan 1996 14:26:20 -0500
-

On Thu, Jan 11, 1996 10:52:31 PM at Karen Yang wrote:

Hold on to the clear flashes! They start coming more often
>and staying longer. Just before Christmas, I had a clear flash while I
was
>looking at my eye chart. I could actually see the 20/20 line and it
lasted
>for about a minute -- long enough for me to look up and realize I could
>also read some small words on a poster that had been a black blur a moment
>before. It gets better -- just keep working at it!

Thanks for the words of encouragement. I was kinda fishing for 'em. The
wonders of the internet you can always find someone else who is going
through the same thing you are.

Best of luck with your vision work,
Alexandra

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- Prev by Date: [Huckleberries.](#)
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Re: Re: bates method and vision improvement

- *Subject:* Re: Re: bates method and vision improvement
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Fri, 12 Jan 1996 14:28:37 -0500
-

On Thu, Jan 11, 1996 7:54:47 PM at AMPFLP@aol.com wrote:

>I went and got a prescription for less than my 'charted' requirement.
>ie - I was measured at -5.00, and my current glasses are -3.50. I wear
>them all the time. I figure that if I can't see anything (ie without my
>glasses) it actually won't do as much good, because my eyes might give up
on
>trying to see clearly.

Actually we have a similar prescription mine is -5.00 right and -5.25 left.
My eyes have not given up on trying to see clearly. I suppose I will
eventually get some transition glasses so I can start leading a more normal
life. I decided to go cold turkey because I have some time on my hands at
the moment. I'm unemployed and no pressing responsibilities. I'm a painter
and I'm looking forward to seeing the world with a new clarity.

>So far, it's really working, I can see much more clearly now than when I
put
>the -3.50 on for the first time 6 weeks ago. I plan to go in again in
>another 2 months and get a -2.50 - see what happens...

Good Luck!

>Anyway, the -3.50 work fine for computer usage, everyday stuff, actually,
>everything except driving at night (that's still a bit of a problem). I
>haven't had the stronger ones on at all for 4 weeks now.

I throw on an 10 year old pair but only for getting my bearings. I put on my regular prescription briefly yeaterday and I felt nauseous.

>My doctor has never worked with this type of plan before, but is very open
>and helpful. He's interested in the ideas that I'm getting from this group!

Your lucky to have found someone so open.
best of luck,
Alexandra

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Re: improvement

- *Subject:* Re: improvement
 - *From:* tekkdavi@pipeline.com (Karen Yang)
 - *Date:* Fri, 12 Jan 1996 17:26:10 -0500
-

On Jan 11, 1996 23:53:22, 'Alex Eulenberg <aeulenbe@indiana.edu>' wrote:

>You say that have been able to obtain a 20/20 clear flash for a minute,
>and yet you cannot read the computer screen or do close work clearly
>without your glasses. This is in direct opposition to my experience. One
>of my first feats was the ability to read the computer screen, and then
>only much later was I able to hold on to clear 20/20 clear flashes. Would
>you mind sharing with us your prescription (I started out with -1.50 both
>eyes)? My guess is that you have a significant amount of astigmatism, and

>a relatively small "spherical" myopia component. Am I right?

Well, not really...

Over 2 years ago, my prescription was:

R: -6.50 -1.75 10
L: -6.00 -2.25 170

Right now, I'm wearing an old -5.25/-5.50 pair, and they're starting to annoy me. (I did attempt to get new glasses a year and a half ago, but was shown straight to the door when I told the optometrist I was still breastfeeding. Nobody had warned me about the temporary increase in myopia that new moms get!)

That one great clear flash was on a "good" morning right after doing my exercises -- I haven't been able to duplicate it... yet. I was so stunned when I saw the 20/20 line, I guess my eyes stayed relaxed, but when I started to realize what was happening, I lost it. During the busy holidays, I kept forgetting to take my glasses off, so my eyes have backtracked a bit. New Year's resolution: tell family & friends that if they see me with glasses to yell, "Take 'em off!"

On good days -- especially mornings -- I can see the larger print on my computer screen clearly, but I still can't make out the small stuff. I'm a

weaver (still a hobby, someday maybe a business...), and if I weave without my glasses, I find I tend to lean too far over the loom, which is hard on my back. This is where I hope pinholes can really help.

I'm overdue for an eye exam, so when I've got new numbers, I'll let you know! (Unofficial measurement with ruler and paper with text was 4 diopeters this evening.)

Thanks for a great list! Wish someone had given me this kind of information way back when I was in 1st grade....

Karen Yang
a.k.a.
tekkdavi@nyc.pipeline.com

The whole imposing edifice of modern medicine is like the celebrated tower of Pisa -- slightly off balance.
--Charles, Prince of Wales

Web site o' the month: Electronic Resources for Youth Services --
<http://www.ccn.cs.dal.ca/~aa331/childlit.html>

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- Prev by Date: [Re: Re: bates method and vision improvement](#)
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Karen Yang's improvement

- *Subject:* Karen Yang's improvement
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Fri, 12 Jan 1996 19:18:07 -0500 (EST)
-

> On Jan 11, 1996 23:53:22, 'Alex Eulenberg <aeulenbe@indiana.edu>' wrote:
> My guess is that you have a significant amount of astigmatism, and
> a relatively small "spherical" myopia component. Am I right?

On Fri, 12 Jan 1996, Karen Yang wrote:

> Well, not really...
> Over 2 years ago, my prescription was:
> R: -6.50 -1.75 10
> L: -6.00 -2.25 170
> Right now, I'm wearing an old -5.25/-5.50 pair, and they're starting to
> annoy me.

Well, in any case, I was correct about the astigmatism. Anything over 1 diopter is considered "major". Some doctors do not add cylinders if they find less than a cylinder-diopter of astigmatism.

> That one great clear flash was on a "good" morning right after doing my
> exercises -- I haven't been able to duplicate it... yet. I was so stunned
> when I saw the 20/20 line, I guess my eyes stayed relaxed, but when I
> started to realize what was happening, I lost it.

Were you standing at 20 feet? If so, this is absolutely amazing.

> During the busy
> holidays, I kept forgetting to take my glasses off, so my eyes have
> backtracked a bit. New Year's resolution: tell family & friends that if
> they see me with glasses to yell, "Take 'em off!"

Something to think about: when you learn to see well without pure spherical (i.e. non-astigmatic) glasses, you are merely learning to ease up on your focusing, which is a natural function of the eye. But if you learn to see well with and without cylinders (astigmatic correction) this means you must be warping and unwarping your eye asymmetrically, which of

course, is not a natural function of the eye. According to the standard theory, this means "sectional accommodation" of the crystalline lens inside the eye. I am more tempted to believe it is the extraocular muscles pulling on the cornea in an uneven fashion, originally brought about by strain, but then later reinforced by lenses. In general, it is accepted that most astigmatic aberration is detectable in the cornea and not the lens. For evidence to support the idea that the cornea can change its shape -- its amount of astigmatism -- in response to the actions of the extraocular muscles, see the "Incredible Changing Cornea" bibliography on the I SEE page...

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

Read especially the link there to excerpts from a 1930 article by J.W. Parker, entitled "Changes in Corneal Astigmatism"

Anyway, the upshot is: when you get your next pair of reduced-strength glasses, ask your doctor if you can get them WITHOUT a cylinder component. This way, you will be able to train yourself away from astigmatism 100% of the time.

--Alex

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Re: bates method and vision improvement

- *Subject:* Re: bates method and vision improvement
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Fri, 12 Jan 1996 19:39:18 -0500 (EST)
-

On Thu, 11 Jan 1996, Nicholas Hill wrote:

```
> Some times I can read the sign at the church across the street or the words
> on all the papers around me. Usually this clarity disapears when I blink
> but comes right back again. I'm quite determined and trying to stay very
> positive about this but I must admit the evenings can get quite frustrating
> when my vision is less clear than the day.
```

Hello Alexandra! You sound like you are doing great!

I am interested in your comment about having less clear vision in the evening. Many things (lighting, diet, exercise, state of mind, fatigue, etc...) influence my vision. I found the use of full-spectrum lighting in my home to be very helpful in reducing blur and creating a more comfortable visual environment. The bulbs that I use are "Chromalux".

As far as being isolated in the blur...I started VT about eight months ago. I also gave up glasses cold turkey and I know how tough that can be at first. You should be very proud of yourself for taking that step. (Time-out while we all pat ourselves on the back.) One thing that has helped me is talking to people about my vision improvement. At first I expected people to think that I was a total flake. That has not been the case though. Most people are very supportive and many of them want me to teach them the exercises that I do. Anyway, that may be something that can help you feel more confident navigating the world.

Good luck!

Amanda

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- Prev by Date: [Karen Yang's improvement](#)
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Re: Re: bates method and vision improvement

- *Subject:* Re: Re: bates method and vision improvement
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Fri, 12 Jan 1996 22:44:59 -0500
-

On Fri, Jan 12, 1996 7:39:18 PM at Amanda H. Ackerman wrote:

>Hello Alexandra! You sound like you are doing great!

Thanks :)

>I am interested in your comment about having less clear vision in the
>evening. Many things (lighting, diet, exercise, state of mind,
>fatigue, etc...) influence my vision. I found the use of full-spectrum
>lighting in my home to be very helpful in reducing blur and creating a
>more comfortable visual environment. The bulbs that I use are
>"Chromalux".

I got some chromalux bulbs too, one is 150 watt and reading under that is great. My vision feels worse because of the dimmer light so things I could see during the dy I can no longer get into focus if I were to shine a bright light on everything I could probably see as well as during the day .

>As far as being isolated in the blur...I started VT about eight months
>ago. I also gave up glasses cold turkey and I know how tough that
>can be at first. You should be very proud of yourself for taking that
>step. (Time-out while we all pat ourselves on the back.) One thing that
>has helped me is talking to people about my vision improvement. At
>first I expected people to think that I was a total flake. That has not
>been the case though. Most people are very supportive and many of them
>>want me to teach them the exercises that I do. Anyway, that may be
>something that can help you feel more confident navigating the world.

Some people are supportive, some curious, some almost hostile the hostile

ones are either afraid of it or feel competitive because they aren't about to do it they wish no one else to try. What has been your experience since taking off your glasses eight months ago? What was your prescription and how have you improved? How much do you work on it, How often?

>Good luck!

>Amanda

thanks again and best of luck to you too!
alexandra

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Re: Re: bates method and vision improvement

- *Subject:* Re: Re: bates method and vision improvement
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Sat, 13 Jan 1996 19:37:34 -0500 (EST)
-

Alexandra,

You have raised some interesting and complex questions. I will do my best to answer them. When you start seeing real and permanent improvements in your vision, you will understand why this is so complicated.

Before I get into any of that though, I want to thank you for your astute analysis of how different people react to the idea of vision improvement. There are several people that I care about that have a very negative reaction toward the idea of vision improvement. This is something that has bothered me more than it should. My vision is a major part of my life now and I would like people to accept that. I have been trying to figure out why someone would feel so threatened by that. I think that you may have hit the nail on the head though. Thank you for sharing your insight.

Now, as for my vision, as I recall I started out with the following:

R: -2.75 -1.75x10

L: -2.50 -1.75x170

My latest glasses are -1.50/-1.25. I see clearly through them most of the time. I should probably get a weaker pair but I rarely wear them, so it hardly seems worth it. I can see well enough to function day to day without them. I know how to start a clear flash now so, if I really HAVE to see very clearly, I usually can. I try not to force that though. I believe that it will come when it is ready to. The astigmatism is gone most of the time. My lack of astigmatism was verified by my optometrist in September. Boy, was he ever weirded out! The astigmatism does still rear its ugly head from time to time. That is only when I am tired or under stress though.

A little history.... My introduction to VT came last summer when I took a four week course with a woman in my community who teaches Natural Vision Improvement (the Janet Goodrich kind). A lot of the material zoomed right over my head. I was just looking for some eyeball calisthenics that would solve all my problems. I have since learned that it doesn't work that way. There is an psychological aspect of my vision and that is something that I am concentrating on at present. I have taken some "advanced" classes with the same teacher recently. That has been helpful in keeping me focused on my vision and has also given me a support group.

As far as exercises.... Well, palming is an absolute must. I try to do 10 minutes at bedtime and anywhere from 10 to 30 minutes in the morning. That all depends on my frame of mind. If I am letting hundreds of little worries eat away at me, palming does not help much. In the morning, I stop palming as soon as I start feeling that I have to plan my day.

If I have trouble settling down for palming, I relax with something that I call "body breathing". I am not sure whether I invented this or read about it somewhere. Anyway, I lie on my back and take a big, slow breath through my nose with my eyes open. I imagine the air filling my whole body like a huge balloon. Then I close my eyes and exhale slowly through my mouth and feel myself completely deflating. Then I do the whole thing again, if I can. After a while, I start yawning like crazy. That is fine. I just fit in the body breathing between yawns or I give up and just yawn continuously. That is very relaxing for me.

During the day, I try to remember to rock my head. Big, slow ear-to-shoulder, nodding, and chin-to-shoulder motions are great for releasing the tension in my neck and shoulders that affects my vision. Sometimes that makes me yawn too. It depends on just how tense I am.

As far as more active vision exercises, I do all the basics (shifting, tracing, swinging, etc.), as well as some that I invented, as often as I think of them. I have a desk calendar that has a new computer-generated 3-D picture each day. I use +2 D lenses if I am doing a lot of close work. I have become very conscious of central fixation and not trying to see too much at once. I spend a lot of time outdoors and I just try to appreciate the things that I can see. Once I stopped fighting the blur, I found that I can actually see pretty clearly at times. I am also noticing lots of things that I have never seen before, even though they have always been there. In addition to the usual dietary stuff, I take a bilberry supplement that has helped with my night vision. (That took about a month.) Since I live in Vermont and we don't have much sun this time of year, I have a lamp with a 150 W full-spectrum light bulb for indoor sunning.

This is probably going to sound like a cop-out but I think it is

important for you to do the exercises that most appeal to you. Those are the ones that will help you the most because you will enjoy them. I think that you already know what exercises are right for you. It is just a matter of following your intuition. For example, when I was reading Dr Kaplan's first book (I think it is called Beyond 20/20), I came across an exercise called "swing ball". I was very much attracted to this exercise and had no idea why. I just had to drop what I was doing and go buy the props for this game. This activity turned out to be great for my astigmatism and also helped with over-all relaxation. This is still my favorite vision activity, not only because it improves my vision but also because I love doing it, even though my cat tries to use my face as a launch pad to GET THAT BALL. If I were you, I would just read the I_See FAQ and pick the things that sound like FUN to you and that you would enjoy bringing into your life. Remember, if you get bored with the ones that you are doing, you can always go back and find some new ones in the FAQ, dream up some of your own, or get suggestions from the people here.

It has been important for me to recognise that there is a significant emotional component to my vision. I believe that is something that needs to be dealt with for lasting vision improvement to occur. I approach this with the understanding that the reasons for my visual blur are buried in my sub-conscious. Before I go to sleep, I ask my sub-conscious to give me a hint (ie a dream) that will help me understand what my issues are. I have had great success with this. A year ago, I never remembered my dreams. Now I remember many dreams and they have helped me understand myself better than ever before. I have found that it is more important to acknowledge the issues than it is to devise a solution to them.

I am told that another approach is to think about what kinds of things were happening in your life when you got your first glasses. This is tough for me because I have worn glasses since age six. However, this has been helpful to me in dealing with issues in my family. I have found that there are situations in that area of my life that cause my vision to "switch off". It has been important for me to acknowledge these situations and their causes. I don't actually DO anything about them. I just accept that they exist and that I may not have any control over them. Then the worries that I have about them seem less daunting.

Hmmm...I have written lots and, believe it or not, this is just the tip of the iceberg. I could probably go on for days about this stuff. This is still seems like a good stopping point for right now. I hope this is helpful to you. Feel free to let me know if you have any questions.

Take care,
Amanda

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-
- Prev by Date: [Re: Re: bates method and vision improvement](#)
 - Next by Date: [VT, PERFECT FLASHES, AND THE IMAGINATION](#)
 - Prev by thread: [Re: Re: bates method and vision improvement](#)
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VT, PERFECT FLASHES, AND THE IMAGINATION

- *Subject:* VT, PERFECT FLASHES, AND THE IMAGINATION
 - *From:* Linda Lee <llee@comox.island.net>
 - *Date:* Sat, 13 Jan 96 19:43:12 -800
-

Hi there,

I am new to this forum and absolutely delighted to have learned of it. I have been working with VT off, but mostly on for about four years. At the very beginning i had great progress. In about a month, i reduced my prescription from -7.5 both sides to -5.5. Unfortunately -- and i don't want to discourage anyone -- not much has changed since then, vision wise.

I came across the idea of VT while reading one of Jane Robert's Seth books in which he states that our reality is based upon our beliefs. Soon after reading what he had to say about glasses, i came across the Kaplan method which i followed and achieved my first reductions.

About 2 weeks into the Kaplan plan i had a flash of vision, not like the little ones where you can see the bottom line of the chart for a few seconds, (i have these too) but a really amazing, stereoscopic, breathtakingly colourful view of the world. At first, i was just stunned, but almost right away i felt crushed with sorrow, like i didn't deserve this. The vision lasted about 15 seconds. I wasn't doing anything particular when it happened, just walking the dog like i do everyday, thinking about nothing. I have had no repeat.

I keep getting back on the program, doing the exercises etc, but this experience has taken me away from the material side of VT towards a more emotional, psychological base. Is anyone else out there working on VT from this viewpoint?

Also, i have read Jane Goodrich's book, where she describes the imagination as being most important. I do have a vivid, verbal

imagination, but when i try to visualize anything inside my mind's eye, i see absolutely nothing. I have asked around and most people find this difficult to believe, but i see nothing inside my head. Is this a typical myope situation?. Should i concern myself and try to fix it? Does anyone have thoughts on this?

Thanks

Linda

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-
- Prev by Date: [Re: Re: bates method and vision improvement](#)
 - Next by Date: [Buying an eyechart](#)
 - Prev by thread: [Karen Yang's improvement](#)
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Buying an eyechart

- *Subject:* Buying an eyechart
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Sat, 13 Jan 1996 21:56:36 -0600
-

Hello fellow I_See-ers.

A brief pragmatic question - where can I buy an eyechart?

Thanks for any info.

Stefan

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- Prev by Date: [VT, PERFECT FLASHES, AND THE IMAGINATION](#)
 - Next by Date: [Bates method](#)
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Bates method

- *Subject:* Bates method
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 14 Jan 96 05:35:19 UT
-

Hello All,

I got the first batch of messages from this mailing list a couple of days ago and I quite enjoy reading about your experiences.

I'm looking for a bit of advice in relation to my eyes (obviously). I suddenly became myopic at the age of 11 or 12 (I just realized that I wasn't able to read some stuff on the blackboard) so the doctor said that I was myopic and that I had a bit of astigmatism. He gave me some glasses to wear but I could not stand the astigmatism built into them (I hope I'm using the correct terms). In other words everything was twisted!! If I looked down at my feet I could see the ground really high near my feet a lower away from them. (A perfectly square shape would appear to have the top side wider than the bottom one). To cut a long story short, the doctor agreed to prescribe some glasses for myopia and forget about the astigmatism.

The prescription did not change for about 10 years and I had perfect vision while wearing them. Then I decided to try soft contact lenses which I have been wearing for almost 8 years. The main reason I switched to contact was because I needed sunglasses and I did not like to wear dark glasses all the time.

All these years I could not believe (and I gave all the doctors I have seen some hard time about it) that the only answer for myopia was to wear glasses.

Anyway, few months ago I had an minor infection in one of my eyelids and I could not wear my lenses so I went to get a prescription for glasses. The optometrist convinced me that it's better to wear glasses with the astigmatism bit. When I got them the distortion was very bad. He then prescribed a pair with no astigmatism. Less distortion but extremely annoying and DIFFERENT: A perfectly square or rectangular shape (like a computer screen or a door frame) would appear to have the left and right sides CURVED just like this (). I'm not kidding.

I saw a number of doctors and they all said that my brain will adjust. Well my brain did not adjust. And then they said it is because I've been wearing contacts for a long time and that I've become a contacts junkie!.

Now I want to try to get rid of my contacts and glasses (which I still keep just in case) using whatever method that you people are trying but the problem goes like this:

1- I need to wear my glasses/contacts (-3.25, -3.25) to be able to drive the car and also work on the computer

2- I cannot use the glasses all the time or on and off because I cannot wear my sunglasses (even normal day light makes my eyes water like I've witnessed a terrible tragedy and been crying all day). BTW, my current glasses become darker when they're exposed to sunlight but they don't give me the kind of protection I need.

Any ideas on what I can do? Everybody is talking about throwing away their glasses but I cannot do that. Also a number of you have referred to the bates method but I cannot find any detailed info about it. Are there any exercises that I can do? can these exercises be done some time during the day and continue to wear the glasses after/before the exercises? How about wearing + glasses? Has anyone tried that?

many thanks

GeorgeFromDownUnder

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 - Next by Date: [bilbeery again](#)
 - Prev by thread: [Re: Buying an eyechart](#)
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bilbeery again

- *Subject:* bilbeery again
 - *From:* MeiTien@aol.com
 - *Date:* Sun, 14 Jan 1996 09:23:22 -0500
-

This might have come up many times, I am wondering if blueberry has similar benefits as bilberry? I am encouraging my kid to eat blueberries now...

Thanks

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-
- Prev by Date: [Bates method](#)
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Re: Re: bates method and vision improvement

- *Subject:* Re: Re: bates method and vision improvement
 - *From:* [Beyond 20/20@Sunshine.net](#) (Beyond 20/20 Vision)
 - *Date:* Sun, 14 Jan 96 07:23 PST
-

"Amanda H. Ackerman wrote on 13/1/96:

>For example, when I was reading Dr
>Kaplan's first book (I think it is called `_Beyond 20/20_.`), I came across a=
>n
>exercise called "swing ball". I was very much attracted to this exercise
>and had no idea why. I just had to drop what I was doing and go buy the
>props for this game. This activity turned out to be great for my
>astigmatism and also helped with over-all relaxation. This is still
>my favorite vision activity, not only because it improves my vision but
>also because I love doing it, even though my cat tries to use my face as
>a launch pad to GET THAT BALL. If I were you, I would just read the I_See
>FAQ and pick the things that sound like FUN to you and that you would
>enjoy bringing into your life.

Thank you for your comments Amanda. This Swing ball vision practise has probably brought more results for all vision conditions than any other vision game I teach. Not only is one teaching the mind to let go, but the exploration of space is particularly important. For those of you new to this vision game. You first lie down on your back underneath a brightly coloured ball that you swing in the primary directions. BTW This activity has been used in Behavioural Optometry for years. The ball would ideally be about 16" from your eyes. Feel your eyes following the ball and become aware of all the space surrounding the ball. This will reinforce the central fixation idea that Bates taught. For a deeper understanding, read the book Seeing Without Glasses, published by Beyond Words at 1-800 284-9673, and if you need some additional help, we provide swingballs as part of a vision fitness kit with eyecharts, patches etc, all the tools you need.

We even have audio tapes taking you through the vision games. It is like

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cataract

- *Subject:* cataract
 - *From:* "Kellie S." <103271.1451@compuserve.com>
 - *Date:* 14 Jan 96 12:39:16 EST
-

Does anyone know about eye drops that are suppose to be great for cataracts? I read on internet that "Question & Answer Productions P.O. Box 30001 North Las Vegas Nevada, 89030, They sell drops that will clear up cataracts". Does anyone know more about these?

And I hear the natural vision faq mentions exercises and "succus Cineraria maritima". Can anyone please tell me what the exercises and "succus Cineraria maritima" are? Thankyou so much.

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- Prev by Date: [Re: Re: bates method and vision improvement](#)
 - Next by Date: [Re: Bates method](#)
 - Prev by thread: [bilbeery again](#)
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Re: Bates method

- *Subject:* Re: Bates method
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Sun, 14 Jan 1996 11:30:56 -0700
-

At 05:35 AM 1/14/96 UT, you wrote:

>Hello All,

>

>I got the first batch of messages from this mailing list a couple of days ago
>and I quite enjoy reading about your experiences.

>

> <SNIP>

>

>many thanks

>GeorgeFromDownUnder

Hi George,

If you're in Australia you might want to look up Janet Goodrich, she's down under and gives workshops on vision improvement. She's also written a book, *_Natural Vision Improvement_*, wherein she incorporates Bates and others into a comprehensive vision improvement program. (If you're in the U.S. the book is available here too.)

I would also suggest finding an optometrist (behavioral or otherwise) who will support you in your efforts; otherwise you'll keep arguing with your optometrist about prescriptions, methods, etc. which eats up a lot of your energy and turns it into an uphill battle.

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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- Prev by Date: [cataract](#)
- Next by Date: [Re: Huckleberries.](#)
- Prev by thread: [Bates method](#)
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Re: Huckleberries.

- *Subject:* Re: Huckleberries.
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Sun, 14 Jan 1996 11:31:45 -0700
-

At 10:45 AM 1/12/96 -0500, you wrote:

>I remember reading that bilberry was called huckleberry in the US (can
>someone verify?) and it was my pleasure to notice that a dich in a
>restaurant had huckleberries in it - can oyu get them at the
>supermarket?

After a bunch of looking into berries, it turns out that there's a bit of "looseness" in what people call the berries in the *Vaccinium* species (blueberry, huckleberry, bilberry, whortleberry, cranberry); huckleberries are not bilberries, but have been called bilberries by some people.

Bilberries look pretty amazing from the articles I found; not only do they help night vision and myopia, but osteoarthritis, varicose veins and proneness to bruising, gastric disturbances (including colitis), blood clotting, etc. Much of this is clinically proven, too!

I found many sources for processed bilberry (capsules), and for bilberry nectar, but I'm still looking for a source for a starter plant or cutting (my wife, the botanist in the family, tells me that it would take years to get going if we started from seeds). I'll keep looking...

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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-
- Prev by Date: [Re: Bates method](#)

- Next by Date: [Vitrectomy](#)
- Prev by thread: [Huckleberries.](#)
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Vitrectomy

- *Subject:* Vitrectomy
 - *From:* charlesdf@accent.net (Charles De Felice)
 - *Date:* Sun, 14 Jan 1996 16:29:02 -0500 (EST)
-

Dear Group

As a result of diabetes I've had hemorrhaging within the retina causing a complete loss of sight to my right eye. I've had laser treatment for the past six months while waiting for the blood to be reabsorbed but without success. My ophthalmologist is now scheduling a vitrectomy.

Can someone let me know what the procedure entails, risks, chances for success etc. Is there a continued improvement after surgery. Do they actually scoop out the eyeball & put it back? For how long is one disabled i.e. unable to work? Any and all information anyone can give me would be greatly appreciated.

Thank you kindly,

Charles

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-
- Prev by Date: [Re: Huckleberries.](#)
 - Next by Date: [Re: Vitrectomy](#)
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Re: Vitrectomy

- *Subject:* Re: Vitrectomy
 - *From:* Betty Martini <betty@pd.org>
 - *Date:* Sun, 14 Jan 1996 18:26:01 -0500 (EST)
-

Dear Charles: If you are a diabetic you may be on aspartame marketed as NutraSweet, Equal, Spoonful and who knows what since the patent has expired. It has wood alcohol in it (methanol) which converts to formaldehyde in the retina of the eye, and then formic acid. Doctors mistake the vision problems caused by aspartame as diabetic retinopathy.

When Dr. Ralph Walton did an independent study not funded by the NutraSweet Co. (Monsanto) the study had to be stopped because of conjunctival bleeding from the eyes, and one patient got a retinal detachment. Others reported they were poisoned. He could understand why the NutraSweet Co. had refused to sell him the aspartame - they knew what would be found on independent study.

Many people are going blind in just one eye, and there is a letter from the late Dr. Morgan Raiford about that on the auto-responder under aspartame and the eye. He was a specialist in methanol toxicity and many of the patients who went blind on aspartame were brought to Atlanta to be diagnosed by this ophthalmologist. Now that he's gone we're having a hard time finding ophthalmologists who are specialists in methanol toxicity. Shannon Roth went blind when aspartame was in 100 products, Joyce Wilson when it was in several hundred. Now its in 5000. Dr. H. J. Roberts, the world expert on aspartame, and a diabetic specialist has warned all diabetics off this poison. His position paper on aspartame and diabetes is on the auto-responder, and there is an article where they tried to ban aspartame back in the 80's because people were going blind. Dr. Roberts says people on aspartame should be off of it for several months before having surgery because the problem may resolve on its own, if you're on this. He has written books on the subject and you can get his tapes on aspartame at 1 800 814-9800. He discusses how long you should wait for surgery if you're on aspartame.

You can get safe substitutes for sweeteners at any health food store but we also have a safe sweetener list on the auto-responder. There is also

a post on Stevia which is ideal for diabetics because it helps in the metabolism of sugar and is a food and not an additive. There is a resource list. I would also suggest you read Dr. Julian Whitaker's book REVERSING DIABETES. It's the best I've read on the subject.

In Dr. Roberts book and Dr. Russell Blaylock's book Excitotoxins: The Taste That Kills (Health Press - 1 800 -643-2665) it explains that aspartame actually triggers diabetes! I'll send you a copy of our warning flyer which will give you more information and the name of publications and a post I did on diabetes and aspartame.

If you're on aspartame, please take the "no aspartame test" and get back in touch with us later with your history. You may be surprised to find your medical problems have disappeared! You will see case histories on the auto-responder where people's vision has returned after removal of aspartame. I'll be glad to give you their phone numbers. They have given their permission. Many people who get well want to then help others. Be sure to read the Joyce Wilson story and you will see how serious it is.

To use the auto-responder, instructions beneath my signature, please put sendme help in the subject line and you will get a directory. Like this:

Subject: sendme help

When you get a directory simply put sendme in the subject again along with the file name of the file you want as typed on the lefthand side.

Regards,
Betty

To get more information on aspartame, email betty@pd.org the following:
Subject: sendme help (do not put anything in the message text)

Betty Martini	1. Take the 60-day No-Aspartame test
Mission Possible	and send us your case history.
PO Box 28098	2. Tell your doctor and your friends.
Atlanta GA 30358	3. Return Aspar-Poisoned foods to the store.
USA	(Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On Sun, 14 Jan 1996, Charles De Felice wrote:

> Dear Group
>

> As a result of diabetes I've had hemorrhaging within the retina causing a
> complete loss of sight to my right eye. I've had laser treatment for the
> past six months while waiting for the blood to be reabsorbed but without
> success. My ophthalmologist is now scheduling a vitrectomy.

>
> Can someone let me know what the procedure entails, risks, chances for
> success etc. Is there a continued improvement after surgery. Do they
> actually scoop out the eyeball & put it back? For how long is one disabled
> i.e. unable to work? Any and all information anyone can give me would be
> greatly appreciated.

> Thank you kindly,

> Charles

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- Prev by Date: [Vitrectomy](#)
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Re: Bates method

- *Subject:* Re: Bates method
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Sun, 14 Jan 1996 18:29:12 -0500 (EST)
-

On Sun, 14 Jan 1996, George Tohme wrote:

```
> 1- I need to wear my glasses/contacts (-3.25, -3.25) to be able to drive the
> car and also work on the computer
> 2- I cannot use the glasses all the time or on and off because I cannot wear
> my sunglasses (even normal day light makes my eyes water like I've witnessed
> a
> terrible tragedy and been crying all day). BTW, my current glasses become
> darker when they're exposed to sunlight but they don't give me the kind of
> protection I need.
>
```

Wow, does this ever sound familiar! George, I absolutely relate to what you are going through. I am also a myopic/astigmatic person, though I was more astigmatic and slightly less myopic than you seem to be. Before I gave up glasses and contacts last summer, I had been wearing contacts for more than 12 years. In that time, I became more and more sensitive to sun light.

The driving/computer use dilemma can be solved by purchasing a pair of glasses that correct your vision to 20/40...er, I believe that would be 6/12 in your part of the world...with no astigmatic correction. These glasses will give you enough clarity to see the things that you need to see and also give your vision an opportunity to improve.

The light sensitivity issue...my eyes used to react similarly to light. I had to wear sunglasses whenever I went outside. It could be sunny, cloudy, raining, snowing. It didn't matter. I would walk outside and I just felt like my eyes wanted to shrink into the back of my head. I increased my tolerance to light by sunning (exposing my eyes to direct suniight WITH MY EYES CLOSED). Within a short time, I had no adverse reaction to sunlight at all. During that time, I used homeopathic Euphrasia officianalis (a.k.a. "eyebright") to prevent the flood of tears

and the discomfort that accompanied them.

I hope that helps!

Good luck!

Amanda

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-
- Prev by Date: [Re: Vitrectomy](#)
 - Next by Date: [CATARACTS](#)
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CATARACTS

- *Subject:* CATARACTS
 - *From:* kelli s <103271.1451@compuserve.com>
 - *Date:* 14 Jan 96 19:56:24 EST
-

Vic - Deus Ex Machina very kindly sent me the natural vision faq for which I can't thank him enough.

>> Succus Cineraria Maritima. Has been shown to increase the circulation between the tissues of the eye. Has also been shown to reduce of the opacity in cataracts.

>> an example program for cataracts ... Eye massage. Stretching the eye muscles. Relaxation and passive work

Can anyone please tell me where I would find Succus Cineraria Maritima and info about the eye massage?

There were lots of books listed in the faq (and I look forward to reading and making notes on the whole thing - it is FANTASTIC) but since it will take me a long time to track down all the books I'd really appreciate it if someone could give me info on where I might find info on the above two things.

Thank you so much for any help anyone can give me and THANK YOU everyone who participated in that phenomenal faq and especially to the super kind person who sent me a copy.

This group is great!

Kellie

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- Prev by Date: [Re: Bates method](#)
- Next by Date: [Re: Re: Re: bates method and vision improvement LONG](#)
- Prev by thread: [Re: Vitrectomy](#)
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Re: Re: Re: bates method and vision improvement LONG

- *Subject:* Re: Re: Re: bates method and vision improvement LONG
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Sun, 14 Jan 1996 21:46:41 -0500
-

On Sat, Jan 13, 1996 7:37:34 PM at Amanda H. Ackerman wrote
>

I want to thank you for you astute
>analysis of how different people react to the idea of vision improvement.

>There are several people that I care about that have a very negative
>reaction toward the idea of vision improvement. This is something that
>has bothered me more than it should. My vision is a major part of my
>life now and I would like people to accept that. I have been trying to
>figure out why someone would feel so threatened by that. I think that you

>may have hit the nail on the head though. Thank you for sharing your
>insight.

Thanks for your response. Sorry it has taken me so long to respond. But
wihout any glasses typing at this computer can be very tiring.

It is true there are alot of things to deal with psychologically when
taking on vision therapy. Not only peoples reaction to it but also the
feeling of a change in ones personality which comes with a change in ones
vision. I am excited about getting out in the world and seeing it fresh
with a new perspective.

>A little history.... My introduction to VT came last summer when I took a
>four week course with a woman in my community who teaches Natural Vision
>Improvement (the Janet Goodrich kind).

There is an psychological aspect of my vision and that is
>something that I am concentrating on at present. I have taken some
>"advanced" classes with the same teacher recently. That has been helpful

in

>keeping me focused on my vision and has also given me a support group.

It must be very helpfull to be going thru this with other people I am greatfull to Alex for starting this list because so far it is becoming my support group. It is quite hard for others to really understand what you are going thru. I enjoyed Janet Goodrich's book it was very axcessible.

>As far as exercises.... Well, palming is an absolute must. I try to do >10 minutes at bedtime and anywhere from 10 to 30 minutes in the morning.

When you palm do you visulize movement or black?

>If I have trouble settling down for palming, I relax with something that >I call "body breathing". I am not sure whether I invented this or read >about it somewhere. Anyway, I lie on my back and take a big, slow breath >through my nose with my eyes open. I imagine the air filling my whole >body like a huge balloon. Then I close my eyes and exhale slowly through >my mouth and feel myself completely deflating. Then I do the whole thing >again, if I can. After a while, I start yawning like crazy. That is >fine. I just fit in the body breathing between yawns or I give up and >just yawn continuously. That is very relaxing for me.

It seems that creating you own exercises is a sign that you are tuning into your bodies needs and therefore more receptive to what is right for you . I am intrigued by how unique everyone experience is. Alot of this is feeling your own way which is so anti western medicine where you are taught to take a pill and deaden your bodies responses. I think some of the hostility you find by people to this vision therapy is often a fear of their own bodies.

>During the day, I try to remember to rock my head. Big, slow ear-to->shoulder, nodding, and chin-to-shoulder motions are great for releasing >the tension in my neck and shoulders that affects my vision. Sometimes >that makes me yawn too. It depends on just how tense I am.

I try and do some self massage and some accupressure points every day. One thing that got me into really trying this instead of just thinking about it was my experiences with Tai Chi and standing meditation. I found when I did standing meditation my left eye watered alot this is the weaker eye with a slight on /off astigmatism. After a few weeks I tried reading without my glasses and found it much easier. I used to favor my right eye. It was as if by doing standing meditation I was balancing out my eyes. I highly recommend it.

I spend a lot of time outdoors and I just try to
>appreciate the things that I can see. Once I stopped fighting the blur,
>I found that I can actually see pretty clearly at times. I am also
>noticing lots of things that I have never seen before, even though
>they have always been there.

I wish it wasn't so cold all I wan't to do is sit in the park or go to the
zoo and draw . I have no interest in going into my studio to paint it seems
to insular to enhancing of my myopic condition.

>This is probably going to sound like a cop-out but I think it is
>important for you to do the exercises that most appeal to you. Those
>are the ones that will help you the most because you will enjoy them. I
>think that you already know what exercises are right for you. It is just
>a matter of following your intuition.

I agree with you ,but I find the ones I avoid tend to be the ones that I
need the most . For instance the General Electric game is a struggle I am
close to really getting it.

For example, when I was reading Dr
>Kaplan's first book (I think it is called Beyond 20/20.), I came across
an
>exercise called "swing ball". I was very much attracted to this exercise
>and had no idea why. I just had to drop what I was doing and go buy the
>props for this game. This activity turned out to be great for my
>astigmatism and also helped with over-all relaxation. This is still
>my favorite vision activity, not only because it improves my vision but
>also because I love doing it,.

You've inspired me to try this one. Thanks :)

>It has been important for me to recognise that there is a significant
>emotional component to my vision. I believe that is something that needs
>to be dealt with for lasting vision improvement to occur. I approach
>this with the understanding that the reasons for my visual blur are
>buried in my sub-conscious. Before I go to sleep, I ask my sub-conscious
>to give me a hint (ie a dream) that will help me understand what my
>issues are. I have had great success with this.

Yes, this is important to be open to guidance.

>I am told that another approach is to think about what kinds of things were
>happening in your life when you got your first glasses. This is tough
>for me because I have worn glasses since age six. However, this has been
>helpful to me in dealing with issues in my family. I have found that
>there are situations in that area of my life that cause my vision to
>"switch off". It has been important for me to acknowledge these
>situations and their causes. I don't actually DO anything about them. I
>just accept that they exist and that I may not have any control over
>them. Then the worries that I have about them seem less daunting.

Some of this stuff about thinking about what was happening to you when you first got glasses kinda bugs me. Granted I daydreamed and drifted off staring into space in school. I got glasses when I was ten . Being nearsighted and going thru vision therapy makes my want to focus my sights on the future to be more extrovert ed and not to focus too much on the past . That is what is so weired about the exercises, for instance palming what an anti-social thing to do. And not wearing your glasses, well I feel more open but not being able to see peoples expressions makes it tough I find my self avoiding eye contact sometimes. It all makes me more determined to see this thru and keep going .

Best of luck to you I've rambled for way too long.
alexandra

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Re: Vitrectomy

- *Subject:* Re: Vitrectomy
 - *From:* solusrex@198.4.75.47
 - *Date:* Sun, 14 Jan 1996 23:32:16 -0500
-

At 04:29 PM 1/14/96 -0500, you wrote:

>Dear Group

>(snip)

My ophthalmologists is now scheduling a vitrectomy.

>

>Can someone let me know what the procedure entails, risks, chances for
>success etc. Is there a continued improvement after surgery. Do they
>actually scoop out the eyeball & put it back? For how long is one disabled
>i.e. unable to work? Any and all information anyone can give me would be
>greatly appreciated.

>

Charles,

there was a recent thread on vitrectomy in sci.med.vision. Maybe it's still there-- you might want to check it out. It was related to the problem of floaters, so look up under "floaters." There wasn't a lot of info, but what I remember is this.

In vitrectomy, they replace the vitreous with the saline solution, something into which the vitreous tends to gradually turn anyway in the course of natural aging. However, in about five years after the replacement, all patients develop cataracts. Because the rate of cataract surgery success is very high, this is not considered to be a counterindication, but, rather, a follow-up procedure. They won't do it for a non-threatening (albeit annoying) minor problem like benign intravitreal floaters, though, and someone in sci.med.vision was really upset about it. So cheer up -- at least you're getting something other people want but can't have!.. I wish you the best of luck and a complete recovery.

Elena

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Re: the power of bilberry

- *Subject:* Re: the power of bilberry
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Sun, 14 Jan 1996 22:43:11 -0700
-

At 03:06 PM 1/14/96 -0500, you wrote:

>Sid, great posts! I'm glad to have you on I SEE!

>

>On Sun, 14 Jan 1996, Sid Gudes wrote:

>

>> Bilberries look pretty amazing from the articles I found; not only do they
>> help night vision and myopia, but osteoarthritis, varicose veins and
>> proneness to bruising, gastric disturbances (including colitis), blood
>> clotting, etc. Much of this is clinically proven, too!

>

>Can you post references to these articles, or the names of the
>publications you found them in, or at the very least, what types of
>publications they were?

>

They were WWW articles that I found using a Lycos search. One of them is an article by Robert Bidleman at:

<http://www.crl.com/~robbee/bilart.html>

There were several others but that's the one that summarized the bunch for me so it's the only one I kept a bookmark to. If you're not familiar with Lycos, it's one of the best search engines on the Web, available at:

<http://lycos-tmp1.psc.edu/lycos-form.html?>

Just hop there and do a search for bilberry.

Another thing I found is that a lot of things are called bilberries that are not really them. One mail-order herbal place listed "huckleberry/bilberry" as an entry, implying they're the same thing; I did a Lycos search on "huckleberry" and found that there are 3 different genus of plants with several species each that are called huckleberry; none are the same species as bilberry (*Vaccinium myrtillus*), although some are in the *Vaccinium* genus.

(But there can be a huge difference within genus: which would you rather be locked in a room with, Felis Leo or Felis Cattus? :-) Caveat emptor...

HTH,
Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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RE: Bates method

- *Subject:* RE: Bates method
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Mon, 15 Jan 96 10:07:25 UT
-

From: owner-i_see@indiana.edu on behalf of Sid Gudes
Sent: Monday, 15 January, 1996 4:31 AM
To: i_see@indiana.edu
Subject: Re: Bates method

>>If you're in Australia you might want to look up Janet Goodrich, she's down
>>under and gives workshops on vision improvement. She's also written a book,
>>_Natural Vision Improvement_, wherein she incorporates Bates and others into
>>a comprehensive vision improvement program. (If you're in the U.S. the book
>>is available here too.)

I will check out the book and I will try to track her DownUnder.

>>I would also suggest finding an optometrist (behavioral or otherwise) who
>>will support you in your efforts; otherwise you'll keep arguing with your
>>optometrist about prescriptions, methods, etc. which eats up a lot of your
>>energy and turns it into an uphill battle.

Luckily I found one who is interested and I will be seeing him in a couple of weeks.

Thanks for reply

GeorgeFromDownUnder.

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RE: Bates method

- *Subject:* RE: Bates method
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Mon, 15 Jan 96 10:11:54 UT
-

Hello Amanda,

From: Amanda H. Ackerman
Sent: Monday, 15 January, 1996 9:29 AM
To: George Tohme
Cc: i_see@indiana.edu
Subject: Re: Bates method

>>Wow, does this ever sound familiar! George, I absolutely relate to what
>>you are going through. I am also a myopic/astigmatic person, though I
>>was more astigmatic and slightly less myopic than you seem to be. Before I
>>gave up glasses and contacts last summer, I had been wearing contacts for
>>more than 12 years. In that time, I became more and more sensitive to
>>sun light.

>>The driving/computer use dilemma can be solved by purchasing a pair of
>>glasses that correct your vision to 20/40...er, I believe that would be
>>6/12 in your part of the world...with no astigmatic correction. These
>>glasses will give you enough clarity to see the things that you need to
>>see and also give your vision an opportunity to improve.

I will be visiting the optometrist in a couple of weeks and I will discuss that with him.

>>The light sensitivity issue...my eyes used to react similarly to light.
>>I had to wear sunglasses whenever I went outside. It could be sunny,
>>cloudy, raining, snowing. It didn't matter. I would walk outside and I
>>just felt like my eyes wanted to shrink into the back of my head. I
>>increased my tolerance to light by sunning (exposing my eyes to direct
>>sunlight WITH MY EYES CLOSED). Within a short time, I had no adverse
>>reaction to sunlight at all. During that time, I used homeopathic

>>Euphrasia officianalis (a.k.a. "eyebright") to prevent the flood of tears
>>and the discomfort that accompanied them.

It's kinda night time right now. I will definitely try it tomorrow. How often/how long do you do it? Also, forgive my ignorance, what is homeopathic Euphrasia officianalis (a.k.a. "eyebright")?

Thanks

GeorgeFromDownUnder

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RE: Bates method

- *Subject:* RE: Bates method
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Mon, 15 Jan 1996 12:06:54 -0500 (EST)
-

On Mon, 15 Jan 1996, George Tohme wrote:

> >>The light sensitivity issue...my eyes used to react similarly to light.
> >>I had to wear sunglasses whenever I went outside. It could be sunny,
> >>cloudy, raining, snowing. It didn't matter. I would walk outside and I
> >>just felt like my eyes wanted to shrink into the back of my head. I
> >>increased my tolerance to light by sunning (exposing my eyes to direct
> >>sunlight WITH MY EYES CLOSED). Within a short time, I had no adverse
> >>reaction to sunlight at all. During that time, I used homeopathic
> >>Euphrasia officianalis (a.k.a. "eyebright") to prevent the flood of tears
> >>and the discomfort that accompanied them.

>
> It's kinda night time right now. I will definitely try it tomorrow. How
> often/how long do you do it?

The way I was taught to sun is to face the sun with my eyes closed and move my head (and eyes) in a counter-clockwise circle around the sun. I do this at least once a day for ten to fifteen minutes. When I was starting out, I would do two or three five-minute sessions per day and palm for five minutes immediately after. If you find that your eyes are too sensitive for regular sunning, you can work up to it by doing the same exercise facing the sky but not the sun.

> Also, forgive my ignorance, what is homeopathic
> Euphrasia officianalis (a.k.a. "eyebright")?
>

Homeopathy is a type of medicine that helps you overcome illness or injury by bolstering your immune system, rather than suppressing it, as is the case with conventional (allopathic) medicine. You take miniscule doses of something that, in larger doses, would cause the symptoms that you seek to prevent. It sounds kind of off-the-wall but it works amazingly

well for a variety of conditions. I found that taking homeopathic Euphrasia when my eyes first started watering, relieved the problem within about half a minute.

As to where you might buy them DownUnder...I haven't a clue. Perhaps some of the Australians that read this list can help there. I first encountered homeopathy a few years ago during a trip to the Netherlands, where this type of medicine is very common. IT is much less common in the US. I find the remedies in natural food stores and some pharmacies. Perhaps, if there is a physician in your area that practices homeopathy, he or she could give you a hint.

Good luck!

Amanda

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-----  
Amanda H Ackerman          |           Only in quiet waters do things  
Department of Chemistry    |           mirror themselves undisturbed.  
University of Vermont      |           Only in a quiet mind is there  
Burlington, VT 05405      |           adequate perception of the world.  
                             |           -Hans Margolius  
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bates method and vision improvement LONG

- *Subject:* bates method and vision improvement LONG
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Mon, 15 Jan 1996 13:34:42 -0500 (EST)
-

On Sun, 14 Jan 1996, Nicholas Hill wrote:

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>  
> On Sat, Jan 13, 1996 7:37:34 PM at Amanda H. Ackerman wrote  
> >  
>  
> Thanks for your response. Sorry it has taken me so long to respond. But  
> without any glasses typing at this computer can be very tiring.
```

Yeah, you may want to watch that computer use for a little while. I have found that I am much more susceptible to computer eye-strain than I was. Of course it may just be that I am more aware of it, as I become more in tune with my vision and my body.

```
> It must be very helpful to be going thru this with other people I am  
> grateful to Alex for starting this list because so far it is becoming my  
> support group. It is quite hard for others to really understand what you  
> are going thru. I enjoyed Janet Goodrich's book it was very accessible.
```

Yes, having the class is definitely helpful. It is still up to the individual to develop a life-style that is conducive to clear vision. We are able to learn from one another's experiences and that is helpful. I agree that this list is a great resource to have. It has become particularly active recently and that is wonderful.

What impresses me about Janet's book is that, as I work through my myopia and astigmatism, I am constantly finding things that pertain to where I am RIGHT NOW. I bought that book eight months ago, read it and thought I understood everything that she had said. As time passes and my vision improves, I find things in that book that apply, in different ways, to a new vision student and also to someone who has been doing this for a while.

> >As far as exercises.... Well, palming is an absolute must. I try to do
> >10 minutes at bedtime and anywhere from 10 to 30 minutes in the morning.
>
>
> When you palm do you visualize movement or black?

It kind of depends on my state of mind. I had a lot of difficulty learning to visualize at first. I taught myself to imagine color first. I would say "blue" and try to see the color blue. At first I would just get a very brief flash of something that may or may not have been blue. I would just support that and keep trying with different colors. When I got to the point where I could call up any color at will, I moved on to objects. Now, I sometimes visualize myself in a pleasant, relaxing environment. Other times, I just relax and observe the darkness.

> It seems that creating you own exercises is a sign that you are tuning
> into your bodies needs and therefore more receptive to what is right for
> you . I am intrigued by how unique everyone experience is. Alot of this is
> feeling your own way which is so anti western medicine where you are taught
> to take a pill and deaden your bodies responses. I think some of the
> hostility you find by people to this vision therapy is often a fear of
> their own bodies.

I defintely agree. I draw an analogy between poor visual habits and eating junk food. IF you lived on a steady diet of chips and pop, you wouldn't be surprised when your health began to fail. Likewise, poor visual habits can lead to unhealthy vision. By learning better habits and applying them to your own lifestyle, you will be doing your exercises without even realising it. Everything that you do becomes an opportunity to fine-tune your vision.

> I spend a lot of time outdoors and I just try to
> >appreciate the things that I can see. Once I stopped fighting the blur,
> >I found that I can actually see pretty clearly at times. I am also
> >noticing lots of things that I have never seen before, even though
> >they have always been there.

>
> I wish it wasn't so cold all I wan't to do is sit in the park or go to the
> zoo and draw . I have no interest in going into my studio to paint it seems
> to insular to enhancing of my myopic condition.

No way...I don't buy it. I live in northern Vermont and we see REAL cold here. I recently went out into -20 F and it was the clearest vision I have ever experienced. Cold air is great for vision. You just need to bundle up a little and keep moving.

> I find the ones I avoid tend to be the ones that I
> need the most . For instance the General Electric game is a struggle I am

> close to really getting it.

Yeah, there is one really basic vision game that I had a lot of trouble with at first. I had to give up on it for a while because it was creating a ton of stress and aggravating my astigmatism. For your situation, with the GE game, there are lots of other games that teach the same skills. Perhaps you would be more comfortable with one of them. If you actively dislike a game, it will be counter-productive to force yourself to do it.

> > "swing ball". I was very much attracted to this exercise

>

> >and had no idea why. I just had to drop what I was doing and go buy the
> >props for this game. This activity turned out to be great for my
> >astigmatism and also helped with over-all relaxation. This is still
> >my favorite vision activity, not only because it improves my vision but
> >also because I love doing it,.

>

> You've inspired me to try this one. Thanks :)

I appreciated Dr Kaplan's recent comments on this game. It was interesting to learn that many other people had had similar experiences. I am glad that I listened to my instinct and tried it.

> >It has been important for me to recognise that there is a significant
> >emotional component to my vision. I believe that is something that needs

>

> >to be dealt with for lasting vision improvement to occur. I approach
> >this with the understanding that the reasons for my visual blur are
> >buried in my sub-conscious. Before I go to sleep, I ask my sub-conscious

>

> >to give me a hint (ie a dream) that will help me understand what my
> >issues are. I have had great success with this.

>

> Yes, this is important to be open to guidance.

I think it is also important to understand that we all have a great deal of un-tapped wisdom within ourselves. I think that my myopia represents a rejection of that wisdom. I find it very important to respect the more intuitive aspect of my personality and not attempt to rationalize every thought and emotion that I have.

> Some of this stuff about thinking about what was happening to you when
> you first got glasses kinda bugs me. Granted I daydreamed and drifted off
> staring into space in school. I got glasses when I was ten . Being
> nearsighted and going thru vision therapy makes my want to focus my sights
> on the future to be more extrovert ed and not to focus too much on the past

That is an important point. There is a distinction between brooding over an issue and accepting it. What you might want to try to think about is what could have happened in your life to make your subconscious decide that you did not want to see the world clearly. For many women, this has to do with issues that surfaced at the onset of puberty. What is important is to try not to get caught up in saying, "X happened in my childhood and now my life is ruined," and concentrating on the cruelties of life forever. That is as counter-productive as blaming your vision on genetics and believing that you have no control in the situation. I try to say, "X happened in my childhood. I reacted by blurring my vision. I am an adult now and I can deal with the realities of life. I do not need to insulate myself in this way." I have a lot of respect for my subconscious for choosing such a benign way of trying to protect me from what it interpreted to be a dangerous situation. I have a dear friend who is a paranoid schizophrenic. He has 20/20 eyesight but lives in a fantasy world and believes that he is being haunted by dozens of supernatural beings. I feel very sad for him that his subconscious chose this way of dealing with unpleasant situations in his life. He reminds me that myopia is not such a terrible condition.

> . That is what is so weird about the exercises, for instance palming what
> an anti-social thing to do. And not wearing your glasses, well I feel more
> open but not being able to see peoples expressions makes it tough I find my
> self avoiding eye contact sometimes. It all makes me more determined to see
> this thru and keep going .

I feel that before you can really know the world, you need to know yourself. That is what palming and a lot of the other exercises teach me. I find that the heightened self-awareness that I gain through palming and meditation helps me interact with the world in a more loving and open manner. I have learned a lot about interpreting body language, something that I was totally unaware of previously. I have also found that I have to reach out and bring people into my space. That is something that was very frightening to me at first because part of my myopia is just about me being in my space and wanting to ignore the presence of everyone else. Bringing people closer to me in space has been a rewarding experience in terms of helping me deal with my own myopic thought patterns.

> Best of luck to you I've rambled for way too long.
> alexandra

Good luck to you too!
Amanda

Amanda H Ackerman | Only in quiet waters do things
Department of Chemistry | mirror themselves undisturbed.

University of Vermont
Burlington, VT 05405

| Only in a quiet mind is there
| adequate perception of the world.
| -Hans Margolius

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Obtaining an Eye Chart

- *Subject:* Obtaining an Eye Chart
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Mon, 15 Jan 1996 17:39:12
-

To the person who posted the note asking how to obtain an eye chart:
(sorry, i lost your note)

You can order eye charts and other vision enhancement devices from Dr Kaplan. His e-mail address is Beyond_20/20@sunshine.net

He has a catalogue of all kinds of neat stuff, although you might find the shipping expenses to be a bit steep for just a chart. Anyway, i'm sure he would be happy to send you his catalogue.

Personally, i got my chart from my optometrist. She was a bit surprised that anyone would actually want one, but after i explained what i was doing, she was okay. It took a few days, cost about \$10 cnd, plus shipping.

Also, could someone please tell me if this forum is monitored? I sent, or at least tried to send a message a few days ago, but i haven't seen it. I wonder, was it not received, or are some comments screened out?

I really enjoy reading everyone's comments. I have been working on natural vision therapy for about four years and was beginning to think i was the only one in the world. Lovely to learn there are at least a few of us.

Linda Lee
Vancouver Island, Canada

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bilberr: tea etc

- *Subject:* bilberr: tea etc
 - *From:* as@twics.com (andreas schneider)
 - *Date:* Tue, 16 Jan 1996 00:18:46 +0100
-

found a cooperative in germany which is selling bilberry tea & bilberries themselves (dehydrated).
these products are strictly monitored for residues after the germn laws for medicaments.
as these bilberries are collected from wild grown ones i do not know about their level of radiation (tchernobyl) though.

50g tea: 3.50DM
50g b'berries: 4.90DM

tee & kraeuterladen
wurzacherstrasse 12
88339 bad wurzach
+49- 7524- 2331 (T)

andreas schneider

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- Prev by Date: [Obtaining an Eye Chart](#)
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I SEE is UNMODERATED

- *Subject:* I SEE is UNMODERATED
- *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- *Date:* Mon, 15 Jan 1996 22:28:48 -0500 (EST)

> Also, could someone please tell me if this forum is monitored? I sent, or
> at least tried to send a message a few days ago, but i haven't seen
> it. I wonder, was it not received, or are some comments screened
> out?

This group is MONITORED by about 200 subscribers, including yourself!
However, it is not moderated, meaning, if you send a message to I_SEE,
neither the owner of the list (myself) nor any other person can stop
it!

--Alex

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RE: Bates method

- *Subject:* RE: Bates method
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 16 Jan 96 05:33:31 UT
-

From: Marco A. Terry
Sent: Tuesday, 16 January, 1996 2:42 AM
To: George Tohme
Subject: Re: Bates method

on their last msg, George Tohme said:

>
> Hello All,
>
> 1- I need to wear my glasses/contacts (-3.25, -3.25) to be able to drive the
> car and also work on the computer

>>How come you need your glasses to work w/a computer? Do you also have
problems
>>with your near vision? I work w/a comp. all day and I do not need my glasses
>>(I have -1.25 Myopia and some astigmatism),but then again ,that's me.

Good question. The optometrist never said that I have a problem with my near vision and always thought that not being able to read the computer screen was normal because I've got -3.25. Well the screen is 20" away from my eyes and I'm writing this message using the Arial font with a size 10pt. If I remove my glasses I just can't read it.

c.u
GeorgeFromDownUnder.

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Tiny white flying things...

- *Subject:* Tiny white flying things...
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 16 Jan 96 05:50:51 UT
-

No I'm not talking about UFOs or other extraterrestrial things. Let me explain:

Today I wanted to start sunning but it was cloudy (yeah, talk about summer down under!) so I closed my eyes and faced the white clouds. 10 seconds later I started 'seeing' some very small very white dots dancing in all directions and then disappearing.

To give an idea of what they looked like: if you've ever watched the news when they show a war zone at night and there is some heavy shooting, bullets travelling in a not-so-straight line, well that's what it looked like except that it looked as if I was looking at he bullets departing from 'my head' and they were white and more agitated.

I was able to see them everytime I repeated the exercise. Does anyone know what they mean (if they have a meaning)?

thanks

GeorgeFromDownUnder.

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Buying an eyechart

- *Subject:* Buying an eyechart
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Mon, 15 Jan 1996 23:57:31 -0600
-

To all who offered their helpful hints of how to obtain an eyechart - thank you. I bought one today from the medical bookstore at Vanderbilt University for \$7.65.

I needed the chart because I didn't seem to have a good "benchmark" of my vision at home. I have such "benchmarks" - letters on posters on walls, book spines, road ads, signposts - in places I usually am or pass through, so I always have an idea how my subjective vision is at a given moment.

Peter Locher wrote in a recent post:

>I really would like to respond generally to letters like this.
>Often in this group I see (often incorrectly written) spectacle
>prescriptions but I rarely see anything like visual acuities.

>
>If any of you actually do have improvements, I would like to know
>what your unaided visual acuities are. It would enhance credibility
>if these were taken by your vision care specialist - either an
>ophthalmologist or optometrist and not with your own letter chart where
>your memory and hopes would reduce objectivity.

I agree. In Bulgaria (where I am originally from) I used to pop in at an optometrist's office and just have my objective refraction measured by autorefractor (I am aware that they are not very reliable although in my case measurements proved to be quite consistent). I noticed some significant variance between measurements taken by different makes of autorefractors however, so I decided to stick with one type - Rodenstock. I checked my vision this way quite often - sometimes as often as once a week, but usually once every two months. It cost me a nominal \$2 since I didn't see the optometrist for a full exam; plus the risk that assistants might think I am a maniac (maybe I am, at a point I was thinking of buying a refractor but it turned out I didn't have enough money in the bank).

So I now have a pile of printouts for the last two or so years. On each printout I have marked any specific conditions that might have affected my

visual acuity at the time of taking the measurement (eg stressed from work, light like a feather after something good has happened to me, weather conditions, etc.)

Regrettably, I have been unable to continue this practice in the US. I shelled out about \$80 for an eye exam two months ago and for now this price prohibits frequent check ups.

My special thanks to Dr. Robert-Michael Kaplan for his offer to supply an eyechart. I read his book "The Power Behind Your Eyes" "at one gulp". I shall be contacting him privately and if something worthy comes out of our correspondence we may share it with I_See.

Stefan Stefanov

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Re: your mail

- *Subject:* Re: your mail
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Tue, 16 Jan 1996 09:41:52 +0000
-

On Fri, 12 Jan 1996, Nicholas Hill wrote:

>
>
> On Thu, Jan 11, 1996 10:52:31 PM at Karen Yang wrote:
>
>
>
> Hold on to the clear flashes! They start coming more often
> >and staying longer. Just before Christmas, I had a clear flash while I
> was
> >looking at my eye chart. I could actually see the 20/20 line and it
> lasted
> >for about a minute -- long enough for me to look up and realize I could
> >also read some small words on a poster that had been a black blur a moment
>
> >before. It gets better -- just keep working at it!
>
> Thanks for the words of encouragement. I was kinda fishing for 'em. The
> wonders of the internet you can always find someone else who is going
> through the same thing you are.
>
> Best of luck with your vision work,
> Alexandra

I really would like to respond generally to letters like this. Often in this group I see (often incorrectly written) spectacle prescriptions but I rarely see anything like visual acuities.

If any of you actually do have improvements, I would like to know what your unaided visual acuities are. It would enhance credibility if these were taken by your vision care specialist - either an ophthalmologist or optometrist and not with your own letter chart where

your memory and hopes would reduce objectivity.

So if you have case histories where you have before and after histories I really would be interested.

e.g.

Patient XX

Age 25 at 1 Jan, 1990

1 Jan, 1990

6/24 R -1.50/-1.50 x 180 6/6

6/24 L -2.00 DS 6/6

1 Jan, 1996

6/7.5 R -0.50 DS 6/6

6/6 L plano 6/6

Even longer histories would be great including Diabetes and/or stress levels or drug use.

I'm sorry if I offend some people but I find some of the accounts here too subjective to be useful - or even believable. Please tell me exactly how much improvement you get.

Peter Locher

OPTOMETRIST

Western Australia

plocher@cougar.multiline.com.au

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Re: Tiny white flying things...

- *Subject:* Re: Tiny white flying things...
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 16 Jan 1996 07:30:51 -0600
-

[George Tohme said:]
>...so I closed my eyes and faced the white clouds. 10 seconds later
>I started 'seeing' some very small very white dots dancing in all directions
>and then disappearing.

I've seen the small white dots that dance like vibrant energy forms in the sky. I can see them better on cloudy days. I do think they are external, but I don't know whether it is useful to ascribe any significance to them. I always see them with my eyes open.

How were you feeling when you saw them?

Mark

=====

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Re: notes like this

- *Subject:* Re: notes like this
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 16 Jan 1996 08:05:07 -0600
-

Peter Locher wrote [portions omitted for brevity and without elipsis]:

> On Fri, 12 Jan 1996, Nicholas Hill wrote:

>> On Thu, Jan 11, 1996 10:52:31 PM at Karen Yang wrote:

>>

>> Hold on to the clear flashes! They start coming more often

>> >and staying longer. Just before Christmas, I had a clear flash while I

>> was

>> >looking at my eye chart. I could actually see the 20/20 line and it

>> lasted

>> >for about a minute -- long enough for me to look up and realize I could

>> >also read some small words on a poster that had been a black blur a moment

>>

>> >before. It gets better -- just keep working at it!

>>

>> Thanks for the words of encouragement. I was kinda fishing for 'em. The

>> wonders of the internet you can always find someone else who is going

>> through the same thing you are.

>>

>> Best of luck with your vision work,

>> Alexandra

>>

>I really would like to respond generally to letters like this.

>Often in this group I see (often incorrectly written) spectacle

>prescriptions but I rarely see anything like visual acuities.

>If any of you actually do have improvements, I would like to know

>what your unaided visual acuities are. It would enhance credibility

>if these were taken by your vision care specialist - either an

>ophthalmologist or optometrist and not with your own letter chart where

>your memory and hopes would reduce objectivity.

>So if you have case histories where you have before and after

>histories I really would be interested.

I would really like to respond specifically to letters like this. I recognize your interest in case histories. I think we all share a similar interest. However, I also enjoy notes such as the one to which you seem to have taken offence. My personal criteria for vision improvement are subjective and intuitive -- it's my experience after all. A delusion of objectivity (measurement is an inherently relative phenomenon), makes for better comparisons and conversations; but in the U.S., the cost of consulting an optometrist prohibits frequent visits for most. I would not ask anyone to wait until they've seen an optometrist to share their experience or ask for encouragement.

The letter you responded to does mention an experience with sufficient veracity for the person posting it. That's good enough for me. It might have been helpful for you to suggest that if that individual still wears glasses, the experience might indicate a need to pursue a lighter prescription. Perhaps not.

Anyway, may you have an magnificently enthusiastic week full of profoundly positive and transformational experiences.

Mark

=====

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Re: Tiny white flying things..

- *Subject:* Re: Tiny white flying things..
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 16 Jan 1996 09:12:55 -0600
-

Marco Terry wrote:

>MY answer: U.F.Os.....RUN FOR YOUR LIFE!!!!!!!!!!!!!!!!!!!!

>

>Sorry Mark - couldn't resist :-) Anyways, some people experience
>floaters which are (correct me if I am wrong alex) dead red blood
>cells floating in your vitrous humor (the stuff the fills the eyes). They
>appear to be little thingys 'floating' (hence name) in your visual range.
>I presume that it might be easier to 'notice them' if you look at`
>a particular color/surface (in this case, coulds). Anyone else has ideas?

I don't think these are floaters. I see millions of them, but only when I'm looking at the sky on a cloudy day. On sunny days, I might catch a few, but they seem sparsely distributed. I am not assuming that there is a physical cause or a "material" object corresponding to the sensory impression.

(Do you think it could be a transubstantiated form of Elvis?)

Mark

=====

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Re: Tiny white flying things..

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Re: Re: your mail

- *Subject:* Re: Re: your mail
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Tue, 16 Jan 1996 12:08:15 -0500
-

I am happy to report I went to have my eyes examined yesterday and there was an improvement from my last prescription. My last prescription was: R -5.50 L -5.75 .25 180

My new prescription to see 20/20 or 6/6 would be R -5.00 L -5.00 .25 180. I have been doing vision improvement exercises for about three weeks on my own from reading various books and the FAQ from I-SEE. Needless to say I am excited and ready to push on with this project. I am picking up some transition glasses today which will be -3.50 for both right and left and no correction for the astigmatism. I hope this information helps you. I am not an optician just a wearer of glasses.

If I put on my last pair of glasses now I get nauseous. I've had a few short clear flashes were I look up and I can see clearly something I normally can't, they last several seconds then fade.

Alexandra

On Tue, Jan 16, 1996 9:41:52 AM at Peter Locher wrote:

>I really would like to respond generally to letters like this.
>Often in this group I see (often incorrectly written) spectacle
>prescriptions but I rarely see anything like visual acuities.

>
>If any of you actually do have improvements, I would like to know
>what your unaided visual acuities are. It would enhance credibility
>if these were taken by your vision care specialist - either an
>ophthalmologist or optometrist and not with your own letter chart where
>your memory and hopes would reduce objectivity.

>
>So if you have case histories where you have before and after
>histories I really would be interested.

>Even longer histories would be great including Diabetes

>
>and/or stress levels or drug use.
>
>I'm sorry if I offend some people but I find some of the accounts here
>too subjective to be useful - or even believable. Please tell me
>exactly how much improvement you get.
>
>
>Peter Locher
>OPTOMETRIST
>Western Australia
>plocher@cougar.multiline.com.au
>
>

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Re: bates method and vision improvement LONG

- *Subject:* Re: bates method and vision improvement LONG
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Tue, 16 Jan 1996 12:08:20 -0500
-

On Mon, Jan 15, 1996 1:34:42 PM at Amanda H. Ackerman wrote:

>> I spend a lot of time outdoors and I just try to
>> >appreciate the things that I can see. Once I stopped fighting the
blur,
>> >I found that I can actually see pretty clearly at times. I am also
>> >noticing lots of things that I have never seen before, even though
>> >they have always been there.

Being so aware of your vision is great really makes you want to get
outside and scan around blur or no blur. Being an artist I've always been
very observant this just enhances that.

>> I wish it wasn't so cold all I wan't to do is sit in the park or go to
the
>> zoo and draw . I have no interest in going into my studio to paint it
seems
>> to insular to enhancing of my myopic condition.
>

>No way...I don't buy it. I live in northern Vermont and we see REAL
>cold here. I recently went out into -20 F and it was the clearest vision
>I have ever experienced. Cold air is great for vision. You just need to
>bundle up a little and keep moving.

I knew I would here something like this. :) It was 40F yesterday which is
down right warm to you. Its the moving thing thats hard if your drawing you
kinda need to sit down and spend sometime with a subject. Yesterday I
thought maybe i should take some photos instead. Could be interesting. What

would be in focus? Anything?

I have also found
>that I have to reach out and bring people into my space. That is
>something that was very frightening to me at first because part of my
>myopia is just about me being in my space and wanting to ignore the
presence
>of everyone else. Bringing people closer to me in space has been a
>rewarding experience in terms of helping me deal with my own myopic
>thought patterns.

This is great . I can relate to what your saying. I look forward to looking
into peoples eye without anything coming between us.

>Good luck to you too!
>Amanda

Thanks. I have some good news to report. I went for an examination
yesterday. I have improved!!!! :) My last prescription was R -5.50 L -5.75
.25 180.

(I think in an earlier post I had reported it to be R -5.00 L -5.25 .25
180 that was a prescription from 1990)

Well my new prescription to see 20/20 is R -5.00 L -5.00 .25 180. So I
seemed to have evened out my eyes. I am very excited. I must admit if there
hadn't been an improvement I would be disappointed. My transition glasses
are -3.50 each eye no correction for the astigmatism. I am going to try to
wear them only when truly necessary.

alexandra

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Re: Obtaining an Eye Chart

- *Subject:* Re: Obtaining an Eye Chart
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Tue, 16 Jan 96 09:47 PST
-

linda lee@comox.island.net wrote on 1/16/96:

>You can order eye charts and other vision enhancement devices from Dr
>Kaplan. His e-mail address is Beyond_20/20@sunshine.net

>
>He has a catalogue of all kinds of neat stuff, although you might
>find the shipping expenses to be a bit steep for just a chart.
>Anyway, i'm sure he would be happy to send you his catalogue.

We are no longer sending catalogues, however, tell us what your eye
condition is, send us your snail mail address and we will send you descriptive
information about our vision fitness programs, which include great laminated
vision Eye-C Charts.

Kim Tasa, Vision Educator
Beyond_20/20@sunshine.net

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Re: Tiny white flying things...

- *Subject:* Re: Tiny white flying things...
 - *From:* solusrex@198.4.75.47
 - *Date:* Tue, 16 Jan 1996 14:11:09 -0500
-

At 07:30 AM 1/16/96 -0600, you wrote:

>
>[George Tohme said:]
>>...so I closed my eyes and faced the white clouds. 10 seconds later
>>I started 'seeing' some very small very white dots dancing in all directions
>>and then disappearing.
>
>I've seen the small white dots that dance like
>vibrant energy forms in the sky. I can see them
>better on cloudy days. I do think they are
>external, but I don't know whether it is useful
>to ascribe any significance to them. I always
>see them with my eyes open.
>
>How were you feeling when you saw them?
>
>Mark
>

I call them "Our Version of The White Diamonds, or Liz Taylor, Eat Your Heart Out!" I see them when I'm very relaxed, and they usually signal good times for my vision. Could it be that they are actual quanta of light? Far as I know, human eyes are capable of detecting the presence of as little as 11 quanta (theoretically, even one, but that's where relativity kicks in -- there's a statistical uncertainty as to the fate of a single quantum falling on the retina, it may or may not excite a receptor).

Elena

=====

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Re: Tiny white flying things...

- *Subject:* Re: Tiny white flying things...
- *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
- *Date:* Tue, 16 Jan 1996 14:36:11 -0500 (EST)

On Tue, 16 Jan 1996, George Tohme wrote:

> Today I wanted to start sunning but it was cloudy (yeah, talk about summer
 > down under!) so I closed my eyes and faced the white clouds. 10 seconds later
 > I started 'seeing' some very small very white dots dancing in all directions
 > and then disappearing.

Weren't floaters once believed to be a sign of insanity? Actually, I think that many myopic people get them. I have no idea why though. I have seen something similar. I see white ones in the morning, when it is sunny, and black ones at night, when I am tired. They seem to be related to stress. I find that if I make an effort to relax and not try to look directly at them, they seem to go away on their own.

> To give an idea of what they looked like: if you've ever watched the news when
 > they show a war zone at night and there is some heavy shooting, bullets
 > travelling in a not-so-straight line, well that's what it looked like except
 > that it looked as if I was looking at he bullets departing from 'my head' and
 > they were white and more agitated.

What a great description!

 Amanda H Ackerman
 Department of Chemistry
 University of Vermont
 Burlington, VT 05405

Only in quiet waters do things
 mirror themselves undisturbed.
 Only in a quiet mind is there
 adequate perception of the world.
 -Hans Margolius

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Re: bates method and vision improvement LONG

- *Subject:* Re: bates method and vision improvement LONG
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Tue, 16 Jan 1996 14:56:34 -0500 (EST)
-

On Tue, 16 Jan 1996, Nicholas Hill wrote:

> On Mon, Jan 15, 1996 1:34:42 PM at Amanda H. Ackerman wrote:

>

> Being so aware of your vision is great really makes you want to get
> outside and scan around blur or no blur. Being an artist I've always been
> very observant this just enhances that.

I will be interested to learn what effect, if any, vision improvement has on your art. I always saw myself as having no artistic ability whatsoever. Since I started working on my vision, I feel more interested in art and have even become motivated to create some of my own. I am actually starting art classes in a few weeks.

> >> I wish it wasn't so cold all I wan't to do is sit in the park or go to
> the

> >> zoo and draw . I have no interest in going into my studio to paint it
> seems

> >> to insular to enhancing of my myopic condition.

> >

> >No way...I don't buy it. I live in northern Vermont and we see REAL
> >cold here. I recently went out into -20 F and it was the clearest vision

>

> >I have ever experienced. Cold air is great for vision. You just need to

>

> >bundle up a little and keep moving.

>

> I knew I would here something like this. :) It was 40F yesterday which is
> down right warm to you. Its the moving thing thats hard if your drawing you
> kinda need to sit down and spend sometime with a subject. Yesterday I
> thought maybe i should take some photos instead. Could be interesting. What

> would be in focus? Anything?

Good lord! I wear SHORTS when it gets above 35 F! I love going to Connecticut and freaking out my family by doing that. I wore shorts to Thanksgiving dinner. Everyone thought I was ill.

Actually, photography is the only ability that I have that remotely resembles artistic talent. I have been taking photos the entire time that I have been working on my vision. It is interesting to look back at the ones that I took last summer and see how my relationship with the world has changed.

> I have also found
> >that I have to reach out and bring people into my space. That is
> >something that was very frightening to me at first because part of my
> >myopia is just about me being in my space and wanting to ignore the
> presence
> >of everyone else. Bringing people closer to me in space has been a
> >rewarding experience in terms of helping me deal with my own myopic
> >thought patterns.

> This is great . I can relate to what your saying. I look forward to looking
> into peoples eye without anything coming between us.

Definitely, and being able to look directly at people, without glasses or contacts getting in the way is amazing. I now see so much beauty in people that I have never noticed before.

> Thanks. I have some good news to report. I went for an examination
> yesterday. I have improved!!!!!! :) My last prescription was R -5.50 L -5.75
> .25 180.
> (I think in an earlier post I had reported it to be R -5.00 L -5.25 .25
> 180 that was a prescription from 1990)
> Well my new prescription to see 20/20 is R -5.00 L -5.00 .25 180. So I
> seemed to have evened out my eyes. I am very excited. I must admit if there
> hadn't been an improvement I would be disappointed. My transition glasses
> are -3.50 each eye no correction for the astigmatism. I am going to try to
> wear them only when truly necessary.

> alexandra

Good for you! Thank you for sharing. This is fantastic! There is nothing like experiencing a serious improvement to keep you motivated. I hope you keep it up!

Amanda

Amanda H Ackerman

| Only in quiet waters do things

Department of Chemistry
University of Vermont
Burlington, VT 05405

mirror themselves undisturbed.
Only in a quiet mind is there
adequate perception of the world.
-Hans Margolius

-
- Prev by Date: [Re: Tiny white flying things...](#)
 - Next by Date: [Re: Buying an eyechart](#)
 - Prev by thread: [Re: bates method and vision improvement LONG](#)
 - Next by thread: [Re: bates method and vision improvement LONG](#)
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Re: Buying an eyechart

- *Subject:* Re: Buying an eyechart
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Tue, 16 Jan 96 12:35 PST
-

stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov) wrote on Mon, 15 Jan 1996 23:57:31 -0600

>I agree. In Bulgaria (where I am originally from) I used to pop in at an
>optometrist's office and just have my objective refraction measured by
>autorefractor (I am aware that they are not very reliable although in my
>case measurements proved to be quite consistent). I noticed some significant
>variance between measurements taken by different makes of autorefractors
>however, so I decided to stick with one type - Rodenstock. I checked my
>vision this way quite often - sometimes as often as once a week, but usually
>once every two months. It cost me a nominal \$2 since I didn't see the
>optometrist for a full exam; plus the risk that assistants might think I am
>a maniac (maybe I am, at a point I was thinking of buying a refractor but it
>turned out I didn't have enough money in the bank).
>So I now have a pile of printouts for the last two or so years. On each
>printout I have marked any specific conditions that might have affected my
>visual acuity at the time of taking the measurement (eg stressed from work,
>light like a feather after something good has happened to me, weather
>conditions, etc.)
>Regrettably, I have been unable to continue this practice in the US. I
>shelled out about \$80 for an eye exam two months ago and for now this price
>prohibits frequent check ups.

I would suggest that those of you who are interested, find a user friendly Optometrist or even an Optician who would be willing to work with you on an experiment. Make an arrangement with them for you to come in after their busiest hours, where you can have them do the visual acuity findings. It shouldn't take that long to measure your visual acuity on their chart and at least every measurement will be standardized to their examining room. In

my case, I found a local optometrist (I no longer test eyes), met with her and arranged for my client to have her glaucoma measured once per week to monitor the natural approaches to her self-healing program. Otherwise, use the ole Snellen or Eye C chart from my books. They are logrithmically designed and reliable and accurate.

Cheers,

Robert-Michael Kaplan
Near Vancouver, B.C.

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-
- Prev by Date: [Re: bates method and vision improvement LONG](#)
 - Next by Date: [Central fixation](#)
 - Prev by thread: [Buying an eyechart](#)
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Central fixation

- *Subject:* Central fixation
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Wed, 17 Jan 96 04:22:02 UT
-

Hello,

I have tried the exercise described in the FAQ [9.4] for restoring the central fixation and I'm just not getting anywhere. I simply cannot find a point that will make the letter (or point) appear clearer. Is there another exercise or variation that will achieve the same objective.

thanks

GeorgeFromDownUnder

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-
- Prev by Date: [Re: Buying an eyechart](#)
 - Next by Date: [Re: bates method and vision improvement LONG](#)
 - Prev by thread: [Re: Tiny white flying things..](#)
 - Next by thread: [Objective Vision Results](#)
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Re: bates method and vision improvement LONG

- *Subject:* Re: bates method and vision improvement LONG
 - *From:* tekkdavi@pipeline.com (Karen Yang)
 - *Date:* Wed, 17 Jan 1996 00:29:00 -0500
-

On Jan 16, 1996 14:56:34, 'Amanda H. Ackerman' <aackerma@moose.uvm.edu> wrote:

>Since I started working on my vision, I feel more interested
>in art and have even become motivated to create some of my own. I am
>actually starting art classes in a few weeks.

This is wonderful! I wonder if anyone has explored this side effect of vision improvement.... I started weaving shortly before I started working on my eyes, and now I'm really getting into creating and weaving tapestries. Maybe we can *see* our creative side more clearly?

And congratulations, Alexandra, on your improvement! Now I really can't wait to get my vision officially checked. Still looking for a sympathetic optometrist in my area....

Karen Yang
a.k.a.
tekkdavi@nyc.pipeline.com

The whole imposing edifice of modern medicine is like the celebrated tower of Pisa -- slightly off balance.
--Charles, Prince of Wales

Web site o' the month: Electronic Resources for Youth Services --
<http://www.ccn.cs.dal.ca/~aa331/childlit.html>

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- Prev by Date: [Central fixation](#)
- Next by Date: [Objective Vision Results](#)
- Prev by thread: [Re: bates method and vision improvement LONG](#)
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Objective Vision Results

- *Subject:* Objective Vision Results
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Wed, 17 Jan 1996 00:52:57
-

In response to Peter Lochner's letter, i would like to list the various prescriptions i have been tested at since i have been working on improving my vision. The beginning results represent glasses that i had been wearing for about two years. I began vision therapy in June / 91(age 36) and my 20/20 glasses at that time were:

June / 91	R: -7.5	L: -6.75	Astig: (r) -.050/ 40 (l) -.050 / 146
July 2/91	-6.75	-6.75	
July 12/91	-6.25	-6.25	
Sept 14/92	-5.5	-5.5	
Mar /95	-5.75	-5.5	

My astigmatism remained the same throughout. These results were all recorded at my O.D.'s office during regular office visits. I schedule a visit whenever i begin to feel annoyed at my glasses. I am normally fitted for 40/20 glasses, an reduction of about 3/4 a diopter. At the moment, i am wearing 40/20, R -5.0 and L -4.75.

As you can see, i made quite a lot of progress in the first few weeks and then kinda fizzled out. However, i am not discouraged and am even more enthusiastic since i have found this group. My personal approach is more emotional then behavioural, but i think we are all doing what works best for us.

I attribute my first big acuity achievements to my taking up meditation. I go through spells where i work daily with an eye chart, visualizations etc, but then i let it go for a while. I too have flashes of clear vision - one second i am looking at blur and then, for a few blinks, the entire chart comes into clear focus. This never happens in my Doctor's office!

I notice that the vision i have now is the same as the prescription i

began with, in other words, within a year of wearing glasses (at age 13), i was wearing -5. My personal belief is that the majority of my fears were developed when i was young and have been in place longer. Perhaps it will take me longer to unfreeze that part of my vision.

I have recently started to do the swing ball exercise, thanks to so many in the group who recommended it. I tried this game many years ago and never saw anything move. As i watch the ball now, i can see some movement in the background. I think that i must have frozen my environment visually in order to control it and therefore survive. Lately, i am focussing on letting go of my expectations of how others should act. I am sure this will be a visual break through for me.

I understand your need for objective results and i thank you for your open minded approach to this somewhat radical method of visual and personal healing. I am not a diabetic, eat a moderately healthy diet and have until recently used drugs (alcohol, pot, tobacco) recreationally.

Linda Lee
Vancouver Island, Canada

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- Prev by Date: [Re: bates method and vision improvement LONG](#)
 - Next by Date: [Vision Improvement and Art](#)
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Vision Improvement and Art

- *Subject:* Vision Improvement and Art
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Wed, 17 Jan 1996 01:08:06
-

In response to Amanda's note, in which she asks if any of us have become more artistically inclined since changing our vision prescriptions:

About the same time i discovered natural vision therapy, i also became involved in theatre. At first i used to do back stage stuff, doing the myoptic sidelines thing but that is changing. I have recently joined a musical theatre group and am having too much fun. I enjoy very much being on the stage, something that had always frightened the life out of me before! Sometimes i hear someone say something like, - oh no, i don't want to be centre stage, just leave me back here in the chorus where no-one can see me - and i think, hey, i used to do that. I can't for the life of me imagine why! What could i have possibly been afraid of?

Blessings to you all.

Linda Lee
Vancouver Island, Canada

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- Prev by Date: [Objective Vision Results](#)
 - Next by Date: [Re: notes like this](#)
 - Prev by thread: [Re: Objective Vision Results](#)
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Re: notes like this

- *Subject:* Re: notes like this
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Wed, 17 Jan 1996 17:34:20 +1100 (EST)
-

>_From: Mark Jones

>

>

> Peter Locher wrote [portions omitted for brevity and without elipsis]:

> >I really would like to respond generally to letters like this.

> >Often in this group I see (often incorrectly written) spectacle

> >prescriptions but I rarely see anything like visual acuities.

>

> >If any of you actually do have improvements, I would like to know

> >what your unaided visual acuities are. It would enhance credibility

> >if these were taken by your vision care specialist - either an

> >ophthalmologist or optometrist and not with your own letter chart where

> >your memory and hopes would reduce objectivity.

>

> >So if you have case histories where you have before and after

> >histories I really would be interested.

>

>

> I would really like to respond specifically to letters like this.

> I recognize your interest in case histories. I think we all share

> a similar interest. However, I also enjoy notes such as the one

> to which you seem to have taken offence. My personal criteria

> for vision improvement are subjective and intuitive -- it's my

> experience after all. A delusion of objectivity (measurement is

> an inherently relative phenomenon), makes for better comparisons

> and converstations; but in the U.S., the cost of consulting an

> optometrist prohibits frequent visits for most. I would not ask

> anyone to wait until they've seen an optometrist to share their

> experience or ask for encouragement.

>

> The letter you responded to does mention an experience with

> sufficient veracity for the person posting it. That's good
> enough for me. It might have been helpful for you to suggest
> that if that individual still wears glasses, the experience might
> indicate a need to pursue a lighter prescription. Perhaps not.
>
> Anyway, may you have an magnificently enthusiastic week full of
> profoundly positive and transformational experiences.

I am going to second this reply. when your eyesight improves, you can tell, you dont need to have an optometrist verify it for you. most people arnt intrested in doing a double blind study on themselves, but only interested in results. and again I think you want to question the veracity of the claims, this clearly serves no usefull purpose.

Vic

=====

-
- Prev by Date: [Vision Improvement and Art](#)
 - Next by Date: [Re: Tiny white flying things..](#)
 - Prev by thread: [Re: notes like this](#)
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Re: Tiny white flying things..

- *Subject:* Re: Tiny white flying things..
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Wed, 17 Jan 1996 06:56:41 -0600
-

Marla,

Thanks for mentioning orgone energy. To speculate: perhaps orgone energy is easier to see on cloudy days because of its lower vibratory rate. Now I need to start looking for it on bright sunny days. I didn't know that full spectrum bulbs could freshen orgone energy.

I do use sage and cedar from time to time to clear out the unwanted energies. It freshens the rooms and lifts my spirits. I have been reluctant to use the orgone terminology because I'm not sure that the orgone model encompasses all the energies that can collect here and there.

Mark

=====

-
- Prev by Date: [Re: notes like this](#)
 - Next by Date: [Re: notes like this \(fwd\)](#)
 - Prev by thread: [Re: Tiny white flying things..](#)
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Re: notes like this (fwd)

- *Subject:* Re: notes like this (fwd)
 - *From:* Andy Tenka <c22at@eng.delcoelect.com>
 - *Date:* Wed, 17 Jan 1996 08:49:33 -0500 (EST)
-

As a professional, I would be crazy not to pursue a "discovery" in my field of study comparable in magnitude to the VT "discovery" in the vision field. I as a professional would WANT to study the cases, do my own experiments, and verify the results for myself.

It seems like most vision professionals are really "lazy" in this respect. The only thing they do is demanding that the patients PROOF that they're not lying. They ask the patients to perform scientific experiments for them. They want the "objective" results to be HANDED to them on a golden plate, as if their continuing mockery of VT was objective. In short, they refuse to do anything to participate in the "discovery".

The closest participation I have read is a doctor(?) who bet money to cover his own laziness (I won't mention any names, but his initial is Bill. Hey Bill, did you part with your money yet? Haven't heard from you for a while), and others who mock VT instead of studying it to see if it really works.

In S.M.V., we have doctors who mock us commoners when we make "false" statement about how VT works. Correct me if I am wrong, but isn't it the duty of eye doctors to study these cases?

We commoners don't know HOW it works. We don't care HOW it works either. The only thing we care about is that it DOES work. It is the duty of the so-called doctors to figure the inner working of VT. If VT results are just psychological(sp?) effects, so be it. The only think I ask for is that you self-proclaimed doctors fulfill your oath and do your duty and study the cases objectively. Do not brush aside VT just because "you know better" and "you don't think it would/should work".

In closing, I have to point out that only in vision field have I seen doctors asking patients to perform scientific works to convince the doctors of a break-through discovery.

Perhaps the standards for graduation in vision fields are not held as highly as those of other scientific fields. If this was the case, I will understand the lack of interest in studying VT, and doctors asking patients to perform

scientific experiments to proof their claims.

Andy Tenka

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- Prev by Date: [Re: Tiny white flying things..](#)
 - Next by Date: [Several of them](#)
 - Prev by thread: [Vision Improvement and Art](#)
 - Next by thread: [Several of them](#)
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Several of them

- *Subject:* Several of them
 - *From:* solusrex@198.4.75.47
 - *Date:* Wed, 17 Jan 1996 09:51:19 -0500
-

This is in response to several recent discussions at once.

Re double postings: one (ONE!) of them is mea culpa -- I've accidentally clicked on the "send" button when I intended to respond to someone's post -- AFTER I copied it but BEFORE I responded. Sorry. I've been afraid of computers and little green men for much of my life, and I've come to terms with little green men lately but am still struggling with computers.

Re little white things: the dancing sparks of light aren't floaters. Those of you who do have floaters know what I mean -- they are totally different, and ugly, too. Please share experiences. I'm particularly interested in any difference in their perception after you've started vision therapy.

Re vision improvement and the arts: I'm writing a sci-fi story directly inspired by this group.

I've also tested myself on the visuo-spatial section of the IQ test -- the section where, in stark contrast with verbal and numerical tests, I had scored brain-dead a few years ago. This time, however, I got a decent 140 on that particular section. The dead zone is gone.

Elena
(solusrex@soho.ios.com)

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- Prev by Date: [Re: notes like this \(fwd\)](#)

- Next by Date: [Re: Tiny white flying things.. \(fwd\)](#)
- Prev by thread: [Re: notes like this \(fwd\)](#)
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Re: Tiny white flying things.. (fwd)

- *Subject:* Re: Tiny white flying things.. (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Thu, 18 Jan 1996 01:51:54 +1100 (EST)
-

>_From: Mark Jones

>

> Marla,

>

> Thanks for mentioning orgone energy. To speculate:
> perhaps orgone energy is easier to see on cloudy days
> because of its lower vibratory rate. Now I need to
> start looking for it on bright sunny days. I didn't
> know that full spectrum bulbs could freshen orgone energy.

>

> I do use sage and cedar from time to time to clear out
> the unwanted energies. It freshens the rooms and lifts
> my spirits. I have been reluctant to use the orgone
> terminology because I'm not sure that the orgone model
> encompasses all the energies that can collect here and there.

>

> Mark

what is this the new age brigade is here in force?

what the f* is this orgone energy nonsense.

you can see tiny white specs at any time if you look for them.
you can see them even when you close your eyes.

its almost certainly random firing in your neural net of a brain.

if if you look at anything closely enough you can see it shimers,
again thats your brain hard at work making a picture for you.

stick to know facts when improving eyesight.

you have to remember everything you see is in your head, and not out there. different people see diferent things.

Vic

=====

-
- Prev by Date: [Several of them](#)
 - Next by Date: [grits](#)
 - Prev by thread: [Re: Several of them](#)
 - Next by thread: [Re: Tiny white flying things.. \(fwd\)](#)
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grits

- *Subject:* grits
 - *From:* hollima@tech.duc.auburn.edu (Machiko Hollifield)
 - *Date:* Wed, 17 Jan 1996 09:00:03 -0600
-

I have seen a lot of aspartame posting here. But I heard that grits (grinded corn) which is not grinded on limestone cause blindness too. Are the grits on the market now safe? If you have some information, I appreciated it.

Thank You.

Machiko Hollifield

hollima@mail.auburn.edu

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- Prev by Date: [Re: Tiny white flying things.. \(fwd\)](#)
 - Next by Date: [Re: Tiny white flying things.. \(fwd\)](#)
 - Prev by thread: [Re: Tiny white flying things.. \(fwd\)](#)
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Re: Tiny white flying things.. (fwd)

- *Subject:* Re: Tiny white flying things.. (fwd)
 - *From:* maribel@panix.com (Maribel Antonsanti)
 - *Date:* Wed, 17 Jan 1996 12:33:31 -0500 (EST)
-

Is there really a need to be condescending? There was a time when the fact that the earth was round was considered "nonsense."

And as to sticking to "facts," your facts may very greatly from someone else's facts, and we must each do what feels instinctively right for us. It's this loss of trust in instinct, and a mindless belief in what others call facts which have shaped modern medicine into what it is.

No one is on this list to be belittled or ridiculed, and I, for one, would appreciate a bit more respect to be shown to all who express their opinions.

Thank you,
M. Antonsanti

At 1:51 AM 1/18/96, Vic - Deus Ex Machina wrote:

>
>
>what is this the new age brigade is here in force?
>
>what the f* is this orgone energy nonsense.
>
>you can see tiny white specs at any time if you look for them.
>you can see them even when you close your eyes.
>
>its almost certainly random firing in your neural net of a brain.
>
>if if you look at anything closely enough you can see it shimers,
>again thats your brain hard at work making a picture for you.
>
>stick to know facts when improving eyesight.
>

>you have to remember everything you see is in your head, and not out
>there. different people see diferent things.

>

>Vic

maribel@panix.com

I don't NEED to compromise my principles, because they don't have the
slightest bearing on what happens to me anyway.--Calvin of Calvin and Hobbes

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-
- Prev by Date: [grits](#)
 - Next by Date: [Re: bates method and vision improvement](#)
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Re: bates method and vision improvement

- *Subject:* Re: bates method and vision improvement
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Wed, 17 Jan 1996 12:48:48 -0500 (EST)
-

>
> This is wonderful! I wonder if anyone has explored this side effect of
> vision improvement.... I started weaving shortly before I started working
> on my eyes, and now I'm really getting into creating and weaving
> tapestries. Maybe we can *see* our creative side more clearly?

Weaving? Wow, that is really interesting. My mom used to be involved in weaving. She has a loom that had belonged to my great-grandmother. It takes up an entire room.

The way I am looking at my recent artistic endeavors is that I have these abilities that I have repressed for years. I am beginning to see the creative part of my personality as being just as important as the intellectual part. I really had to let go of the impulse to judge the finished product and just enjoy the act of creating.

> And congratulations, Alexandra, on your improvement! Now I really can't
> wait to get my vision officially checked. Still looking for a sympathetic
> optometrist in my area....

Where do you live, Karen? Perhaps there is someone here that could give you a recommendation.

Amanda

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- Prev by Date: [Re: Tiny white flying things.. \(fwd\)](#)

- Next by Date: [Re: Re: bates method and vision improvement LONG](#)
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Re: Re: bates method and vision improvement LONG

- *Subject:* Re: Re: bates method and vision improvement LONG
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Wed, 17 Jan 1996 14:35:43 -0500
-

On Tue, Jan 16, 1996 2:56:34 PM at Amanda H. Ackerman wrote:

>> On Mon, Jan 15, 1996 1:34:42 PM at Amanda H. Ackerman wrote:

>I will be interested to learn what effect, if any, vision improvement has
>on your art. I always saw myself as having no artistic ability
>whatsoever. Since I started working on my vision, I feel more interested
>in art and have even become motivated to create some of my own. I am
>actually starting art classes in a few weeks.

Glad to hear your taking classes just remember there is not right or wrong when creating. I hope you are inspired by your class.

>
>Good lord! I wear SHORTS when it gets above 35 F! I love going to
>Connecticut and freaking out my family by doing that. I wore shorts to
>Thanksgiving dinner. Everyone thought I was ill.

I'm the other way around I seem to enjoy being overheated. I tend to wear too much. i used to wear long underwear in september. I'm getting a bit better about it. :)

>Actually, photography is the only ability that I have that remotely
>resembles artistic talent. I have been taking photos the entire time
>that I have been working on my vision. It is interesting to look back at
>the ones that I took last summer and see how my relationship with the
>world has changed.

I used to be the same way. I was a photography major in Art school. Simply because I thought I couldn't draw. I'm slowly learning I can draw. So far my paintings have been primarily abstract but I think that might be changing soon. Have fun with your art class and try not to compare yourself to others just explore. I hope I'm not sounding too preachy . Its just that there are good teachers and there are not so good teachers. I think everyone has artistic abilities but many people had them squashed at some point in their childhood.

>

>> Thanks. I have some good news to report. I went for an examination
>> yesterday. I have improved!!!!!! :) My last prescription was R -5.50 L
-5.75
>> .25 180.
>> (I think in an earlier post I had reported it to be R -5.00 L -5.25
.25
>> 180 that was a prescription from 1990)
>> Well my new prescription to see 20/20 is R -5.00 L -5.00 .25 180. So I
>> seemed to have evened out my eyes.

>Good for you! Thank you for sharing. This is fantastic! There is nothing
>like experiencing a serious improvement to keep you motivated. I hope
>you keep it up!
>
>Amanda

Actually I went back yesterday to pick up my glasses and cornered the optician he had been so weird the day before that I left feeling uncertain about my prescription in fact the only reason I knew my prescription was from reading his scribbled out numbers on my card. You see while talking to him it was as if he did not want to tell me how well I had done and was very evasive in his communications with me So yesterday I said could you please explain my reading to me again and write it down for me. Well it wasn't -5.00 on each eye it was -4.75 each eye and the astigmatism was so weak he said he might not have corrected for it. So I have improved even more than I thought !!! What a yucky experience it has been dealing with this store. The owner is even worse, giving me a hard time. He has it in his head that I'm only training myself to see 20ft in front of me. Don't know where he gets that from but ... whatever.

Thanks for listening.

oh, one more thing. Tell me a little about the photos you've taken. How blurry are they?

Do they look different than what you thought they would look like when you snapped them?

Alexandra

=====

-
- Prev by Date: [Re: bates method and vision improvement](#)
 - Next by Date: [Re: Re: bates method and vision improvement LONG](#)
 - Prev by thread: [Re: bates method and vision improvement LONG](#)
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Re: Re: bates method and vision improvement LONG

- *Subject:* Re: Re: bates method and vision improvement LONG
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Wed, 17 Jan 1996 17:18:26 -0500 (EST)
-

> >
> >Good lord! I wear SHORTS when it gets above 35 F! I love going to
> >Connecticut and freaking out my family by doing that. I wore shorts to
> >Thanksgiving dinner. Everyone thought I was ill.
>
> I'm the other way around I seem to enjoy being overheated. I tend to wear
> too much. i used to wear long underwear in september. I'm getting a bit
> better about it. :)

I was that way until I moved to Vermont. (I grew up in Connecticut.) I think it is all just a matter of what you are used to. I had an idea to get you outdoors, though. How about trying to play with a Frizbee? Frizbee in the blur is a blast.

> I'm slowly learning I can draw. So far
> my paintings have been primarily abstract but I think that might be
> changing soon. Have fun with your art class and try not to compare yourself
> to others just explore. I hope I'm not sounding too preachy . Its just that
> there are good teachers and there are not so good teachers. I think
> everyone has artistic abilities but many people had them squashed at some
> point in their childhood.

I understand and agree with what you are saying. Actually, the course that I am taking is part of my university's not-for-credit extension program. My Natural Vision Improvement course last summer was part of the same program. Technically, I am not supposed to take those courses. They are supposed to be only for "grown-ups". No one has ever said anything about it though and they seem more than happy to take my money.

Anyway, the course is called "Art for the Intimidated" and it is limited

to non-artists. I have met the teacher and she is great. I am hoping it will be a little more open than the kind of art classes that I hated in public school. You know, where someone else told you what to paint and it was more like you were expressing the instructor's creativity than your own. I think that a lot of people get turned off to art that way. Either that or you end up thinking, as I have for most of my life, that art is something that has nothing to do with your life or that you aren't the type of person that can "do art". I agree with you that everyone has creativity. Sometimes it may simply be a matter of learning to access it. (Gee, I didn't know I had that much of an opinion about this.)

The course meets once a week for 8 weeks and starts next Wednesday (gulp). I will try to remember to let you know what it is like, if you are interested.

> You see while talking to
> him it was as if he did not want to tell me how well I had done and was
> very evasive in his communications with me So yesterday I said could you
> please explain my reading to me again and write it down for me. Well it
> wasn't -500 on each ey it was -4.75 each eye and the astigmatism was so
> weak he said he might not have corrected for it. So I have improved even
> more than I thought !!! What are yucky experience it has been dealing with
> this store. The owner is even worse, giving me a hard time. He has it in
> his head that I'm only traing myself to see 20ft in front of me. Don't
> know where he gets that from but ... whatever.

I have found that there are certain people that, no matter what you do, are always going to come up with some reason not to believe that your vision is improving. It is too bad that they have to be so insecure about this stuff. I just keep reminding myself that it is their problem. I know it is frustrating but do try not to take it personally. You are doing this for yourself, not for him.

> oh, one more thing. Tell me a little about the photos you've taken. How
> blurry are they?
> Do they look different then what you thought they would ook like when you
> snapped them?

The photos are...um...different. I don't always have much of an idea what they are going to look like when I am taking them. I try not to bring a lot of my own expectations to them or get too hung up on doing it "right". I tend to look at them as an expression of where I am right now. I know that I have far to go, in terms of my personal development, and my photos do too.

Some of them are just really, really "bad" by conventional standards. I guess some of my more recent photos are pretty well focused. I sometimes see a little more clearly through the view-finder than I do in real life.

There have been a couple of really interesting ones, where something other than the subject of the photo is in focus. In general, I would say the photos reflect my view of the world. I have to confess that I have been known to force a clear flash, just to be sure of getting a particular photo the way I wanted it. Those are usually photos of family that I am taking for someone else.

> Alexandra

>

Amanda

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-
- Prev by Date: [Re: Re: bates method and vision improvement LONG](#)
 - Next by Date: [Re: Objective Vision Results](#)
 - Prev by thread: [Re: Re: bates method and vision improvement LONG](#)
 - Next by thread: [Re: the power of bilberry](#)
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Re: Objective Vision Results

- *Subject:* Re: Objective Vision Results
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Wed, 17 Jan 1996 17:34:52 -0500 (EST)
-

> I notice that the vision i have now is the same as the prescription i
> began with, in other words, within a year of wearing glasses (at age
> 13), i was wearing -5. My personal belief is that the majority of my
> fears were developed when i was young and have been in place longer.
> Perhaps it will take me longer to unfreeze that part of my vision.

>
> I have recently started to do the swing ball exercise, thanks to so
> many in the group who recommended it. I tried this game many years
> ago and never saw anything move. As i watch the ball now, i can see
> some movement in the background. I think that i must have frozen my
> environment visually in order to control it and therefore survive.
> Lately, i am focussing on letting go of my expectations of how others
> should act. I am sure this will be a visual break through for me.

Thank you for sharing your interpretation of your vision. I am intrigued
by your comments because i didn't realise that different people perceive
swing ball differently. When I do swing ball, I see lots of motion in the
background. It feels like lying on my back in the bottom of a canoe in
rough water but with none of the feeling of vertigo that one might expect.
It is among the most comforting and relaxing things I have ever
experienced. I find it positively euphoric.

> Linda Lee
> Vancouver Island, Canada

Amanda

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- Prev by Date: [Re: Re: bates method and vision improvement LONG](#)
- Next by Date: [BEWARE](#)
- Prev by thread: [Objective Vision Results](#)
- Next by thread: [Re: Objective Vision Results](#)
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BEWARE

- *Subject:* BEWARE
 - *From:* "kellie s." <103271.1451@compuserve.com>
 - *Date:* 17 Jan 96 19:10:24 EST
-

I posted a message asking for help finding succus cineraria maritima which the i_see faq recommends for cataracts.

I received this response. Although it sounded fishy I did do it just on the offchance that it was real. It wasn't.

I am very upset about this (and I'm cancelling the I_see listserve group in the message after this one) because I thought this was a SERIOUS listserve group where people try to help each other so wasn't prepared for folks to use it for jokes.

But I do want to thank Alex, Vic, Betty, and all the other wonderful people here who have bent over backwards trying to help people. I really do appreciate your great kindness and am sorry that nasty people instead see this list as a way to play tricks. Thankyou again.

Here is the message as I received it:

```
#: 1620 S0/CompuServe Mail [MAIL]
14-Jan-96 20:57 EST
Sb: perfect vision
Fm: INTERNET:kcrist@gate.net
```

```
Sender: kcrist@gate.net
```

```
Received: from osceola.gate.net (osceola.gate.net
[199.227.0.18]) by arl-img-4.compuserve.com (8.6.10/5.950515)
id UAA26447; Sun, 14 Jan 1996 20:54:26 -0500
From: <kcrist@gate.net>
```

```
Received: from 199.227.8.138 (ftmfl2-10.gate.net
[199.227.8.138]) by osceola.gate.net (8.6.12/8.6.9) with SMTP
id UAA46658 for
```

```
<103271.1451@compuserve.com>; Sun, 14 Jan 1996 20:52:30 -0500
Date: Sun, 14 Jan 1996 20:52:30 -0500
Message-Id: <199601150152.UAA46658@osceola.gate.net>
MIME-Version: 1.0
Content-Type: text/plain
```

Content-Transfer-Encoding: 7bit
Subject: perfect vision
To: 103271.1451@compuserve.com
X-Mailer: SPRY Mail Version: 04.00.06.17

the succus cineraria maritima archives rest on a machine in southwest florida its address is bshortii@gate.net send an email inquiry with this as your subject:stocks suck. no kidding this is a very private archive and so we have strange intros in order that your message will be processed.

in the message body:succus

Distribution:
To: [103271,1451]

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-
- Prev by Date: [Re: Objective Vision Results](#)
 - Next by Date: [Re: Several of them](#)
 - Prev by thread: [grits](#)
 - Next by thread: [presbyopia](#)
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Re: Several of them

- *Subject:* Re: Several of them
 - *From:* "Amanda H. Ackerman" <aackerma@moose.uvm.edu>
 - *Date:* Wed, 17 Jan 1996 20:16:04 -0500 (EST)
-

Elena wrote:

> Re little white things: the dancing sparks of light aren't floaters. Those
> of you who do have floaters know what I mean -- they are totally different,
> and ugly, too. Please share experiences. I'm particularly interested in
> any difference in their perception after you've started vision therapy.

I have little black, specky things when I am tired or under stress. They tend to follow my eye movements. I haven't seen them in a long time, however. Since I started VT, I have learned to relax and make them go away.

In the last few weeks, I have seen white, blobby things that I had never seen (or noticed) before. I have only seen them on sunny mornings and palming seems to make them more noticable. They remind me of the "honeycomb" effect that I used to get from light reflected off snow, back when my eyes were very light sensitive. (I was a sunglass addict before I started VT.)

Amanda

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- Prev by Date: [BEWARE](#)
 - Next by Date: [Re: Re: Re: your mail](#)
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 - Next by thread: [Re: Tiny white flying things.. \(fwd\)](#)
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Re: Several of them

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Re: Re: Re: your mail

- *Subject:* Re: Re: Re: your mail
 - *From:* Nicholas Hill <faucet@pipeline.com>
 - *Date:* Wed, 17 Jan 1996 21:35:15 -0500
-

I'm not here to prove anything to you and I really don't care to try. I'm hear to learn about peoples experiences with their vision. I am glad you are open enough to be here. And I sincerly hope you learn something.

Alexandra

>No, it doesn't. There are no dates or medical history.
>For example what is your age. At around 40 yrs of age there is often a
>shift toward increasing long sightedness (Hypermetropia) which reduces
>the prescription of shortsighted (Myopic) people without treatment.
>
>My point is if you claim improvement I would like some objectivity.
>
>This is a great start though. Thank you for raising the discusion
>one level.
>
>Peter Locher
>OPTOMETRIST
>Western Australia
>
>

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- Prev by Date: [Re: Several of them](#)
 - Next by Date: [presbyopia](#)
 - Prev by thread: [Re: Re: your mail](#)
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Re: Re: Re: your mail

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presbyopia

- *Subject:* presbyopia
- *From:* freelynn@mars.superlink.net (lynn cremona)
- *Date:* Wed, 17 Jan 1996 21:42:09 -0500

Does anyone have any stories to share about their work with presbyopia therapies? And is the natural vision therapy very similar to myopia therapies? I'm very interested in your personal stories whether you worked in tandem with a therapist or on your own. Please tell me what worked best for you.

Thanks in advance,
freda

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- Prev by Date: [Re: Re: Re: your mail](#)
 - Next by Date: [Re: notes like this](#)
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Re: notes like this

- *Subject:* Re: notes like this
 - *From:* solusrex@198.4.75.47
 - *Date:* Wed, 17 Jan 1996 22:15:51 -0500
-

At 08:12 AM 1/18/96 +0000, you wrote:

>

>What is your own measured improvement in visual acuity
>or contrast sensitivity or colour vision.

Huh? What's this -- a question or a sarcastic remark or what?
What is your own measured neural net capacity and the number of neurons and
the total length of your dendrites and the thickness of your myeline layers?
-- and if you can't measure those on your own, will you accept this fact as
proof that you have no brain activity?

>

>I can improve vision with glasses very often, and I can prove it.

>

Look up the definition for "improve," will you. Then again, If you break a
bone, I can improve your condition with a painkiller, and I can prove it.

>No offence is intended. I just want a MEASURE of objectivity.

>

Seven months ago, I refused to drive in my -7D contacts because they had
been prescribed for 20/40 a couple of years before and I no longer saw any
signs on the highway wearing them. I had to ask people for rides because I
knew that driving with this kind of vision was lunacy. Now I drive in my
old -5,5D glasses and, while waiting at the red light, read a piece of a
newspaper lying by the road. And you're telling me there's a fair savior
knight with an ophthalmoscope in this universe who will tell me OBJECTIVELY
whether that's an improvement or not.

>Peter Locher

>OPTOMETRIST

>Western Australia

>

Elena

If the clock strikes thirteen it doesn't only mean that the last ding-dong was a mistake. It also undermines the credibility of the previous twelve.

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- Prev by Date: [presbyopia](#)
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Re: bates method and vision improvement

- *Subject:* Re: bates method and vision improvement
 - *From:* tekkdavi@pipeline.com (Karen Yang)
 - *Date:* Wed, 17 Jan 1996 23:29:28 -0500
-

On Jan 17, 1996 14:36:02, 'Nicholas Hill <faucet@pipeline.com>' wrote:

>Are you in my area? We are both using pipeline as a server are you in the
>NYC area? I just went to average Joe optometrist eyeglass store. Its in
the
>east village on first avenue.
>Manhattan EYEWORKS 169 1st ave bet 10th and 11th street Can't really
>recommend them but I did get what I wanted and actually I am kinda
>determined to show them it can be done. It might blow there minds if two
>women came in in the same week who had improved their vision naturally.

Hi, Alexandra!

Yes -- I'm over in Brooklyn. I'm still trying to find someone local who's involved in vision therapy. The closest I've come is an optometrist in New Jersey, near my brother-in-law. I'll probably be going there next month for a visit anyway and am planning to get my eyes checked then! I think it'll be nicer to actually see an optometrist who believes vision can be improved rather than have to keep explaining myself. It gets old after a while...

If I get tired of waiting, though, maybe I will take a trip over to Manhattan and see what kind of reception I get at Eyeworks -- could be fun!

If anyone out there knows anyone closer to Brooklyn, please tell me....

Karen Yang
a.k.a.
tekkdavi@nyc.pipeline.com

The whole imposing edifice of modern medicine is like the celebrated tower of Pisa -- slightly off balance.
--Charles, Prince of Wales

Web site o' the month: Electronic Resources for Youth Services --
<http://www.ccn.cs.dal.ca/~aa331/childlit.html>

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- Prev by Date: [Re: notes like this](#)
 - Next by Date: [Objective Results](#)
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Objective Results

- *Subject:* Objective Results
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Thu, 18 Jan 1996 00:55:56
-

In response to your comment regarding middle aged shift from near-to farsightedness:

I had heard that comment before from one of my non-believing friends but he didn't have a source for it. Since turn around is always fair play, have there been any studies on this? Certainly my own doctor had never heard of a reversal in prescription and she's is fairly up to date in her field.

I do have many friends that have gone into bi-foculs at around 40, but this is not the same thing, is it? If such a phenomenon has been noted, i would ask you whether these people had any other changes in their lives? Fortyish is certainly a time for re-evaluating and changing focus (pun fully intended). Besides, if vision is reliant on the shape of one's eyes, then where is the medical rational? I mean, you can't have it both ways ... vision is fixed by genetics, unchangeable except of course, until it changes at 40 for no particular reason ...

You might ask why a person such as myself would continue after 4 1/2 years to seek perfect vision when it flies in the face of everything we 'know' about eyes. Go on, ask me . . . well, i'll tell you anyway!

When i first read about the changeability of vision, it was in a 'channelled' book - i admit it, i am a confirmed flake, just a few degrees left of 'way out there'. After reading that all physical conditions are a manifestation of our own belief systems (still with me?), i learned about the Bates, or more specifically, Kaplan's method.

During the first few days of Kaplan's 21 day program, i had what i thought was a flash of clear vision, but i now view it differently. I was walking my dog one sunny afternoon without glasses, when all of a sudden i could see the world in startling detail. Certainly the

colours were brighter, but the depth of field was what really moved me. It was like i had always seen the world thru a window and this was what it really looked like, multi-dimensional and in motion. The vision lasted until i had the thought that i didn't deserve this much pleasure. A huge wave of saddness landed on me, that i have yet to name and my sight returned to 'normal'.

If that is how sighted people see, then that's what i want. It wasn't like seeing the eye chart clearly, it was much bigger then that. And i had no explanation for it. My eyes had shifted more then 6 diopters in seconds and back again. Everything i had learned about 'how things work' told me it was impossible. Even Kaplan / Bates et al say that improvement is gradual, the result of work, nutritional adjustments and exercise. And yet all i had done was change my mind to believe that it might be possible . . .

So, i keep trying. Even if everyone else tells me it's impossible, that i can't go around changing my body parts just because i want to, i know that i can. Even if i have to confront and eradicate every bit of fear and sorrow in my psyche, i want to see the world as it is, and not flattened by some artificial device. Or is it me that does the flattening?

I'm sure my experience is not unique. Has anyone else got a "i remember the first time i saw clearly" story? I would love to hear it.

Hang it there, you're doing great!

Linda Lee
Vancouver Island, Canada

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-
- Prev by Date: [Re: bates method and vision improvement](#)
 - Next by Date: [orgone shmorgone](#)
 - Prev by thread: [Re: presbyopia](#)
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orgone shmorgone

- *Subject:* orgone shmorgone
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Thu, 18 Jan 1996 18:29:35 +1100 (EST)
-

I look up orgone in current medical diagnosis and treatment. 1995 edition. a hefty tome that covers every know problem and possible cures. nothing.

ok. I have a lot of books on my shelf. lets try Alternative medicine the definitive guide. a huge book, that covers borderline resolutions to problems.

nothing.

ok I have more. Optima encyclopedia of Natural medicine. oh what a surprise. nothing. and on and on we go.

what is the point of introducing some obscure jargon, which nobody has a clue what it refers to when there is already a perfectly good vocab available to us to talk about health and healing.

let me tell you about orgone energy, many years ago a prominent australian racing driver was sucked into the orgone energy bandwagon. some kook convinced him that the orgone energy in his car wasnt setup correctly, and that by placing a black box under the car it would realign the energy and make his racing car go faster. this racing identity tried it and was sold. he had a deal with holden australia to produce aftermarket version of family cars, and was making a tidy bundle out of it. so he insisted that his aftermarket cars be fited with this "black box". holden was sceptical. the originator, some pseudo-scientist wouldnt let them analyse the box. holden wanted to do trials. and after much arguing they found objectively that the cars acutally went slower. (because the originator insisted that the tires needed to be let down a little to balance out the energy.)

anyway to cut a long story short, the driver eventually woke up to himself and realised he had been taken for a ride.

I wont waste any time looking into the life and works of Reich and seeing what a lunatic this guy was. freudian psychonalysis itself is virtual unheard of today. it has been discredited by countless trials.

I am forever amazed by the amount of rubbish that the new age is willing to adopt to make a buck. perhaps monsters from atlantis will channel messages of encouragement to us poor shortsighted souls.

I have no problem with different belief systems, I dont have a conventional belief system. I dont do mainstream things. and I will support people who dont want to have a conventional beleif system. BUT one has to draw a line between total nonsense and something unconventional.

I am bothered by well meaning people jumping to the defence of what is basically rubbish.

if you are shortsighted, it means one very simple thing. once you had, and may still have, a life style which was *incompatible* with long distance vision.

your eye has changed shape. thats the physical reality of the situation. no amount of praying to alah or chasing orgone energy around the room with cedar oil or chaneling venusian aliens is going to change the shape of your eye back to something compatible with distance vision.

YOU are totaly irrevocably responsible for your vision. YOU are responsible for the shape it is in now.

how do you change the shape back? YOU have to do it. nobody is going to do it for you, no magical mystical set of procedures will change your eye shape back.

there are two things that happen when you do VT. first you build a lot of new pathway to your eyes, you open up nerves that have been sleeping. this gives you the "delusional" aspect of improving. you can see better but the optometrist doesnt find any change in your eye. then later the second thing is that you begin the make actual changes to the shape of your eye. your unconscious mind that looks after you, that keeps your heart beating, your lungs breathing, day and night, week after week, year after year, it knows who I am talking to, "knows" how to alter the shape of your eyes. this is a "clear flash", when all blur evaporates and you can see perfectly. it is never a question of when you are "ready" to have a clear flash, it is a question of knowing how to do one.

just like knowing how to tense the cilliary isnt an issue of when you are ready to do that little parlor trick. it is a question of self knowledge.

no amount reading or praying is going to teach you to tense the ciliary muscle under voluntary control. only practice, concentration and paying attention to what is happening within yourself is going to allow you to learn to take control of an involuntary muscles like the cilliary. I should know I have done it.

let me tell you about my first clear flash. I had just finished doing this NLP course, and we did lots of work on the unconscious mind, and naturally enough I wanted to use that to improve my sight. nothing seemed to change, my eyes seemed more open but I wanst seeing clearer. then one day in frustaration, feeling self deafeated, I said to myself, to my unconscious mind that keeps my heart beating, my lungs breathing, that if it konws how to fix my sight it should do so NOW! and to my amazement I felt my eyes move slightly and a funny feeling came across my face and POW. perfect clarity. I looked around in total awe. everything was crystal clear, the colours were brilliant. I was shocked. unfortunately it lasted about 30 seconds. since then I have had countless clear flashes. it isnt a question of being "ready", its question of intention, intention to do it NOW! if you are not ready now, get ready!

why do clear flashes not last long? it seems your unconscious mind knows how to tug at the right muscles, and it can change the shape of your cornea very slightly. but simply tugging at muscles is only a short term solution, you cant keep tensing muscles forever to fix a mishapen eye. for each -3d of myopia, there is a 1mm lenghtening of the eyeball, that is a miniscule change. this is a tiny problem. but you have the interoccular pressure making sure that if your eye changes shape it wont shrink again in a hurry. so on one leg, change comes about from persistant, continuous, relentless dedication to living a lifesytle that is *compatible* with distance vision, and the other leg you need knowledge, self understanding, exploration, endless self-observation. and by walking on these two legs you can achieve permanent change entilery on your own steam. VT is exacly like learning to walk again. something everybody has learnt to do. from each tentative step, with concentration and keen observation on what is going on and perseverance you learnt to stand up and walk.

if that compatibility with distance vision means using an emotional metaphor to describe your relationship to your sight, then that is fine. if it means using a strictly physical basis to describe your sight, again that is fine. but orgone energies? please spare us.

Vic

=====

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Re: Tiny white flying things.. (fwd)

- *Subject:* Re: Tiny white flying things.. (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Thu, 18 Jan 1996 18:37:30 +1100 (EST)
-

> From cabr90@iona.strath.ac.uk Thu Jan 18 03:30 EST 1996
>
>
> >what the f* is this orgone energy nonsense.
>
> >you can see tiny white specs at any time if you look for them.
> >you can see them even when you close your eyes.
> >its almost certainly random firing in your neural net of a brain.
>
> >if if you look at anything closely enough you can see it shimers,
> >again thats your brain hard at work making a picture for you.
>
> Hardly very helpful "explanations" those. No real basis.
> What is it about having your brain "hard at work" which would make
> vision "shimer". And if the brain really *were* a neural net, why
> would it randomly fire, and why would this produce tiny white specs?

hello are we on planet earth? go to a uni and get a book out
on neurology and learn a bit.

> >stick to known facts when improving eyesight.
>
> It doesn't seem that there *are* many of those "known facts" going
> round. What *is* available are a few sets of different opinions, so why
> not use the approaches that are most useful, or work best, and leave
> the rather foolish pursuit of trying to explain what is "really" happening.
>
> If the idea of orgone energy produces some useful approaches that
> help, then that seems fine by me!

I have no problem with placebos either.

Vic

=====

-
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Re: Re: your mail

- *Subject:* Re: Re: your mail
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Thu, 18 Jan 1996 08:02:14 +0000
-

On Tue, 16 Jan 1996, Nicholas Hill wrote:

> I am happy to report I went to have my eyes examined yesterday and there
> was an improvement from my last prescription. My last prescription was: R
> -5.50 L -5.75 .25 180
> My new prescription to see 20/20 or 6/6 would be R -5.00 L -5.00 .25 180.
> I have been doing vision improvement exercises for about three weeks on my
> own from reading various books and the FAQ from I-SEE. Needless to say I am
> excited and ready to push on with this project. I am picking up some
> transition glasses today which will be -3.50 for both right and left and no
> correction for the astigmatism. I hope this information helps you. I am not
> an optician just a wearer of glasses.
> If I put on my last pair of glasses now I get nauseous. I've had a few
> short clear flashes were I look up and I can see clearly something I
> normally can't, they last several seconds then fade.

>

> Alexandra

> On Tue, Jan 16, 1996 9:41:52 AM at Peter Locher wrote:

>

>

> >I really would like to respond generally to letters like this.
> >Often in this group I see (often incorrectly written) spectacle
> >prescriptions but I rarely see anything like visual acuities.

>

> >If any of you actually do have improvements, I would like to know
> >what your unaided visual acuities are. It would enhance credibility
> >if these were taken by your vision care specialist - either an
> >ophthalmologist or optometrist and not with your own letter chart where
> >your memory and hopes would reduce objectivity.

>

> >So if you have case histories where you have before and after
> >histories I really would be interested.

>
> >Even longer histories would be great including Diabetes
> >
> >and/or stress levels or drug use.
> >
> >I'm sorry if I offend some people but I find some of the accounts here
> >too subjective to be useful - or even believable. Please tell me
> >exactly how much improvement you get.
> >
> >
> >Peter Locher
> >OPTOMETRIST
> >Western Australia
> >plocher@cougar.multiline.com.au
> >
> >
>
>

No, it doesn't. There are no dates or medical history.
For example what is your age. At around 40 yrs of age there is often a
shift toward increasing long sightedness (Hypermetropia) which reduces
the prescription of shortsighted (Myopic) people without treatment.

My point is if you claim improvement I would like some objectivity.

This is a great start though. Thank you for raising the discussion
one level.

Peter Locher
OPTOMETRIST
Western Australia

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-
- Prev by Date: [Re: Tiny white flying things.. \(fwd\)](#)
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Re: notes like this

- *Subject:* Re: notes like this
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Thu, 18 Jan 1996 08:12:57 +0000
-

On Wed, 17 Jan 1996, Vic - Deus Ex Machina wrote:

```
> >_From: Mark Jones
> >
> >
> > Peter Locher wrote [portions omitted for brevity and without elipsis]:
> >
> > >I really would like to respond generally to letters like this.
> > >Often in this group I see (often incorrectly written) spectacle
> > >prescriptions but I rarely see anything like visual acuities.
> >
> > >If any of you actually do have improvements, I would like to know
> > >what your unaided visual acuities are. It would enhance credibility
> > >if these were taken by your vision care specialist - either an
> > >ophthalmologist or optometrist and not with your own letter chart where
> > >your memory and hopes would reduce objectivity.
> >
> > >So if you have case histories where you have before and after
> > >histories I really would be interested.
> >
> >
> > I would really like to respond specifically to letters like this.
> > I recognize you interest in case histories. I think we all share
> > a similar interest. However, I also enjoy notes such as the one
> > to which you seem to have taken offence. My personal criteria
> > for vision improvement are subjective and intuitive -- it's my
> > experience after all. A delusion of objectivity (measurement is
> > an inherently relative phenomenon), makes for better comparisons
> > and converstations; but in the U.S., the cost of consulting an
> > optometrist prohibits frequent visits for most. I would not ask
> > anyone to wait until they've seen an optometrist to share their
> > experience or ask for encouragement.
```

> >
> > The letter you responded to does mention an experience with
> > sufficient veracity for the person posting it. That's good
> > enough for me. It might have been helpful for you to suggest
> > that if that individual still wears glasses, the experience might
> > indicate a need to pursue a lighter prescription. Perhaps not.
> >
> > Anyway, may you have an magnificently enthusiastic week full of
> > profoundly positive and transformational experiences.
>
> I am going to second this reply. when your eyesight improves, you can
> tell, you dont need to have an optometrist verify it for you. most
> people arnt intrested in doing a double blind study on themselves, but only
> interested in results. and again I think you want to question
> the veracity of the claims, this clearly serves no usefull purpose.

> Vic

>
>
My response is that you "improvement"
is probably delusional.

What is your own measured improvement in visual acuity
or contrast sensitivity or colour vision.

I can improve vision with galsses very often, and I can prove it.

No offence is intended. I just want a MEASURE of objectivity.

Peter Locher
OPTOMETRIST
Western Australia

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Re: Objective Vision Results

- *Subject:* Re: Objective Vision Results
- *From:* Peter Locher <plocher@cougar.multiline.com.au>
- *Date:* Thu, 18 Jan 1996 08:16:29 +0000

On Wed, 17 Jan 1996, Linda wrote:

> In response to Peter Lochner's letter, i would like to list the
> various prescriptions i have been tested at since i have been working
> on improving my vision. The beginning results represent glasses
> that i had been wearing for about two years. I began vision therapy
> in June / 91(age 36) and my 20/20 glasses at that time were:
>
> June / 91 R: -7.5 L: -6.75 Astig: (r) -.050/ 40 (l) -.050 / 146
> July 2/91 -6.75 -6.75
> July 12/91 -6.25 -6.25
> Sept 14/92 -5.5 -5.5
> Mar /95 -5.75 -5.5
>
> My astigmatism remained the same throughout. These results were all
> recorded at my O.D.'s office during regular office visits. I schedule
> a visit whenever i begin to feel annoyed at my glasses. I am
> normally fitted for 40/20 glasses, an reduction of about 3/4 a
> diopter. At the moment, i am wearing 40/20, R -5.0 and L -4.75.
>
> As you can see, i made quite a lot of progress in the first few weeks
> and then kinda fizzled out. However, i am not discouraged and am
> even more enthusiastic since i have found this group. My personal
> approach is more emotional then behavioural, but i think we are all
> doing what works best for us.
>
> I attribute my first big acuity achievements to my taking up
> meditation. I go through spells where i work daily with an eye
> chart, visualizations etc, but then i let it go for a while. I too
> have flashes of clear vision - one second i am looking at blur and
> then, for a few blinks, the entire chart comes into clear focus.
> This never happens in my Doctor's office!

>
> I notice that the vision i have now is the same as the prescription i
> began with, in other words, within a year of wearing glasses (at age
> 13), i was wearing -5. My personal belief is that the majority of my
> fears were developed when i was young and have been in place longer.
> Perhaps it will take me longer to unfreeze that part of my vision.
>
> I have recently started to do the swing ball exercise, thanks to so
> many in the group who recommended it. I tried this game many years
> ago and never saw anything move. As i watch the ball now, i can see
> some movement in the background. I think that i must have frozen my
> environment visually in order to control it and therefore survive.
> Lately, i am focussing on letting go of my expectations of how others
> should act. I am sure this will be a visual break through for me.
>
> I understand your need for objective results and i thank you for your
> open minded approach to this somewhat radical method of visual and
> personal healing. I am not a diabetic, eat a moderately healthy diet
> and have until recently used drugs (alcohol, pot, tobacco) recreationally.
>
> Linda Lee
> Vancouver Island, Canada
>

Thank You, This is the best yet. If you are going to change the
traditionalist approaches, I think this is the way.

Good luck with your approach.

Peter Locher

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Re: orgone shmorgone

- *Subject:* Re: orgone shmorgone
 - *From:* solusrex@198.4.75.47
 - *Date:* Thu, 18 Jan 1996 05:32:14 -0500
-

My my, what am I getting myself into. Arguing with vic. Deus is gonna jump at me right out of his orgone-free machina, so help me. However...

>I look up orgone in current medical diagnosis and treatment. 1995 edition.
>a hefty tome that covers every know problem and possible cures.
>nothing.

>
<snip several additional hefty nothing sources>

New Webster's Dictionary and Thesaurus of the English Language, 1992
p. 840:

"Reich, Wilhelm (1897-1957), Austrian psychoanalyst known for his controversial theory of orgastic potency -- that emotions of love and the pleasurable sensations form the basis of mental health. He taught in Vienna and Berlin (1927-33). During the 1940s and 50s, in the USA, he maintained that orgone energy was the basis of life energy and invented the orgone energy accumulator, a device that was banned. When he defied the ban he was arrested, convicted and imprisoned. He wrote "Character Analysis" (1993) and "The Mass Psychology of Fascism (1993)."

Vic -- this last one is an absolute must read for you. You'll redefine your defiance.

>I wont waste any time looking into the life and works of Reich and
>seeing what a lunatic this guy was. freudian psychonalysis itself
>is virtual unheard of today. it has been discredited by countless trials.

>
Yeah, that's what I've heard -- under the circumstances that prohibited personal inquiry into a non-compliant ideology. But what a coincidence -- only last Saturday a friend of mine who is a shrink came close to physically attacking me when I casually remarked on the "Freudian myth" -- and I didn't even mean to express skepticism, I used the word "myth" in the sense of an

organized system of beliefs, a sort of cosmology. Well -- I guess in Australia they may have suppressed this particular cosmology, just like where I come from. They used to tell us it was "totally discredited," too.

Elena

If the clock strikes thirteen it doesn't only mean that the last ding-dong was a mistake. It also undermines the credibility of the previous twelve.

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Re: Tiny white flying things.. (fwd)

- *Subject:* Re: Tiny white flying things.. (fwd)
 - *From:* "P.G. Middleton" <cabr90@iona.strath.ac.uk>
 - *Date:* 18 Jan 1996 10:45:51 -0500
-

To: blackht@pacificu.edu
From: P.G. Middleton <cabr90@iona.cc.strath.ac.uk>
Sender: cabr90@iona.cc.strath.ac.uk
Subject: Re: Tiny white flying things.. (fwd)
X-Originating-Host: [130.159.24.75]
In-Reply-To: <Pine.SUN.3.91.960117131947.5890C-100000@tabitha.pacificu.edu>
Message-Id: <1996Jan18.104109-0500@[130.159.24.75]>
Date: 18 Jan 1996 10:41:09 -0500
X-Mailer: BWMail for Windows Version 3.1

>...of science is wonder, along with
>curiosity to find the truth, not out of hand dismissal of ideas.

Spot on - many people who claim to think 'scientifically' in fact do no such thing. They seem to forget that science is **observation** followed by formulation of a principle which **describes** the observation, rather than an **explanation** of what's going on. It doesn't deal with truth at all, as such. You can't **really** dismiss ideas on the basis of science, because it **could** be that you just haven't observed the phenomena yet.

And people tend not to put much effort into looking for, or thinking about, phenomena which they've already 'scientifically' dismissed.

PGM

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Re: Tiny white flying things.. (fwd)

- *Subject:* Re: Tiny white flying things.. (fwd)
- *From:* "P.G. Middleton" <cabr90@iona.strath.ac.uk>
- *Date:* 18 Jan 1996 10:46:01 -0500

To: root@spook.cia.com.au
From: P.G. Middleton <cabr90@iona.cc.strath.ac.uk>
Sender: cabr90@iona.cc.strath.ac.uk
Subject: Re: Tiny white flying things.. (fwd)
X-Originating-Host: [130.159.24.75]
In-Reply-To: <199601171451.BAA24561@spook.cia.com.au>
Message-Id: <[1996Jan17.162612-0500@\[130.159.24.75\]](mailto:1996Jan17.162612-0500@[130.159.24.75])>
Date: 17 Jan 1996 16:26:12 -0500
X-Mailer: BWMail for Windows Version 3.1

>what the f* is this orgone energy nonsense.

>you can see tiny white specs at any time if you look for them.

>you can see them even when you close your eyes.

>its almost certainly random firing in your neural net of a brain.

>if if you look at anything closely enough you can see it shimers,

>again thats your brain hard at work making a picture for you.

Hardly very helpful "explanations" those. No real basis.

What is it about having your brain "hard at work" which would make vision "shimer". And if the brain really **were** a neural net, why would it randomly fire, and why would this produce tiny white specs?

>stick to known facts when improving eyesight.

It doesn't seem that there **are** many of those "known facts" going round. What **is** available are a few sets of different opinions, so why not use the approaches that are most useful, or work best, and leave

the rather foolish pursuit of trying to explain what is "really" happening.

If the idea of orgone energy produces some useful approaches that help, then that seems fine by me!

PGM

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- Prev by Date: [Re: Tiny white flying things.. \(fwd\)](#)
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Re: bates method and vision improvement

- *Subject:* Re: bates method and vision improvement
 - *From:* tekkdavi@pipeline.com (Karen Yang)
 - *Date:* Thu, 18 Jan 1996 15:04:05 -0500
-

On Jan 18, 1996 04:36:22, 'solusrex@198.4.75.47' wrote:

>and where would that be? I'm in New Jersey and I'm interested. (I mean
I'm
>interested in the optometrist, not your brother-in-law.)

Hi Elena,

I've got the addresses of two. One seems to be more into diet and nutrition: Ben C. Lane O.D., CNS, FAAO, FACN, FCOVD (what do these things stand for?) at the Nutritional Optometry Institute, 16 N. Beverwyck Road, Lake Hiawatha, NJ (201) 335-0111. The other sounds like he's more into behavioral optometry, eye exercises, etc.: Dr. William Moskowitz at the Park Vision Therapy Center, 245 Union Avenue Suite 2C, Bridgewater, NJ 08807 (908) 725-1772. I'll probably try visiting the latter, since he sounds more like what I'm interested in.

Oh, yes, and my brother-in-law's address is...

Karen
a.k.a.
tekkdavi@nyc.pipeline.com

The whole imposing edifice of modern medicine is like the celebrated tower of Pisa -- slightly off balance.
--Charles, Prince of Wales

Web site o' the month: Electronic Resources for Youth Services --
<http://www.ccn.cs.dal.ca/~aa331/childlit.html>

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- Prev by Date: [**Re: Tiny white flying things.. \(fwd\)**](#)
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Re: Objective Results

- *Subject:* Re: Objective Results
 - *From:* tekkdavi@pipeline.com (Karen Yang)
 - *Date:* Thu, 18 Jan 1996 15:17:36 -0500
-

On Jan 18, 1996 00:55:56, '"Linda" <llee@comox.island.net>' wrote:

>I mean,
>you can't have it both ways ... vision is fixed by genetics, unchangeable
>except of course, until it changes at 40 for no particular reason ...

But it also changes along with the hormonal changes in pregnancy and lactation and then improves again! My last ophthalmologist said that he has so far discovered that two women were pregnant before they even knew it just through unusually big changes for the worse in their myopia. (Supposedly vision gets more nearsighted in order to facilitate bonding with the new baby -- at least that's his theory...)

That's what really got me thinking that vision is not permanently fixed at any one level, and made me more open to explore ways to change my vision for the better.

Karen Yang
a.k.a.
tekkdavi@nyc.pipeline.com

The whole imposing edifice of modern medicine is like the celebrated tower of Pisa -- slightly off balance.
--Charles, Prince of Wales

Web site o' the month: Electronic Resources for Youth Services --
<http://www.ccn.cs.dal.ca/~aa331/childlit.html>

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NLP & long distance vision

- *Subject:* NLP & long distance vision
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Thu, 18 Jan 1996 16:21:35
-

Vic, in response to your Jan 18 posting:

There were many interesting points in your letter and i would like to address a few. First of all, how can i get any information about NLP -- i think it stands for Neuro-Linguistic Programming. I have seen workshops offered in cities far from my home, but have not found any books on the subject. Truthfully, i haven't looked all that hard because this is the first time i have heard NLP mentioned in connection with VT. I would like to hear more about it, if you wouldn't mind. Can you recommend any books on the subject? Your own experience sounds very encouraging. I gather it has something to do with monitoring our own language patterns to reprogram ourselves?

I am also interested in what you had to say about choosing lifestyles incompatible with distance vision. I would like to hear more about that also. As i chat with more and more people involved in VT, i encounter an overwhelming preponderance of accountants (including myself) -- has anyone else noticed that? I can see how accounting as a career focuses on details, things close up, but how would that apply to decisions i may have made in early puberty. I don't remember ever daydreaming about accounting in my early teens, although i admit, i always liked the clothes! But how do classic cut, navy blue suits relate to a non-long distance lifestyle?

But then, i am being facetious! Actually, i can remember that having a steady supply of money was important to me. Perhaps that's what you mean by decisions incompatible with long distance. But doesn't stocking up for the winter imply that there will be a future? I suppose it could be a fear that i won't be able to cope in the future so i better grab it now. Is that what you mean? Is this an idea of your own, or can i read more about it somewhere?

Finally, i would like to thank you for sharing with us your story about your first flash of clear vision. Yesterday, i posted a similar story, that you may have read. The difference is that my flash came when i didn't in the least expect it, while you seemed to be able to will yours to appear! But i have had only a few incidences since then in contrast to your countless clear flashes. Still, the original one was the best. I guess its true, you always remember your first time . . .

. . . until next time,
keep the faith!

Linda Lee
Vancouver Island, Canada

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Re: presbyopia

- *Subject:* Re: presbyopia
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Thu, 18 Jan 96 16:05 PST
-

freda posted to this group on 1/17/96:

>Does anyone have any stories to share about their work with presbyopia
>therapies? And is the natural vision therapy very similar to myopia
>therapies? I'm very interested in your personal stories whether you worked
>in tandem with a therapist or on your own. Please tell me what worked best
>for you.

Presbyopia is my favourite condition to work with because I find the results occur really fast. I call Presbyopia the Short-arm syndrome for those of us over 40.

I am 48 this year and do not wear glasses for all of my reading, computer work and when my vision does blur I use half-eye pinholes as a training device. I focus my eyes in by crossing or converging them and then quickly release with an out breath. Miraculously the fine print pops into focus after about three breaths when I remove the pinholes. If I have editing to do , I use the pinholes and a full spectrum fluorescent task light put out by John Ott, called the Ottilite. Many of my presbyopic clients, as I experience, can read without any glasses while using this light. Next in my routine is to use the small eye chart, (Near Eye C -chart from my books), and focusing on the white space between the letters, I breathe in and trombone the card towards my eyes and cross them at the same time. This has a very powerful effect of activating the focusing mechanism of the eyes. =46or those of you who have Janet Goodrich's book, can see a similar description from her point of view.

I suggest my clients always use a weaker plus lens or less minus while working at the level of the Presbyopia. The less nearsightedness that others have talked about on another thread is the evolution of Presbyopia. I love this period of my vision life. I am learning so much about my physical well-being and how clear small print is up close. Hope this helps.

Much light,

Robert-Michael Kaplan.

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Saline solution

- *Subject:* Saline solution
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Fri, 19 Jan 96 08:00:50 UT
-

Hello,

has anyone used/using saline solution (the kind that you use with contact lenses) to wash the eyes?

I still squeeze a bit in my eyes because it makes them feel better. Is this a good practice?

thanks

george

=====

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 - Next by Date: [Hearaches](#)
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Hearaches

- *Subject:* Hearaches
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Fri, 19 Jan 96 08:02:48 UT
-

are headaches (mild ones) normal side effects to the decrease in the time spent wearing glasses/lenses or is it due to putting them on/off?

thanks

george

=====

-
- Prev by Date: [Saline solution](#)
 - Next by Date: [Re: orgone discussion](#)
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 - Next by thread: [Little vibrant energy things](#)
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Re: orgone discussion

- *Subject:* Re: orgone discussion
 - *From:* solusrex@198.4.75.47
 - *Date:* Fri, 19 Jan 1996 08:25:29 -0500
-

Ivo,
thanks for support.

To be honest with everybody, I don't give a rat's tush for OR against the subject matter of discussion -- it's just that the person who first introduced it has succeeded in improving HIGH myopia and therefore is a member of my own minutest minority on planet Earth. I have a special respect for its members no matter what their methods may be. You know, whatever takes you through the night.

For those who are interested in the subject matter per se, I should mention Dr. Rosanes-Berret, a New York-based natural vision improvement ophthalmologist and Reichian psychologist. In her book on VT, she attributes her first success in this field to Reichian analysis.

Elena

=====

-
- Prev by Date: [Hearaches](#)
 - Next by Date: [Re: orgone discussion](#)
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Re: orgone discussion

- *Subject:* Re: orgone discussion
 - *From:* Mike Sivack <sivack@arl.mil>
 - *Date:* Fri, 19 Jan 96 9:52:59 EST
-

>To be honest with everybody, I don't give a rat's tush for OR against the
>subject matter of discussion -- it's just that the person who first
>introduced it has succeeded in improving HIGH myopia and therefore is a
>member of my own minutest minority on planet Earth. I have a special
>respect for its members no matter what their methods may be. You know,
>whatever takes you through the night.

>For those who are interested in the subject matter per se, I should
>mention Dr. Rosanes-Berret, a New York-based natural vision improvement
>ophthalmologist and Reichian psychologist. In her book on VT, she
>attributes her first success in this field to Reichian analysis.

>Elena

Elena,

Can you be more specific on the program used to improve this
person's high myopia or provide a point of contact? Very interested.

Thanks Much
Mike Sivack

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-
- Prev by Date: [Re: orgone discussion](#)
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Little vibrant energy things

- *Subject:* Little vibrant energy things
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Fri, 19 Jan 1996 10:37:58 -0600
-

So we have been presented with three models for interpreting the tiny white things that some can see at certain times or all the time: Quanta (point-instant representation of light energy?); random neuron firings (highly speculative if you ask me [No one did; I'm just not convinced of the validity of randomness or entropy]); and orgone energy. All three are theories and look intuitively promising from within three separate interpretive paradigms. I don't know which is correct, if any. The orgone energy model is promising, in my opinion, because it speculates on the influence of the environment on our state of health in a way that is partially consistent with my personal view of the world as basically an energy phenomenon. This tiny white thing discussion may be irrelevant to vision improvement. I need to do an informal survey, but I would guess that many see these things regardless of their visual acuity.

Mark

=====

-
- Prev by Date: [Re: orgone discussion](#)
 - Next by Date: [Re: orgone shmorgone](#)
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Little vibrant energy things

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Re: orgone shmorgone

- *Subject:* Re: orgone shmorgone
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Fri, 19 Jan 1996 11:18:09 -0600
-

Vic,

Thank you for expounding your views. I respect your point of view and second three important ideas contained therein: (BTW, I still think orgone energy is an interesting theory):

- a. Beware of black boxes (use your mind instead);
- b. Examine ideas carefully (even the ones you thought made sense);
- c. orgone energy does not have much to do with vision improvement.

Mark

=====

-
- Prev by Date: [Little vibrant energy things](#)
 - Next by Date: [Re: Saline solution](#)
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 - Next by thread: [NLP & long distance vision](#)
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Re: Saline solution

- *Subject:* Re: Saline solution
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Fri, 19 Jan 1996 23:52:22 -0700
-

At 08:00 AM 1/19/96 UT, you wrote:

>Hello,

>

>has anyone used/using saline solution (the kind that you use with contact
>lenses) to wash the eyes?

>

>I still squeeze a bit in my eyes because it makes them feel better. Is this a
>good practice?

>

Saline is a lot better for your eyes than commercial drops with chemicals
that "get the red out", and is cheaper too. Make sure that the saline
doesn't contain thimerosal or other mercury compounds, since mercury is
incompatible with living things.

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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-
- Prev by Date: [Re: orgone shmorgone](#)
 - Next by Date: [what you can do to change the way myopia is treated](#)
 - Prev by thread: [Saline solution](#)
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what you can do to change the way myopia is treated

- *Subject:* what you can do to change the way myopia is treated
 - *From:* lmarran@mindseye.Berkeley.EDU
 - *Date:* Sat, 20 Jan 96 11:54:19 PST
-

Why bother with objective evidence??

You could help change the way vision care specialists treat myopia.

Why bother with that if you have found your way to deal with it and its working fine.

It opens the door to others, including children who are just starting to become myopic.

What is objective evidence?

There are two lines of argument why the Bates method or versions thereof are a load of crap in the eyes of those who control vision care.

1) People are only learning to interpret blur. Therefore it is not a real improvement in the refractive error of the eye. This means you can read the 20/20 line, your "visual acuity" is 20/20 but if one were to measure the refractive error of your eye objectively, with an autorefractor or retinoscope, you could still have a refractive error (that is a beam of light bounces off your retina and through all the parts of your eyes that bend it and it comes to a point of focus at a different point than if you had zero refractive error).

2) People whose vision improves just had an accommodative spasm, "pseudomyopia" and have learned to relax their ciliary muscle hence have eliminated this temporary refractive error. The spasm caused the lens of the eye to bend the light too much making a refractive error and once the spasm was eliminated so was the refractive error, no biggie, this is an established phenomena. For the majority of myopes this is not the cause of myopia (unless you get a reduction in refractive error and then we'll

conclude it was in your case, ruling out the validity of Bates ideas) and so trying to reduce the majority of myopia through exercises is a waste of time and money.

Want to address these with hard evidence and help change the face of vision care for myopia??

Get your optometrist/ophthalmologist to do an objective refraction on you..both have the means with a retinoscope..some might have an autorefractor...and have them do it while your eyes are fully cyclopleged (this is a drug which temporarily relaxes your ciliary muscle). If then you return to them and have them repeat this measurement after you have improved your vision with training and there is a significant improvement by this measurment bingo you have proven a true change.

Its that simple. I would be very happy to make a collection of these reports and get it published in an optometric journal that would be read by thousands of vision researchers, optometrists and ophthalmologists. Send the results or your vision care specialist name, address, phone # to me directly via email, to be sure I get it and cc I-see so everyone else can see it as well.

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- Prev by Date: [Re: Saline solution](#)
 - Next by Date: [Little vibrant energy things \(fwd\)](#)
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 - Next by thread: [Little vibrant energy things \(fwd\)](#)
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Little vibrant energy things (fwd)

- *Subject:* Little vibrant energy things (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Sun, 21 Jan 1996 12:35:37 +1100 (EST)
-

> From: Mark Jones

> This tiny white thing discussion
> may be irrelevant to vision improvement. I need to do an
> informal survey, but I would guess that many see these things
> regardless of their visual acuity.

you can see tiny white things with your eyes closed.

Vic

=====

-
- Prev by Date: [what you can do to change the way myopia is treated](#)
 - Next by Date: [Hearaches \(fwd\)](#)
 - Prev by thread: [what you can do to change the way myopia is treated](#)
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Hearaches (fwd)

- *Subject:* Hearaches (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Sun, 21 Jan 1996 12:37:10 +1100 (EST)
-

>_From: George Tohme

>

> are headaches (mild ones) normal side effects to the decrease in the time
> spent wearing glasses/lenses or is it due to putting them on/off?

>

subject says hear aches and here you say headaches? try eye, massage,
see FAQ for a detailed explanation.

Vic

=====

-
- Prev by Date: [Little vibrant energy things \(fwd\)](#)
 - Next by Date: [Re: NLP & long distance vision](#)
 - Prev by thread: [Re: Little vibrant energy things \(fwd\)](#)
 - Next by thread: [Eye Chart Math](#)
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Re: NLP & long distance vision

- *Subject:* Re: NLP & long distance vision
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Sun, 21 Jan 1996 13:01:07 +1100 (EST)
-

>_From: Linda

>

> Vic, in response to your Jan 18 posting:

>

> There were many interesting points in your letter and i would like
> to address a few. First of all, how can i get any information
> about NLP -- i think it stands for Neuro-Linguistic Programming. I
> have seen workshops offered in cities far from my home, but have not
> found any books on the subject. Truthfully, i haven't looked all
> that hard because this is the first time i have heard NLP mentioned
> in connection with VT. I would like to hear more about it, if you
> wouldn't mind. Can you recommend any books on the subject?

I have all of them. try "frogs into princes",
or "using you brain, for a change".

I can hihgly recoemend doind an NLP course, its very interesting.

> Your

> own experience sounds very encouraging. I gather it has something
> to do with monitoring our own language patterns to reprogram
> ourselves?

>

> I am also interested in what you had to say about choosing
> lifestyles incompatible with distance vision. I would like to hear
> more about that also.

your eyes have adjusted to the demands you have placed on them.
excessive near work, no breaks, no rest, wearing full
correction lenses while doing near work are all shockers.
these are all no-nos.

when I get some more time next week Ill post more on this subject.

> Still, the original one was the best. I guess its true, you always
> remember your first time . . .

yes you do...

Vic

=====

-
- Prev by Date: [Hearaches \(fwd\)](#)
 - Next by Date: [Re: notes like this](#)
 - Prev by thread: [NLP & long distance vision](#)
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Re: notes like this

- *Subject:* Re: notes like this
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Sun, 21 Jan 1996 10:07:08 +0000
-

I am asked on this group what a visual acuity is !!!!

In simple terms it is a measure of how blurred your vision is.

It is usually measured using a letter chart and is a simple guide that anyone can use. It has its problems but is a good guide.

Colour vision - you had to ask ??????????

Contrast sensitivity is a measure that some - especially cataract patients will know. If you have cataracts and want to measure improvement you should get a low contrast chart to measure improvement as well as normal charts.

Over the past week I have been read complaints about my interest in objectivity in results of vision training. I'm sorry that some people feel threatened by this but anecdotal evidence is only so good and saying "I'm enjoying my vision better" as I find frequently here is not evidence of improvement.

Peter Locher

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-
- Prev by Date: [Re: NLP & long distance vision](#)
 - Next by Date: [Re: Saline solution](#)
 - Prev by thread: [Re: notes like this](#)

- Next by thread: [Re: notes like this](#)
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Re: Saline solution

- *Subject:* Re: Saline solution
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Sun, 21 Jan 1996 13:41:14 -0600 (CST)
-

I use saline solution (the kind that you use with contact lenses) all the time to wash my eyes! It's easy to find and can get it at discounts.

On Fri, 19 Jan 1996, George Tohme wrote:

```
> Hello,
>
> has anyone used/using saline solution (the kind that you use with contact
> lenses) to wash the eyes?
>
> I still squeeze a bit in my eyes because it makes them feel better. Is this a
> good practice?
>
> thanks
>
> george
>
```

=====

-
- Prev by Date: [Re: notes like this](#)
 - Next by Date: [Eye Chart Math](#)
 - Prev by thread: [Re: Saline solution](#)
 - Next by thread: [Hearaches](#)
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Eye Chart Math

- *Subject:* Eye Chart Math
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 21 Jan 1996 14:46:40 -0500 (EST)
-

```
> From: "Linda" <llee@mail.comox.island.net>
> Date: Sat, 20 Jan 1996 17:37:00
> Subject: Eye Chart Math
>
```

```
> Does anyone know the arithmetic required to use a 20/20 chart in a
> ten foot room?
```

First of all, realise that there is no inherent "20" in an eye chart. If you stand away from it at 20 feet, and you can read the 20 line, and your vision is (at least) 20/20. If you can read the 15 line (lucky you!) your vision is 20/15, or "one-third better than normal" of If you can only read the 40 line, your vision is 20/40, or 1/2 normal. This figure, however, only applies to your vision AT 20 FEET, which is why the fraction is not normally reduced, and why the numerator is always "20". But this much everyone knows.

Now then, the same chart can be used at 10 feet, using "10" as the numerator of the fraction. At 10 feet if you can read the 10 line, your vision is normal or better. If you can read the 20 line, your vision is half normal AT 10 FEET, or 10/20, and so on.

Same for all the numbers of the chart. Each number means "the letters on this line are the smallest that can be read by the normal eye at X feet" It works out so nice because all the letters, viewed at the specified distance, project to be the same size on the retina, and if you increase your distance from any object by a certain amount, the image on the retina will increase by the same proportions. Thus, you will notice that the "20-foot" letters are exactly half the size of the "40-foot" letters, and so on.

Make sense?

Of course, if you're nearsighted, the closer you bring the chart, the better your vision will compute out to be. That's why the chart is supposed to be used at the furthest distance practicable when measuring your distance acuity. Eye doctors like to say that 20 feet is optically equivalent to infinity. Actually, for perfect focusing, you must make a change of 0.16 diopters when going from 20 feet to infinity. This means that you could be 0.16 diopters nearsighted and still test 20/20, or even 20/15! But your vision for stars would be less than optimal.

By the way....

I deduced this all one day by measuring the letters on my eye chart. It may turn out, however, that these calculations are only approximate. Perhaps someone with a better knowledge of geometrical optics could give us the real formula.

--Alex

=====

-
- Prev by Date: [Re: Saline solution](#)
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moderated I_SEE: a trial

- *Subject:* moderated I_SEE: a trial
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 21 Jan 1996 15:04:05 -0500 (EST)
-

Due to the high volume of the past week or two, and the mass unsubscribing that ensued, I am going to be moderating I_SEE for the next week or so. What this will do mostly is just slow down the list. I will be stopping messages of an administrative nature (i.e. "please stop sending me email"), and with those that I feel violate netiquite, I will bounce the message back to you, and let you re-edit it. If you disagree with me the second time, I'll let you have it your way. I also may answer a question posted with my answer, instead of having one post for the question and one post for my answer. This will also cut down on volume. Of course, this means I always get the first word if I want it.

Fair? Unfair?

Hey, who said this list was supposed to be fair?

Don't worry, I won't try to squash debate or "dangerous ideas".

--Alex

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-
- Prev by Date: [Eye Chart Math](#)
 - Next by Date: [Re: Eye Chart Math](#)
 - Prev by thread: [Re: Eye Chart Math](#)
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Re: Eye Chart Math

- *Subject:* Re: Eye Chart Math
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Sun, 21 Jan 1996 14:01:58 -0800 (PST)
-

To measure 20/20 vision at 10 feet, use the 20/10 line on the Snellen chart. At 20 feet, a 20/20 Snellen "E", is 8.73 mm high and subtends 5 minutes of arc vertically. "E" is composed of two gaps and three strokes, each of which subtends one minute of arc, which is theoretically the smallest easily resolved retinal image size based on anatomy. (Three cones in the fovea will "see" this 1 minute image. Because of diffraction effects at the retina, one cone alone cannot usually resolve an image).

Many people of course can do better than this, ie, 20/15 or even 20/10 acuity.

Each minute of arc is then $8.73/5 = 1.746$ mm at 20 feet. At 10 feet, the "E" only has to be 1/2 of 8.73 or 4.37mm. That is what I actually do at screenings where the room is an odd length- proportion out the length of the room; a 10 foot room would be 10/20 times 8.73= 4.37. I then find letters that size and they can be used for a 20/20 target

So all you have to do is use a proportion to figure out what acuity you are measuring if the room is not 20 feet long. 20 feet is the standard length because it is close to optical infinity (but not quite) ie, the normal eye does not have to focus at all to see at that distance.

Herb Black

Pacific University Optometry School

On Sun, 21 Jan 1996, Alex Eulenberg wrote:

```
> > From: "Linda" <llee@mail.comox.island.net>
> > Date: Sat, 20 Jan 1996 17:37:00
> > Subject: Eye Chart Math
> >
```

```
> > Does anyone know the arithmetic required to use a 20/20 chart in a
```

> > ten foot room?

>

> First of all, realise that there is no inherent "20" in an eye chart. If
> you stand away from it at 20 feet, and you can read the 20 line, and your
> vision is (at least) 20/20. If you can read the 15 line (lucky you!) your
> vision is 20/15, or "one-third better than normal" of If you can only read
> the 40 line, your vision is 20/40, or 1/2 normal. This figure, however,
> only applies to your vision AT 20 FEET, which is why the fraction is not
> normally reduced, and why the numerator is always "20". But this much
> everyone knows.

>

> Now then, the same chart can be used at 10 feet, using "10" as the
> numerator of the fraction. At 10 feet if you can read the 10 line, your
> vision is normal or better. If you can read the 20 line, your vision is
> half normal AT 10 FEET, or 10/20, and so on.

>

> Same for all the numbers of the chart. Each number means "the letters on
> this line are the smallest that can be read by the normal eye at X feet"
> It works out so nice because all the letters, viewed at the specified
> distance, project to be the same size on the retina, and if you increase
> your distance from any object by a certain amount, the image on the
> retina will increase by the same proportions. Thus, you will notice that
> the "20-foot" letters are exactly half the size of the "40-foot" letters,
> and so on.

>

> Make sense?

>

>

> Of course, if you're nearsighted, the closer you bring the chart, the
> better your vision will compute out to be. That's why the chart is
> supposed to be used at the furthest distance practicable when measuring
> your distance acuity. Eye doctors like to say that 20 feet is optically
> equivalent to infinity. Actually, for perfect focusing, you must make a
> change of 0.16 diopters when going from 20 feet to infinity. This means
> that you could be 0.16 diopters nearsighted and still test 20/20, or even
> 20/15! But your vision for stars would be less than optimal.

>

>

> By the way....

>

> I deduced this all one day by measuring the letters on my eye chart. It
> may turn out, however, that these calculations are only approximate.
> Perhaps someone with a better knowledge of geometrical optics could
> give us the real formula.

>

> --Alex

>

=====

-
- Prev by Date: [moderated I_SEE: a trial](#)
 - Next by Date: [Natural Vision Improvement Opthamologist in Irvine, California?](#)
 - Prev by thread: [Eye Chart Math](#)
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Natural Vision Improvement Opthamologist in Irvine, California?

- *Subject:* Natural Vision Improvement Opthamologist in Irvine, California?
 - *From:* "Robert Kelle" <RobKelle@msn.com>
 - *Date:* Mon, 22 Jan 96 07:08:51 UT
-

Has anyone has had any experiences with a Natural Vision Improvement Ophthalmologist in Irvine, California or surrounding area?

=====

-
- Prev by Date: [Re: Eye Chart Math](#)
 - Next by Date: [Internal Light Show](#)
 - Prev by thread: [moderated I_SEE: a trial](#)
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Internal Light Show

- *Subject:* Internal Light Show
 - *From:* Vincet@mail.microserve.net
 - *Date:* Mon, 22 Jan 1996 11:05:03 +0000
-

I wonder if others have experienced what appears to be a phenomenon of "internal vision"?

Certain conditions seem to be necessary: a deep sleep that is interrupted by some noise or disturbance but not enough to wake one fully. While in that twilight state, I have 'seen' what seems to be a wonderfully illuminated transparency sometimes of multiple prisms that shift in rhythmic patterns or, more recently, a multi-coloured image that contained richly saturated patterns and designs.

I recall an article in the NYTimes from years past that alluded to this phenomenon but don't remember whether it guessed at what it represents.

Can someone offer insight[s]?

TIA,
Vincent

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-
- Prev by Date: [Natural Vision Improvement Opthamologist in Irvine, California?](#)
 - Next by Date: [Re: Little vibrant energy things \(fwd\)](#)
 - Prev by thread: [Natural Vision Improvement Opthamologist in Irvine, California?](#)
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Re: Little vibrant energy things (fwd)

- *Subject:* Re: Little vibrant energy things (fwd)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 22 Jan 1996 13:31:23 -0500 (EST)
-

On Sun, 21 Jan 1996, Vic - Deus Ex Machina wrote:

> you can see tiny white things with your eyes closed.

I most often see them when
my blood is really pumping and
the light is from about 45 degrees (i.e. mornings, afternoons)
I am not consciously focusing on anything

The most recent occassion was while jumping on the trampoline in the
backyard with the kids. I, too, see them with my eyes closed, and believe
them to be blood cells carrying oxygen though some part of my eyes. Mine
seem to be following the same little paths, one after the other - if I
watch for a while, I can see where the trails are.

Another time I saw them while daydreaming in the car, my focus entirely
relaxed, nothing logical going on.

It is probably possible to see them in the dark; I don't usually do much
aerobic excercise at night <G>. Or at high noon, for that matter.
phishes@pbfreenet.seflin.lib.fl.us

=====

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- Prev by Date: [Internal Light Show](#)
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- Prev by thread: [Little vibrant energy things \(fwd\)](#)
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Intermediate Prescriptions

- *Subject:* Intermediate Prescriptions
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Mon, 22 Jan 1996 13:38:09 -0600
-

Greetings!

I received a coupon in the mail for a local optometrist (Austin, Texas) who would like to examine people for \$29.00. I'm thinking of taking advantage of the offer to see what my vision rating is right now. Also, I will probably need some undercorrected lenses for driving and working in front of a computer.

I have seen several notes in the past suggesting that there is no need to correct for astigmatism. Some of the comments that I have read in Dr. Kaplan's book (I'm only in the first chapter) suggest that astigmatism is too variable to validly correct for with glasses. Is it a general rule that someone bent on vision improvement should avoid correction for astigmatism, or are there some special circumstances?

Mark

=====

-
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Re: notes like this

- *Subject:* Re: notes like this
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Mon, 22 Jan 1996 17:04:46 -0600 (CST)
-

On Sun, 21 Jan 1996, Peter Locher wrote:

```
> Over the past week I have been read complaints about my interest in
> objectivity in results of vision training. I'm sorry that some people
> feel threatened by this but anecdotal evidence is only so good
> and saying "I'm enjoying my vision better" as I find frequently
> here is not evidence of improvement.
```

As a member of the list, I appreciate your input!

Thanks,
Rob Barnett

-
- =====
- Prev by Date: [Intermediate Prescriptions](#)
 - Next by Date: [PRIO glasses](#)
 - Prev by thread: [Re: notes like this](#)
 - Next by thread: [Re: Tiny white flying things..](#)
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PRIO glasses

- *Subject:* PRIO glasses
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Mon, 22 Jan 1996 23:06:56 -0600 (CST)
-

There is a review of PRIO glasses in PC WORLD, Feb 1996, page 334.
"New Sight for Sore Eyes" by Steve Bass

Some quotes from the article:

"The difference was like night and day. I've been using the glasses for 30 days now, and I'm stunned at how much better I can see the monitor. Images are sharper than they've ever been, my eyes don't get tired, and, well, it just feels easier to settle in on the screen."

Dr. Jonathan Gording says, "The problem is that the computer is behaving to the eyes as if it's 8 or 9 inches closer than it really is. If you're 22 inches away, it's like being 13 inches from the screen."

"The PRIO glasses' prescription compensates for this visual discrepancy, bringing the focus of your eyes up to the plane of the monitor."

"Eschewing the traditional eye chart, PRIO uses a gizmo that simulates a small color computer screen, positioned the same length from your eyes as is your monitor at home."

"...They're great reading glasses. However, PRIO glasses blur everything more than a few feet away..."

"...a PRIO test shouldn't cost more than about \$80. Figure another \$75 to \$200 for the glasses..."

PRIO Corp.; 800/621-1098, 503/636-3707

This is all I know. I just wanted to bring it up for discussion and

present the information to help anyone on the i_see list.

Rob Barnett

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-
- Prev by Date: [Re: notes like this](#)
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Re: Little vibrant energy things (fwd)

- *Subject:* Re: Little vibrant energy things (fwd)
 - *From:* "Stephen Thomas Brindle" <sbrindle@netcom.com>
 - *Date:* Mon, 22 Jan 1996 21:59:49 -0800
-

> From: Vic - Deus Ex Machina <root@spook.cia.com.au>
> Subject: Little vibrant energy things (fwd)
> To: i_see@indiana.edu (i_see)
> Date: Sun, 21 Jan 1996 12:35:37 +1100 (EST)

> you can see tiny white things with your eyes closed.

Yes, you can, we all can, if we take the time to notice them.

There's no big revelation here. If you close your eyelids and press on them (lightly) for a while, you will see spinning, swirling patterns and lights (this is not extremely healthy for your eyes, BTW).

I wondered why this was, so I prompted this question on USENET several months ago. The response I got was from a physician to said that the neurotransmitters in your eyes, along with being senseitive to light, are also sensitive to pressure, and putting pressure on them will cause them to fire signals to the optic nerve, thus resulting in you "seeing pressure", which manifests itself in a variety of forms, including tiny white things (whew!).

So why do you see things even when you're not pushing on your eyes? Because there's always pressure on them, usually coming from the blood vessels. That explains why being stressed out causes you to see things, and migraine headache sufferers offen report seeing silvery white flashes.

I hope this clears things up.

-Stephen.

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-
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Snellen Chart

- *Subject:* Snellen Chart
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Tue, 23 Jan 1996 11:15:59 -0800 (PST)
-

To measure 20/20 vision at 10 feet, use the 20/10 line on the Snellen chart. At 20 feet, a 20/20 Snellen "E", is 8.73 mm high and subtends 5 minutes of arc vertically. "E" is composed of two gaps and three strokes, each of which subtends one minute of arc, which is theoretically the smallest easily resolved retinal image size based on anatomy. (Three cones in the fovea will "see" this 1 minute image. Because of diffraction effects at the retina, one cone alone cannot usually resolve an image).

Many people of course can do better than this, ie, 20/15 or even 20/10 acuity. Each minute of arc is then $8.73/5 = 1.746$ mm at 20 feet. At 10 feet, the "E" only has to be 1/2 of 8.73 or 4.37mm. That is what I actually do at screenings where the room is an odd length- proportion out the length of the room; a 10 foot room would be 10/20 times 8.73= 4.37. I then find letters that size and they can be used for a 20/20 target

So all you have to do is use a proportion to figure out what acuity you are measuring if the room is not 20 feet long. 20 feet is the standard length because it is close to optical infinity (but not quite) ie, the normal eye does not have to focus at all to see at that distance.

Herb Black

Pacific University Optometry School

```
> From: "Linda" <llee@mail.comox.island.net>
> Date: Sat, 20 Jan 1996 17:37:00
> Subject: Eye Chart Math
>
```

```
> Does anyone know the arithmetic required to use a 20/20 chart in a
> ten foot room?
```

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Re: Little vibrant energy things (fwd)

- *Subject:* Re: Little vibrant energy things (fwd)
 - *From:* solusrex@198.4.75.47
 - *Date:* Tue, 23 Jan 1996 18:25:55 -0500
-

At 09:59 PM "Stephen Thomas Brindle" <sbrindle@netcom.com> wrote:

><snip>

>the neurotransmitters in your eyes, along with being senseitive
>to light, are also sensitive to pressure, and putting pressure on
>them will cause them to fire signals to the optic nerve, thus
>resulting in you "seeing pressure", which manifests itself in a
>variety of forms, including tiny white things (whew!).

You can't put physical pressure on neurotransmitters, or else my mind is running out of its norepinephrine and dopamine and can't think clearly, in addition to running out of taurine and glutathione and messing up my ability to see clearly.

Elena

=====

-
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Re: Intermediate Prescriptions

- *Subject:* Re: Intermediate Prescriptions
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Wed, 24 Jan 96 10:20 PST
-

Mark Jones <mjones@auscsmp.sps.mot.com> wrote on Mon, 22 Jan 1996:

>I have seen several notes in the past suggesting
>that there is no need to correct for astigmatism.
>Some of the comments that I have read in Dr. Kaplan's
>book (I'm only in the first chapter) suggest that
>astigmatism is too variable to validly correct for
>with glasses. Is it a general rule that someone bent
>on vision improvement should avoid correction for
>astigmatism, or are there some special circumstances?

Astigmatism that is typically measured during optometric tests are composed of two elements. The first is the structural amount which shows up on the cornea and the refraction. Very often there are other amounts of astigmatism which are more functional in nature. In my research i have found that it is unwise to have the functional astigmatism precribed and worn befor the eyes. In my own case, I have nearly 1.00 dioptres of astigmatism and through my vision training program, I am noticing that I can vary my astigmatic perceptions by how I program my eyes to look, how I think and feel about myself, and my moment to moment view of life. I f you have been wearing a lens prescription for astigmatism, I have found it unwise to eliminate the astigmatism component during the first reduction in myopic power. If the astigmatism is under 1.00 dioptre, then you can consider halving the astigmatism if it has been worn before. This reason for these suggestions would require a lot of explanation, which if the group is interested I could get into. This is where I make a distinction between transitional, vision fitness and therapeutic lens prescriptions.

Trust this makes this point clearer,

Sincerely in light,

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Near Vancouver B.C.

Join me for an exciting 10 day retreat holiday and adventure and
in vision improvement July 12th to 21st, 1996 in Western Canada!
E-mail your snail-mail address for a brochure.

Snail Mail Beyond 20/20 Vision=81
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 Gibsons, British Columbia.
 V0N 1V0 Canada
Voice (604) 885-7118
=46ax (604) 885-0608 =20

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Re: Intermediate Prescriptions

- *Subject:* Re: Intermediate Prescriptions
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Wed, 24 Jan 96 10:20 PST
-

Mark Jones <mjones@auscsmp.sps.mot.com> wrote on Mon, 22 Jan 1996:

>I have seen several notes in the past suggesting
>that there is no need to correct for astigmatism.
>Some of the comments that I have read in Dr. Kaplan's
>book (I'm only in the first chapter) suggest that
>astigmatism is too variable to validly correct for
>with glasses. Is it a general rule that someone bent
>on vision improvement should avoid correction for
>astigmatism, or are there some special circumstances?

Astigmatism that is typically measured during optometric tests are composed of two elements. The first is the structural amount which shows up on the cornea and the refraction. Very often there are other amounts of astigmatism which are more functional in nature. In my research i have found that it is unwise to have the functional astigmatism precribed and worn befor the eyes. In my own case, I have nearly 1.00 dioptres of astigmatism and through my vision training program, I am noticing that I can vary my astigmatic perceptions by how I program my eyes to look, how I think and feel about myself, and my moment to moment view of life. I f you have been wearing a lens prescription for astigmatism, I have found it unwise to eliminate the astigmatism component during the first reduction in myopic power. If the astigmatism is under 1.00 dioptre, then you can consider halving the astigmatism if it has been worn before. This reason for these suggestions would require a lot of explanation, which if the group is interested I could get into. This is where I make a distinction between transitional, vision fitness and therapeutic lens prescriptions.

Trust this makes this point clearer,

Sincerely in light,

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Eye Chart Semantics

- *Subject:* Eye Chart Semantics
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 24 Jan 1996 16:48:17 -0500 (EST)
-

On Tue, 23 Jan 1996, Herbert T. Black wrote:

```
> To measure 20/20 vision at 10 feet, use the 20/10 line on the Snellen
> chart. At 20 feet, a 20/20 Snellen "E", is 8.73 mm high
[...]
```

```
>At 10 feet, the "E" only has to be 1/2 of 8.73 or 4.37mm.
```

Herb, I have a nit to pick with this, even though I agree that the calculations are correct. It's a matter of semantics more than optics, but I think it's important.

I say it is incorrect to say that what you are measuring at 10 feet is "20/20 vision". You should say you are measuring "acuity at 10 feet." 20/20 means, by definition, that you can read at 20 feet (first 20) the smallest eye chart letters the normal eye reads at 20 feet (second 20). Furthermore, we should not say "20/20" line or "20/10" line. It is a 20 line or a 10 line, period. At 10 feet, you use the 10 line as a standard for normal vision, and at 20 feet you use the 20 line for normal vision. At 10 feet, if the smallest line you can read is the 20 line, it means your acuity is "10/20" or "half normal at 10 feet". If you can read the 10 line, your acuity is "10/10" or "100% normal at 10 feet."

True, the 8.73mm letter viewed at 20 feet projects to the same size on the retina as the 4.37mm letter viewed at 10 feet. But, when diagnosing near-sightedness, the question isn't "how small can you see" (acuity) but "how small can you see things AT A (given) DISTANCE?"

You could be as much as a third of a diopter myopic and see clearly the 10 line at 10 feet, whereas in order to see the 20 line clearly at 20 feet, you have to be less than a sixth of a diopter myopic.

In all fairness to Herb, if you can see normally at 10 feet, it's likely you can see normally at 20 feet too -- changing focus from 10 to 20 feet

is a difference of only a sixth of a diopter. Glasses for less than a half a diopter of myopia are rarely prescribed.

Incidentally, the closer you get, the more diopters you need per unit distance. Example: to switch from 1 meter to 25cm (distance = 75cm) requires an increase of 2 diopters, while a switch from 1 meter to 4 meters (distance = 3m) requires a decrease by the same amount -- two diopters. Double the distance, halve the necessary diopters. So the further away you get, the less difference it makes. Photographers are familiar with this phenomenon. For close ups, you have to be more careful about focusing than for distant shots (right, photographers?)

--Alex

=====

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Getting it

- *Subject:* Getting it
 - *From:* solusrex@soho.ios.com
 - *Date:* Wed, 24 Jan 1996 21:30:48 -0500
-

I finally saw i_see home page. Anyone not afflicted with PCphobia will find it amazingly stupid, but all this time that I've been trying unsuccessfully to get there I was simply using an erroneous location line (two letters transposed), yet was fast to attribute lack of success to my general lack of user proficiency. (I never really learned how to use a PC in an intelligent way -- I just happen to be married to a sys.admin., so my modus operandi is monkey see, monkey do.) Anyway, I'm getting better, although much of computer-related stuff just keeps bouncing back from wherever it is in my cortex that I'm trying to designate a storage area.

Now to the point. I read Richard McCollim's article and unexpectedly found a clue to yet another mystery that my eyes have presented me with. Here's a relevant quotation:

"Suzuki performed an experiment in which he injected radiopaque material into the vitreous of a cat's eye, which during accommodation moved in a direction indicating that the vitreous was forced against the back of the lens and also somewhat toward the posterior pole of the lens." (11)

An experiment by Koke produced a similar result. He injected cat eyes with radiopaque material and took X-rays during miosis and mydriasis, which showed that during accommodation the vitreous moved toward the lens and inward toward the optic axis. (12)"

Eureka! I immediately realized that I'm one of those hapless lab cats, with floaters instead of the radiopaque goo swimming in my vitreous, hardly detectable from the outside but perfectly traceable from within. I have two particularly large and annoying ones. The one in the right eye looks like one of those astrological maps of constellations where the stars are connected with lines forming a particular figure. And I'm not into astrology. In the left eye, I have a very precise replica of a crucifix, with the little Jesus holding a long scarf in his hand (his own loincloth?) and waving it about. And I'm not even Christian. Very annoying, and I've often wondered why a more pious person than myself wasn't blessed with these

images in her vision field. She might have interpreted them as the sign of being chosen or something...

Anyway, I noticed that these floaters change their pattern of movement when my vision clears up. In a blur, they move from side to side; in a clear flash, they move back and forth, and the more pronounced this movement, the clearer my vision. I've learned to accommodate by just locating and tracing them, and voluntarily moving my eyeballs sort of inward (subjectively it's "inward," although not to an extent where I would be able to see it in the mirror.) So my guess is, understanding myopia MUST include understanding the behavior of the vitreous.

In addition, I found that I can only see the constellation floater when my both eyes work as a team; otherwise I see a lot more of the crucifix. That's because I have contra-lateral dominance, i.e. I'm emphatically right-handed but my dominant eye is my left one. Although my vision acuity is about the same in both eyes, my left one tend to focus faster; I favor it for taking aim when shooting (not that I'm able to hit anything yet, at least nothing I intend to), and in tennis my favorite ball always approaches me from the left. Some of the greatest baseball players also have contra-lateral dominance, so it's no big deal in itself, but I see a lot better when my eyes focus together, not one by one. So now I just focus on the constellation when I want to remind my right eye of its duties.

The most important recent events in my vision have to do with an extensive research I've undertaken in the past 3 months, in a desperate attempt to turn this vast and deep ignoramus into a sudden neuroscientist. The endeavor resulted in a series of practical experiments on my very own neurochemical organization, involving brain amines, precursors to neurotransmitters and neural hormones, and nootropics (Europeans among you might know what I'm talking about -- the latter is a whole class of pharmaceuticals widely used in Europe and involved in enhancing memory and overall nonverbal intelligence). Well -- about a week ago, I started getting my first results. My clear flashes are very stable now -- in fact, I can maintain them indefinitely in many situations, interrupted by only short flashes of blur. My floaters are paler and smaller and look like they're wasting away rapidly, poor things. My monocular polyopia in the left eye is all but gone, and in the right eye, is reduced to dyplopia (a significant achievement for someone accustomed to seeing sixteen moons arranged in the sky in no particular order). My unaided vision is now fully functional -- it's a world of objects consisting of details consisting of more details, with faces, street signs, all the basic necessities. (Just to remind you -- with -8D and pronounced astigmatism, removing my glasses used to mean living among faceless blobs of human presence, uniform rivers of mysterious light instead of the oncoming traffic at night, things like that.)

An unexpected side effect: if I only could afford it I would now seek formal education in neuroscience, in addition to visual re-education. Well

-- for now I'll just have to add another dream to my looong list...

Stay clear and cool.

Elena

Know thyself. (Socrates)

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Diopter Math correction

- *Subject:* Diopter Math correction
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 25 Jan 1996 00:53:14 -0500 (EST)
-

OOps!

Dennis Yelle kindly pointed out a goof-up in my last post...

On Wed, 24 Jan 1996, Alex Eulenberg wrote:

>
> Incidentally, the closer you get, the more diopters you need per unit
> distance.

This is still true, but the example and the formulation was incorrect!!!

Here's what I believe to be a correct example (not Dennis's): Since a diopter is the reciprocal of the distance in meters away from the focal point (i.e. your retina)...

0.50m away	=	1/2 m	=	2/1 diopters	=	2.00 D
0.66m away	=	2/3 m	=	3/2 diopters	=	1.50 D
1.00m away	=	1/1 m	=	1/1 diopters	=	1.00 D
1.50m away	=	3/2 m	=	2/3 diopters	=	0.66 D
2.00m away	=	2/1 m	=	1/2 diopters	=	0.50 D
infinity	=	1/0 m	=	0/1 diopters	=	0.00 D

So we see, in terms of diopters, the difference between 50 cm and 66 cm is the same as the difference between 1 m and 2 m, which is the same as the distance between 2 m and infinity!

To pull your focus inward from 1 m to 0.5 m requires an entire diopter, while to push your focus outward from 1 m to 1.50m requires only 2/3 of a diopter!

Also, it follows, if you have 0.0 D of myopia you can see infinitely far away! With 0.5 D of myopia, you can see clearly up to 2 m away; if you have 1 D, you can see clearly up to 1 m, etc...

Notice that if you have myopia, you want to "subtract" the number of "extra diopters" you have in your eye. This is why myopes are prescribed lenses with "minus" diopters.

Did I get it right this time, optics wizards?

--Alex

=====

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Re: Diopter Math correction

- *Subject:* Re: Diopter Math correction
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Thu, 25 Jan 1996 09:12:17 -0500 (EST)
-

So, for those of us high myopes:

0.25m away = 1/4 m = 4/1 diopters = 4.00 D
0.20m away = 1/5 m = 5/1 diopters = 5.00 D
0.17m away = 1/6 m = 6/1 diopters = 6.00 D
0.14m away = 1/7 m = 7/1 diopters = 7.00 D

This is the clearest explanation I have heard (seen). I hope this is it, because it answers some questions I have had. . . . Seems it might be easy to overcorrect, as the numbers get higher. . .

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Thu, 25 Jan 1996, Alex Eulenberg wrote:

```
<snip,snip>  
> 0.50m away = 1/2 m = 2/1 diopters = 2.00 D  
> 0.66m away = 2/3 m = 3/2 diopters = 1.50 D  
> 1.00m away = 1/1 m = 1/1 diopters = 1.00 D  
> 1.50m away = 3/2 m = 2/3 diopters = 0.66 D  
> 2.00m away = 2/1 m = 1/2 diopters = 0.50 D  
> infinity   = 1/0 m = 0/1 diopters = 0.00 D  
>
```

[...]

```
> Notice that if you have myopia, you want to "subtract" the number of  
> "extra diopters" you have in your eye. This is why myopes are prescribed  
> lenses with "minus" diopters.
```

=====

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Re: Eye Chart Semantics

- *Subject:* Re: Eye Chart Semantics
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Thu, 25 Jan 1996 09:41:06 -0800 (PST)
-

Alex;

I guess this is really only a matter of semantics. You are technically correct to call acuity 10/10 if a person can read the 10 line of a standard Snellen chart at 10 feet. However, when I go on a Lions Club screening, for example, where there is only 10 feet of space in the trailer, they have

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eye bags & breathing exercise

- *Subject:* eye bags & breathing exercise
 - *From:* jknox1@swarthmore.edu (josh knox)
 - *Date:* Fri, 26 Jan 1996 21:53:06 -0500
-

Howdy all. I have a question about whether anyone know if the soft, very fine grain bean-type bags are good for your eyes' relaxation as they do touch the eyeball when you use them . The presure is quite heavenly & relaxing.

Also, about the "body breathing" mentioned in a message about personal VT techniques a while ago, it's not bad per se to be yawning like crazy as you mentioned, yawning is our body's natural response to not getting enough oxygen (I think more precisely it's a too-high CO2 concentration), so your body's just making sure your cells don't asphyxiate. Better, I think, is to breathe pretending that the air coming in & going out is a deep fog & fill your lungs from the belly up & empty from the throat down.

Also, in my Aikido class we "palmed" & I asked the sensei & he said it was an Aikido exercise. I guess that's some sort of proof that palming does something. Personally I thing it teaches your eyes to relax and then once relaxed, they can function properly again. Just like in hata yoga the idea is to really exert your muscles for a short period of time and then relax them completely, coupled with a stretching out of the muscles, so too does sunning exert the eye muscles, palming relax them & other VT exercises like swinging stretch the eye muscle out. I hope I'll see the same results that I have in hata yoga!

Deep breathing also helps relaxation & infuses Oxygen to help tired eyes. Here is a breathing exercise instruction I downloaded:

Pranayama Instruction

Ceci Henningsson (ceci@lysator.liu.se) 11 Oct 1994 writes:

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(Updated: October 11th, 1994)

PRANAYAMA IN THREE EASY STEPS

This is my experience from learning Yoga breathing and pranayama using the book "Yoga -- en praktisk vaegledning" (Yoga -- a practical guide) by Swami Nirvikalpananda Saraswati for instruction. This article is meant to help you teach yourself the technique. It is not meant to be authoritative with regards to definitions or Yoga theory.

Pranayama is a breathing practice in Yoga. It is particularly useful in situations where you feel threatened, because it helps you retain your calm. Pranayama is often recommended to the beginning occultist. Among authors who recommend it are Robert Anton Wilson and Aleister Crowley.

Preparation

Wear loose-fitting clothes or no clothes at all. Make sure your nose is clear, so you can breathe freely. If you have a cold, you will have to wait till you are recovered. Not only is it impossible to do pranayama when you cannot breathe through your nose but if you have a sore throat the first deep breath will send you into a violent cough attack.

Step One

The purpose of the first step is to learn to distinguish between belly breathing and chest breathing.

Lie on your back on a comfortable flat surface. Relax and start following your breath. Put one hand on your belly and the other on your chest. Relax.

Belly breathing: When you inhale, the hand on your belly rises, while the hand on your chest remains still. As you exhale, the hand on your belly goes down again, whereas the hand on your chest remains still. Repeat this for 5-10 breaths.

Chest breathing: When you inhale, the hand on your chest rises, while the hand on your belly remains still. As you exhale, the hand on your chest goes down again, whereas the hand on your belly remains still. Repeat this for 5-10 breaths.

Alternate between belly and chest breathing for 5-10 minutes. Repeat every day. It is vital that you master this step before going on to step 2.

Step two

Purpose of step two is to combine belly and chest breathing in one breath. This is called Yoga breathing.

Lie on a comfortable flat surface. Relax and follow your breath. Put one hand on your belly and the other on your chest. Relax.

Yoga breathing: Start inhaling with belly breathing. When you feel that you cannot inhale any more this way, go over to chest breathing until the chest part of your lungs are full. Then you exhale using chest breathing first and then belly breathing until you have emptied your lungs completely.

Breathe very slowly. If you feel dizzy, you are breathing too fast. If you feel out of breath, you are breathing too slowly. Follow your body's signals.

If you have problems distinguishing between belly and chest breathing, go back to step one again.

Step three

Sit or stand with your spine upright.

Use Yoga breathing and follow a set pattern. To do this you need to somehow count the rythm. I use ordinary counting, but I imagine that you might aswell use words instead. The rythm 4-2-2 works very well for me. That means I count to 4 while inhaling, hold my breath while counting 1 and 2, and exhale on 3 and 4. I have also seen a 4-4-4-4 rythm recommended and now find it more efficient. It means adding an extra element, namely holding your breath between exhalation and inhalation. Be careful not to hold your breath for too long. Again, listen to your body's needs.

Yoga breathing should be a more or less effortless process, so your breath should not be louder than usual. I had problems with starting the exhalation inaudibly. If you experience this too, there is a trick to it: you inhale just a wee bit before exhaling. You are supposed to be able to use pranayama in virtually any situation, so to practise making it an "invisible" process is definitely worthwhile. That way you can use it, for instance when you walk up to the platform before making a speech or when listening to someone in an argument.

I also had problems with my diaphragm going rigid. When this happens I can make it relax through softly patting on the diaphragm. The stimulation seems to confuse the muscles on the inside into relaxing. It did not happen any more when I got more used to the practice.

Practice

It is a good idea to practise step one for a week, then combine step one and step two for one week, and then try all three steps in your daily session during the third week. This way you repeat the first basic steps every time. I followed this advice and feel that I have learnt the basics quite well. I still feel the need to practise distinguishing between belly and chest breathing from time to time. Pranayama works better if you practise it regularly. Do not do it all the time, but a few times a day

will not hurt, quite on the contrary. My Yoga book recommends doing pranayama before meditation, but after asanas.

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(610) 690-3940

--The Philosopher--

Life is suffering & pain when out of touch with The Great Spirit/Universal ki and your personal ki. Feel through it all & enjoy the beauty of being alive and the power of universal love this moment.

Have you washed your bowls yet?

--The Realist--

Work through the "meaninglessness;" just get out and do those things that are most meaningful to you and/or which are preferred and stop thinking so hard about so many abstract and dillusory emotions. Then we can get back in touch with our "center" and the universal "center." Once centered, we can start loving, for "to love and frolic in the beauty of life" is as close to the meaning of life that I've come up with.

Have you done what you need to do, had fun and loved yet?

--The Politically Interested--

"If we don't succeed, we run the risk of failure."

-- (Former V.P.) J. Danforth Quayle

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Eye muscles cause structural changes

- *Subject:* Eye muscles cause structural changes
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
 - *Date:* Fri, 26 Jan 1996 23:29:28 -0500
-

(Note: this article was cross-posted to sci.med.vision, under the heading "Re: Glasses or no glasses ???")

In article <4e6rau\$qmg@shellx.best.com>,
>Good thoughts to ponder... of course that's the crux of the matter:
>"What causes myopia"?

>Question: Can you tell me more about these "recent experiments"?

An article appeared in the November 11, 1995 Science News (vol. 148, pp. 318-319) by Lisa Seachrist called "Growing In and Out of Focus: The eye adapts to avoid blurry images". Mention is made in that article of research by Earl L. Smith at the University of Huston School of Optometry. His research team put goggles on the monkeys, where one eye got a plus or a minus lens, and the other eye got a non-refracting lens. The monkeys wore the glasses for 12 weeks. "The eye with the refractive lens either grew or stopped growing until the animal could see clearly with it. In the ensuing year without the goggles, the animals' eyes slowly grew to compensate for the lack of lenses until the eyes became balanced again." writes Seachrist.

Many similar experiments have been done on various animals, including chicks and shrews. I see no reason why humans should be an exception. For the collection of experiments done on monkeys -- both young and adult, see my "myopia control" bibliography, at

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

>Another question: Do you think muscular act of focussing (ciliary body >action) causes structural changes in the eye? What kind of changes? >in axial length?

I believe that the muscles in and around the eye are capable of affecting the cornea and causing the eyeball to elongate. Under what conditions -- in terms of kind of focusing demands, diet, state of the digestive system, state of the circulatory system, state of the nervous system -- within what time scale, and to what extent, I can't say.

The following I do know (time for my trademark ancient article citations!!)

Two hundred years ago, experiments were published in the Philosophical Transactions of the Royal Society of London, wherein corneal changes were observed during accommodation. The corneal changes alone were not enough to account for accommodation, and the experimenters believed that the cornea, lens, and vitreous chamber all were involved in the act of accommodation.

I have retyped these articles and have made them available at

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

under the "I_SEE library" -- Works on the Mechanics of Vision.

Dr. Fukala of Pilsen-Karlsbad wrote in 1890:

:I operated two years ago on a boy, aet. 16 years, (both eyes) for
:zonular cataract. he now reads with correcting glasses -- + 10 D --
:Jaeger No. 2. Although these observations, first published by Forster,
:were, as is well known, denied by Donders, Woinow immediately after, by
:means of his careful experiments, proved undoubtedly that people with
:aphakia really possess a not unimportant amount of accommodative power"
:('Treatment of Myopia by Removal of the Lens', trans. by C. A. Wood,
:American J. of Ophthalmology 11, 357-360).

In 1895, Dr. A. Edward Davis of the Manhattan Eye and Ear Clinic reported several cases of accommodation in the lensless eye. One lensless subject, with the same pair of glasses, had 20/10 distance acuity and was also able to read fine print (Jaeger 1) from 8 to 22-1/2 inches. It was observed that when he focused, his cornea moved forward and there were other, optical, evidences of change in refraction. The same changes took place "when the lids were held open with a speculum, and even when the ciliary muscle was paralyzed with scopolamine." The author concludes: "The changes produced in his cornea must, therefore, have been produced by the action of the external muscles of the eye." His article in the reports of the clinic for that year, "Accommodation in the Lensless Eye -- To What is it Due" cites several other similar cases and experiments.

Jesse S. Wyler in the /Ophthalmic Record/ of 1909 writes that "a pseudo-accommodation which may be the result of the pressure of the converging muscles upon the bulb" often allows a myope whose lens has been removed "to dispense entirely with glasses for close work"

William Bates -- dare I mention his name -- published an article in the New York Medical Journal in 1918 describing changes in the curvature of the cornea and sclera during accommodation, with the direction of gaze held constant, as evidenced by reflected light.

Especially after Fincham's experiments showing how the lens changes during accommodation, there has been little effort to measure the changes in the cornea or sclera -- however slight they may be -- that might occur during accommodation. Nor do most modern myopia researchers ever give such mechanical considerations any thought. The buzzword now seems to be "retinal growth factors"

However, Jim Day, OD, of Alabama <JimDayOD@aol.com> has reported just this past year, that slight corneal changes in the direction of myopia occur under the influence of miotics (drugs that force contraction of the pupil and -- in the proper proportions -- close focusing). Email him for complete references.

> Could this explain why most hyperopic children eventually
>become emmetropic at some point in their life?

I believe so.

--Alex Eulenberg <aeulenbe@indiana.edu>
--Graduate Student
--Linguistics and Cognitive Science Program
--Indiana University

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Re: Objective Results

- *Subject:* Re: Objective Results
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Sat, 27 Jan 1996 14:31:11 +0000
-

On Thu, 18 Jan 1996, Linda wrote:

> In response to your comment regarding middle aged shift from near-
> to farsightedness:
>
> I had heard that comment before from one of my non-believing friends
> but he didn't have a source for it. Since turn around is always fair
> play, have there been any studies on this? Certainly my own doctor
> had never heard of a reversal in prescription and she's is fairly up
> to date in her field.
>
> I do have many friends that have gone into bi-foculs at around 40,
> but this is not the same thing, is it? If such a phenomenon has been
> noted, i would ask you whether these people had any other changes in
> their lives? Fortyish is certainly a time for re-evaluating and
> changing focus (pun fully intended). Besides, if vision is reliant on
> the shape of one's eyes, then where is the medical rational? I mean,
> you can't have it both ways ... vision is fixed by genetics, unchangeable
> except of course, until it changes at 40 for no particular reason ...>
>

Many apologies about the delay in responding but I only go on the net occasionally.

"hypermtropia, acquired Hypermetropia resulting from changes in the refractive indices of the media due to either age, or to surgery"
- Dictionary of Optometry 3rd ed Michel Millodot, Butterworths

If you want studies to back up known shifts in refractive conditions with age or other factors I found a heap of studies summarised in :

Clinical Refraction Vol 1 p14 - ??? 3rd ed Proffessional Press

Borish

In your last paragraph that iI have quoted you have wrongly stated the current thinking on refractive conditions. Who told you that things were fixed ?

I also deny telling you that you would become longsighted. I only said that I would have expected a shift in that direction at around this time.

I hope this helps.

Peter Locher

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Iridology WWW page

- *Subject:* Iridology WWW page
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 27 Jan 1996 11:39:09 -0500 (EST)
-

The following URL was posted to sci.med.vision on January 15th. For anyone curious about iridology, and wants to hear things from the iridologist's point of view, you may find information at the Canadian Neuro-Optic Research Institute's home page...

<http://www.sasknet.com/~bulmj/>

They also have links to various other alternative health resources.

--Alex

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Causes of Myopia

- *Subject:* Causes of Myopia
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Tue, 30 Jan 1996 09:40:33 -0500 (EST)
-

(originally posted to sci.med.vision under "Re: Cause for Myopia ?")

Deciding to argue against a behavioral optometrist for a change!

On sci.med.vision, in article <4ehelt\$p32@ixnews6.ix.netcom.com>, Paul Harris <babo@ix.netcom.com> wrote:

>Myopia is a complex situation with multiple possible causes. It is
>understood that most varieties are triggered by sustained near centered
>activities such as reading and VDT work. The greater the volume of
>close work, the greater the intensity, the more oppositional the
>attitude, the poorer the nutrition, the worse the print, the poorer the
>lighting etc..... you get the idea I hope about the connection. It is
>well established through many papers many of which date back to the
>early part of this century. The physiology is now pretty well
>understood.

Paul, somehow you managed to leave it all at an innuendo: "you get the idea I hope about the connection." What, is it unethical for an optometrist to say explicitly that something is a CAUSE of myopia?

Assuming that that IS what you meant -- that the things you mentioned above cause, or "trigger" as you say, myopia, I think about half of what you said is truly "well established", while the other half is mere speculation, if not completely disproven.

1. Volume of close work
2. Intensity of close work

I suppose by volume you mean "total time spent" and by intensity you mean "how close". I think that these two probably do have the most support in the literature. I think of the latest results from the Orinda myopia study conducted at Berkeley, where a group of schoolchildren have

been followed (and continue to be followed) as to their refraction and ocular dimensions. They included a variable called "diopter hours" which was 3x hours spent reading + 2x hours spent playing "video type games" + 1x hours spent watching TV. Granted this is a very crude variable (it does not take into account time playing piano, time spent doodling during class as opposed to looking at the chalkboard or out the window, etc.). Nevertheless, they found that "diopter hours" correlated with degree of myopia, all other things being equal (the researchers claim to have demonstrated a genetic component to myopia as well). No prospective studies have been done on humans, but plenty have been done on monkeys in support of this idea. "University or academy life" has been found to be associated with development of myopia past the "growing years." This may be due to the close work involved, although it could be for other reasons.

3. Oppositional attitude

This one I must disagree with. I think most people will agree that myopes as a class love close work, are introverted and passive; it's the hyperopes that "oppose" close work, are dyslexic, are therefore "trouble students", etc. Perhaps you meant something else by "oppositional attitude"

4. Poor nutrition

I agree on this one. This one is rarely talked about, but several researchers, working independently have found that low-vitamin or low-protein diets are correlated with myopia. One British (Gardiner) and one Australian (Walkingshaw) reported modest improvements in progressive myopia after instituting a high-protein diet. But since it's hard to find sources of protein that aren't also sources of other nutrients, I wouldn't jump to the conclusion that protein is the key.

5. Poor print

I do not believe any study has established a connection between poor print and myopia. It is a common conception that reading poor print leads to bad eyesight, but who has done anything to prove that it causes myopia?

6. Poor lighting

This is another factoid, that poor lighting causes myopia. I know of three reasons given why poor lighting supposedly causes myopia

- a) it's difficult to read in poor light, and therefore people become myopic as a result of the strain.

This is commonly offered in earlier literature, however one curious fact that William Bates observed (for what it's worth) is that when one

strains to see at the near point in the dark, one actually becomes hyperopic, not myopic. I do not believe anyone else has done any experiments to prove or disprove this statement.

- b) poor lighting reduces acuity and therefore one is tempted (or forced) to bring the text closer in order to make the text more legible. Because of the increase in intensity of the close work, myopia ensues.

This is more reasonable, but then according to this, lighting really isn't the factor, we're back to factor 2, intensity of close work. (Or factor 1, volume of close work -- if the poor acuity slows you down)

- c) exposure of the skin to full-spectrum light is essential for the synthesis of vitamin D, which is used in the absorption of calcium, which is a component of the coats of the eye; too much darkness leads to a calcium deficiency which leads to a weak eye which elongates under the normal intraocular pressure.

This is the only explanation that I will accept as having any sort of experimental basis. Note, however, that "adequate lighting" means much more than a 100-Watt bulb here. It means getting out into the sunshine -- even if your eyes are closed!

7. The physiology is now pretty well understood

If that were true, there would be no controversy. I guess it all depends on who's doing the understanding. I will end with a comment by J.G. Sivak, a prominent myopia researcher from the University of Waterloo (emphasis mine):

"The suggested link between accommodation [close focusing] and myopia is not new, nor did it originate in the optometric literature. Both Donders and Helmholtz [two Ophthalmological giants of the 19th century] believed that excessive accommodation could lead to myopia, and a variety of mechanisms, including accommodative increases in intraocular pressure and permanent accommodative lenticular change, have been suggested. However, suggested mechanisms, of whatever type, must be considered with some skepticism when THE OVERALL MECHANISM OF HUMAN ACCOMMODATION ITSELF IS STILL NOT COMPLETELY UNDERSTOOD AND QUESTIONS SUCH AS THE SIZE AND IMPORTANCE OF NEGATIVE ACCOMODATION ARE STILL UNCLEAR."

--Alex

PS for a more in-depth look at the theories of myopia causation (with references), see my paper at

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

on the preventability of myopia.

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Re: Causes of Myopia

- *Subject:* Re: Causes of Myopia
 - *From:* Beyond 20/20 Vision <Beyond_20/20@Sunshine.net>
 - *Date:* Tue, 30 Jan 96 14:35 PST
-

>PS for a more in-depth look at the theories of myopia causation (with
>references),

I am surprised that very little discussion is devoted to the psychoemotional causes. In my book *The Power Behind Your Eyes*, I hypothesize that Myopia, as in most physical deviations seen in the eyes, are initiated by our thoughts triggered off by some inability to cope with the world. This can be predisposed from genetics and also from life situations and challenges. I would like to see more discussion devoted to perhaps the real causes of the physical manifestation of Myopia. I thank you Elena for your consistent reminders of this important link.

Robert-Michael Kaplan.
Near Vancouver B.C.

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 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
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 - *From:* Alex Eulenberg <aeulenbe@ezinfo.uics.indiana.edu>
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- **RE: Re: To the sceptics: Results of the first month of VT (fwd)**
 - *From:* mjensen@crl.com (Mark Jensen)
- **Dr. Bill Stacy, skeptic**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
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 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
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 - *From:* jknox1@swarthmore.edu (josh knox)

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 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
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○ *From:* Elena <solusrex@soho.ios.com>

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mental seeing exercise

- *Subject:* mental seeing exercise
 - *From:* michael c brady <mbrady@indiana.edu>
 - *Date:* Tue, 30 Jan 1996 13:57:15 -0500 (EST)
-

I apologize. I have good vision. But I came up with an "exercise" that might be of some use to people. I'm more interested in problems of perception that have to do with higher centers in the brain. That's what this is aimed at.

I assert that when a person is attentive to something, and it seems blurry, (out of focus) there must something in their field of vision that is in focus. It's just that their attention isn't directed towards it. And if their attention is directed towards that which is in focus it becomes out of focus. (They learned how to focus when they were little but their eyes grew unproportionately - leaving eveything out of focus when it originally would have been in focus)

Maybe there is a way of redirecting attention to that which is in focus from that which is unfocused (without changing the shape of the eye). To relearn how to synchronize attention and the eye muscles in other words.

So here is my exercise:

I bought a \$3.00 watch at Target a couple of weeks ago. It has a cover that opens to let me see what time it is. Printed on the cover is one of those magical things where if you tilt it a little bit, the image changes. Mine is a statue/gargoyle that changes into a roaring purple monster. I found that if I hold it close to my face, one eye can see one image while the other eye sees the other image. I noticed that if I really concentrate, I can see one image then mentally shift and see the other image.

This doesn't have much to do with refocusing my eyes except that it lets me direct my attention (and change my perception) without actually changing my visual input or moving any eye muscles.

If I think of a good focusing exercise, I'll let you know..

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Retinitis pigmetosa help wanted

- *Subject:* Retinitis pigmetosa help wanted
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Wed, 31 Jan 1996 22:24:08 +1100 (EST)
-

>_From: MICHAEL ROZMAN

> Hello vic,

>

> My name is Israel Rozman and I run a workshop for improving
> vision by Bates method in Western Galilee in Israel.

>

> Impressed by the knowledge and experience that you have
> brought into the Natural Vision FAQ, I want to ask for your help:

>

> Is there an effective treatment for the 'retinitis pigmentosa' ?

>

> Please reply to micr@cs.huji.ac.il (which is my son's e-mail address).

> Thank you,

> Israel Rozman.

I cant really add much other then what is in the FAQ, all help
I am sure would be greatly appreciated.

please forward any help to micr@cs.huji.ac.il

Vic

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Variability of Astigmatism

- *Subject:* Variability of Astigmatism
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 31 Jan 1996 09:00:57 -0500 (EST)
-

Here is a list of articles recently posted to sci.med.vision by behavioral optometrist Paul Harris. They all deal with how astigmatism varies over time and from person to person under the influence of environmental and behavioral factors.

Childress, MA, Childress, CW, Conklin, R, Possible effects of visual demand on refractive error, OEPPF, Inc. 1981.

Forrest, Elliott, A New Model of Functional Astigmatism, Journal of the American Optometric Association, November 1981.

Forrest, Elliott, Eye Scan Therapy for Astigmatism, Journal of the American Optometric Association, November 1984.

Forrest, EB, Astigmatism as a Function of Visual Scan, Head Scan, and Head Posture. Am Journal Optom Physiol Opt 1980; 57:844-860

Garzia, Ralph, Nicholson, Steven, Clinical Aspects of Accommodative Influences on Astigmatism, Journal of the American Optometric Association, December 1988

Harris, Paul, "Visual Conditions of Symphony Musicians", Journal of the American Optometric Association, Volume 59, Number 12, 12/88 pp 952-959

Nicholson, Steven, Garzia, Ralph, Astigmatism at Nearpoint: Adventitious, Purposeful, and Environmental, Journal of the American Optometric Association, December 1988.

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PRIO computer glasses prescription

- *Subject:* PRIO computer glasses prescription
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 31 Jan 1996 15:13:21 -0500 (EST)
-

Last week, Rob Barnett brought up the subject of PRIO glasses. On sci.med.vision today, Larry Bickford, OD, posted the following description of what they are:

```
----- Forwarded message -----  
From: eyecare@west.net (Larry Bickford, O.D.)  
Newsgroups: sci.med.vision  
Subject: Re: Anyone have any experience with PRIO glasses?  
Date: 31 Jan 1996 16:28:37 GMT  
Organization: The EyeCare Connection & CyberLens!
```

In article <4en4v6\$euf@newsbf02.news.aol.com>, krazybob1@aol.com (Krazybob1) wrote:

```
>  
> I am an optomerist, and I recently read about PRIO glasses in a computer  
> publication, but would like to know if anyone out there has any first-hand  
> experience, either as an examiner or a patient.
```

Yes, on both ends. My take on PRIO is that is a marketting scam---albeit one with some valid testing and prescriptive protocols.

The use of their proprietary "computer monitor" simulator is an interesting and effective device to help examin the patient under simulated workstation environments. But one could also take a good history, use some common sense and experience and come up with the same results. A pretty cool device, though. Really impresses the patient, but not me.

The resultant lenses are nearly the same as what you'd expect, usually with .25 or .50 more plus than you might be used to prescribing, with tints and coatings to enhance contrast on various types of screens (amber, color text on color backgrounds, etc) and reduce glare. Nothing really out

of the ordinary.

What is out of the ordinary is their marketing arrangements: In order to be "authorized" to use their vision-tester and to receive "rebate credits", you must order the lenses from a list of their contracted laboratories. Kinda feels like I'm getting my arm twisted.

The bottom line is that they do make it easy to RX computer specs and show off a new toy to your patients. You certainly can (and should) be doing the same without PRIO toys, and I have a problem with their marketing practices. Nothing evil about it, just business. I've chosen not to participate.

Larry

#####

The EyeCare Connection &
CyberLens! contact lens services
<http://www.west.net/~eyecare>

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-
- Prev by Date: [Variability of Astigmatism](#)
 - Next by Date: [Seeing well through eyelashes](#)
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Seeing well through eyelashes

- *Subject:* Seeing well through eyelashes
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 1 Feb 96 11:35:02 UT
-

Hello,

Could someone explain to me how, being a myop (-3.00, -3.75), I can see things extremely sharp by just closing my eyelids (not completely) and looking through my eyelashes. I'm not squinting or exercising any tension on the facial muscles.

This might be related to the fact that wearing pinhole glasses produces the same result but some far I have not heard/seen any explanation to this one either.

many thanks
george

=====

-
- Prev by Date: [PRIO computer glasses prescription](#)
 - Next by Date: [Re: Causes of Myopia](#)
 - Prev by thread: [PRIO computer glasses prescription](#)
 - Next by thread: [Re: Seeing well through eyelashes](#)
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Re: Causes of Myopia

- *Subject:* Re: Causes of Myopia
 - *From:* solusrex@198.4.75.47
 - *Date:* Fri, 2 Feb 1996 00:36:52 -0500
-

At 02:35 PM 1/30/96 PST, Robert-Michael Kaplan wrote:

>
>I am surprised that very little discussion is devoted to the
>psychoemotional causes. In my book *The Power Behind Your Eyes*, I
>hypothesize that Myopia, as in most physical deviations seen in the eyes,
>are initiated by our thoughts triggered off by some inability to cope with
>the world. This can be predisposed from genetics and also from life
>situations and challenges. I would like to see more discussion devoted to
>perhaps the real causes of the physical manifestation of Myopia. I thank
>you Elena for your consistent reminders of this important link.
>

Thanks for noticing, Dr. Kaplan!

My hypothesis is, being reluctant to see psychoemotional links is a symptom of myopia in itself. We myopes are all, to varying extents, left-brained freaks of nature -- and the left hemisphere loves straightforward scientific explanations and hates metaphors, especially the self-referential kind. Many of us prefer to rationalize and intellectualize rather than love and hate and search our souls for answers. Long histories of suppressing direct emotional responses are often part of the problem. A typical myope's personality is a volcano with a cork jammed tight into the crater. Which makes us all the more interesting as individuals but does little for our visual health.

In my own "self-inflicted" case study, I could opt for any one of three possible explanations. 1.Genetics: my paternal grandmother had -18.00D. (She read insatiably and looked like a human scanning device, moving her head along the length of each line and occasionally brushing the page with her nose.) 2.Early stress on visual system: I started reading at three. 3.Psychoemotional conflicts: in abundance. So which one should I choose as the major cause? The first two seem sufficiently solid... but only if one doesn't look deeper.

Let's take a closer look at the grandmother version, for instance. Instead of genetics, I find myself faced with a bit of family history. Her husband, my grandfather, was arrested and shot without trial in the course of one of Stalin's "purges." He was a journalist and his crime was mentioning a wrong politician's name in one of his articles. That's what my grandmother was able to learn thirty years later; at the time of the actual events, however, he was just taken away "for a little talk," and disappeared. My grandmother went to the local KGB office to ask why they had arrested her husband, what the charges were against him, and what would happen to him. The answer she received was exactly this: "We didn't arrest anybody; you never had a husband; and, since you have two small sons, make sure they remember that they never had a father -- if you want them to have a mother." I imagine developing -18.00D should be considered an ADEQUATE reaction to this kind of reality. So it wasn't genetics after all... maybe a genetic predisposition to breaking at this particular physical level, as opposed to families where people develop autoimmune or cardiovascular disease or ulcers. Btw, my father, who was only four at that time, had normal vision till quite recently, but his brother, who was almost nine when faced with the imperative to pretend he never had a father, rapidly developed high myopia.

Elena

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- Prev by Date: [Seeing well through eyelashes](#)
 - Next by Date: [Re: Seeing well through eyelashes](#)
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 - Next by thread: [Vision Quest, step 2.](#)
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Re: Seeing well through eyelashes

- *Subject:* Re: Seeing well through eyelashes
 - *From:* mtorres@arl.mil (Torres Mario)
 - *Date:* Fri, 2 Feb 96 8:34:58 MST
-

>
> Hello,
>
> Could someone explain to me how, being a myop (-3.00, -3.75), I can see things
> extremely sharp by just closing my eyelids (not completely) and looking
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>
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> same result but some far I have not heard/seen any explanation to this one
> either.
>
> many thanks
> george
>
>

George,

I will give the explanation that my optometrist gave me. Simply, he said, it has to do with optics and related effects of seeing an image through smaller apertures. The smaller the aperture the more defined an image becomes. Like letting less light into your receptors allows for your image to not be blurred by "excess" light. His answer did not totally convince me since I have experienced the same encouraging effect as you mention, by looking through pin holes or "skinting". But I think that as matter of fact, his answer is not without basis. If you look at the way a camera works, the smaller the aperture is (when you take a picture) the better a picture exposes the film for far away images.

Does this explanation sound familiar to anyone else?

Mario

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-
- Prev by Date: [Re: Causes of Myopia](#)
 - Next by Date: [Vision Quest, step 2.](#)
 - Prev by thread: [Seeing well through eyelashes](#)
 - Next by thread: [RE: Seeing well through eyelashes](#)
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Vision Quest, step 2.

- *Subject:* Vision Quest, step 2.
 - *From:* mtorres@arl.mil (Torres Mario)
 - *Date:* Fri, 2 Feb 96 8:46:23 MST
-

Well its been a while since I announced my vision quest in December when step 1 involved the confrontation of my optometrist with the ideas of eyesight healing. I saw him in December and its taking me this long to come to grips with accepting or actually not accepting his negative reaction. Its kind of funny, now that I think about it, that his reponse was such an emotional let down. Simply he said that my vision was too degraded (around -7.5 on both) for any of the "intense" exercises to work or have any effect. He did however said that it was totally up to me if I wanted to persue this quest. I am sad to say that I chicken-out at the time and got me the corresponding prescription on my new glasses instead of getting some that were decreased in strength. Now my courage is regaining strenth and will be taking another shot at these methods. It would be encouraging to hear from people who have actually gotten some if not great improvement in their eyesight by practicing these methods as discussed in the isee group.

Mario

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- Prev by Date: [Re: Seeing well through eyelashes](#)
 - Next by Date: [Vitamin supplements for better vision](#)
 - Prev by thread: [Re: Causes of Myopia](#)
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Vitamin supplements for better vision

- *Subject:* Vitamin supplements for better vision
- *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
- *Date:* Fri, 02 Feb 1996 13:03:15 -0600

Can anybody recommend any particular brand of (multi)vitamins that are particularly helpful for combating myopia? Is it possible to find the active substance of bilberries in drugs? I looked at the FAQ, saw explanations of how different vitamins worked, but could not see a list of brands that have been tried and found to work/not work.

I'd appreciate any comments from I_Seers who have tried the diet approach.

Thanks for any replies.

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- Prev by Date: [Vision Quest, step 2.](#)
 - Next by Date: [Who I am](#)
 - Prev by thread: [Re: Vision Quest, step 2.](#)
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Who I am

- *Subject:* Who I am
 - *From:* paplaner@mindspring.com (paul m. planer)
 - *Date:* Fri, 02 Feb 1996 17:47:16 -0600
-

Gentlemen/ladies,

I am originally from North Carolina and went to Chapel Hill (God's country !!!) for most of my pre-professional education. I attended Southern College of Optometry, which, when I was there, was very functional in approach. I have, since graduation, attended many functional meetings with O.E.P. and with various O.E.P. approved meetings with Drs. Slade, Getman, Sherman, Adema, etc..... so I tend to be functional in my approach to the visual system. I feel this approach makes one curious and continually looking for answers. As you can tell, I feel this approach is best for me. During my professional life I have worked with children and adults in vision therapy in and out of the office. I have become very active in sports vision and belong to the AOA Sports Vision Section. I have belonged to the International Academy of Sports Vision for many years, and am President of the Academy at the present time. I authored the Sports Vision Manual (a manual to help practitioners get into the field of sports vision) that I am letting the Academy disseminate. It is being internationally published at the present time. I have done research in sports vision and have developed items for the sports player to use to help their visual performance on the field. I am a member of the National Eye Research Foundation (N.E.R.F.) and am a fellow in the Co-management section. In fact, I am communications director of the section. I am getting involved with orthokeratology, as I feel this is one way to prevent children's myopia from increasing over the years. This technique, combined with functionally prescribed therapies including counter-stress lenses, can be of much help in helping children who have developed myopia to the point where functional approaches alone will not reverse/eliminate the myopia. This can also benefit adults, of course, but the greatest impact will be with the children, I feel. I have recently become involved with PRIO. This computer mimicing M.E.M. does, I feel, have validity. I am doing research with the unit and, so far, it seems to work well. I never accept things on face value, so I am constantly questioning everything, and constantly proving/disproving ideas and things to myself

about everything that can have value in helping the patients I am fortunate to help. What else..... I do not like the way managed care is coming in. Not so much managed care itself, but the push for less and less quality.....and reimbursement schedules that are unrealistic.

That's about all....I am married to the same wonderful and extremely patient and understanding woman for the past 26 years and have two sons that are 18 and 15.

I appreciate being asked to join your group.

Thanks again.

Paul Planer, O.D.

paplaner@mindspring.com

Atlanta, GA (World Series/Olympics)

paplaner@mindspring.com

Atlanta, GA

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- Prev by Date: [Vitamin supplements for better vision](#)
 - Next by Date: [Re: Vision Quest, step 2.](#)
 - Prev by thread: [Re: Vitamin supplements for better vision](#)
 - Next by thread: [Re: Who I am](#)
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Re: Vision Quest, step 2.

- *Subject:* Re: Vision Quest, step 2.
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Fri, 2 Feb 1996 23:33:19
-

hello Mario,

In response to your recent posting, i did have good results when i began my own vision quest about 4 years ago. I was able to improve my prescription from -7.5 / -6.75 to -5.5 in both eyes. This first step took me about a month. Since then i have not had much progress in spite of occassional bursts of physical effort, and continous emotional work.

I keep trying because very near the beginning, i had a flash of perfect vision that was literally breath taking. The clarity and depth of field was very exciting. I thought to myself -- oh my God! Is this what the world looks like? My next thought was something like -- i don't deserve this . . ., and my normal dull, flat, fuzzy vision returned.

If you are persistent, you can and will get results, possibly very quickly, by learning to pay attention to the way you see and changing some things. I personally believe that the emotional issues take longer to uncover and solve. I also believe that is the whole point of living, to have my own vision of my life and not the one i was frightened into having.

I can tell you that my own quest for vision has led me into some curious corners. At the moment, i am about to produce and direct a play that i have written on the subject of domestic violence. It's all on a very amateur level, but i am very afraid of the exposure. Still, i want to do it. It's all falling into place so neatly, i am sure that it's the right thing to do. I feel like i am going through adolescence again. I have been walking about for the past few days with a nest of snakes living in my stomach. The difference is, this time, i intend to acknowledge my fears, and

express them. And do the play in spite of my fear, or maybe, because of it.

All the best to you, and good luck on your journey.

Linda Lee
Vancouver Island, Canada

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- Prev by Date: [Who I am](#)
 - Next by Date: [RE: Seeing well through eyelashes](#)
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RE: Seeing well through eyelashes

- *Subject:* RE: Seeing well through eyelashes
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sat, 3 Feb 96 04:41:01 UT
-

Thanks for all the replies to my question.

I sort of expected that answer and I should have known that since I do a lot of photography. I guess I was amazed by being able to see so clearly that I hoped there was something (i.e. exercise) that could be done based on that observation to improve my vision.

thanks again

From: owner-i_see@indiana.edu on behalf of Torres Mario
Sent: Saturday, 03 February, 1996 2:34 AM
To: George Tohme
Cc: i_see@indiana.edu
Subject: Re: Seeing well through eyelashes

>
> Hello,
>
> Could someone explain to me how, being a myop (-3.00, -3.75), I can see things
> _extremely_ sharp by just closing my eyelids (not completely) and looking
> through my eyelashes. I'm not squinting or exercising any tension on the
> facial muscles.
>
> This might be related to the fact that wearing pinhole glasses produces the
> same result but some far I have not heard/seen any explanation to this one
> either.
>
> many thanks
> george
>
>

George,

I will give the explanation that my optometrist gave me. Simply, he said, it has to do with optics and related effects of seeing an image through smaller appertures. The smaller the apperture the more defined an image becomes. Like letting less light into your receptors allows for your image to not be blurred by "excess" light. His answer did not totally convince me since I have experienced the same encouragin effect as you mention, by looking through pin holes or "skinting". But I think that as matter of fact, his answer is not without basis. If you look at the way a camera works, the smaller the apperture is (when you take a picture) the better a picture exposes the film for far away images.

Does this explanation sound familiar to anyone else?

Mario

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-
- Prev by Date: [Re: Vision Quest, step 2.](#)
 - Next by Date: [RE: Vision Quest, step 2.](#)
 - Prev by thread: [Re: Seeing well through eyelashes](#)
 - Next by thread: [Re: Seeing well through eyelashes](#)
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RE: Vision Quest, step 2.

- *Subject:* RE: Vision Quest, step 2.
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sat, 3 Feb 96 06:52:21 UT
-

Torres,

Well I guess I was a bit luckier. I saw my optometrist last month, I told him about vision therapy and I gave him a bunch of documents that I picked up from ISEE's home page.

He agreed to go along with it and performed an incredibly thorough test, prescribed weaker glasses, and we agreed that I will see him once a month to see how I am going. He also asked me to document the kind of exercises I was going, how often, how long...

Currently I'm at L:-3.00, R:-3.75

I will continue with my exercises and tests for 6 months. If I do not see any substantial improvement (i.e. at least 0.75 to 1.00) then I would quit. I would continue taking care of my eyes but not with VT as a goal.

I must admit that sine I started my VT almost 3 weeks ago I only wear my glasses when it is absolutely necessary which is about 1/3 of the prevoius wearing time. I do not use my sunglasses at all (which was impossible for me to do) and I seem to be coping fine.

Forget about you optometrist. Either find another one or tell him what you want to do. Make this your own project and control how it's progressing. (enough preaching!!)

I will post the result of my test to let the whole group know how I'm doing.

george

From: owner-i_see@indiana.edu on behalf of Torres Mario
Sent: Saturday, 03 February, 1996 2:46 AM
To: i_see@indiana.edu
Subject: Vision Quest, step 2.

Well its been a while since I announced my vision quest in December when step 1 involved the confrontation of my optometrist with the ideas of eyesight healing. I saw him in December and its taking me this long to come to grips with accepting or actually not accepting his negative reaction. Its kind of funny, now that I think about it, that his reponse was such an emotional let down. Simply he said that my vision was too degraded (around -7.5 on both) for any of the "intense" exercises to work or have any effect. He did however said that it was totally up to me if I wanted to persue this quest. I am sad to say that I chicken-out at the time and got me the corresponding prescription on my new glasses instead of getting some that were decreased in strength. Now my courage is regaining strenth and will be taking another shot at these methods. It would be encouraging to hear from people who have actually gotten some if not great improvement in their eyesight by practicing these methods as discussed in the isee group.

Mario

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-
- Prev by Date: [RE: Seeing well through eyelashes](#)
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Re: Seeing well through eyelashes

- *Subject:* Re: Seeing well through eyelashes
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Sun, 4 Feb 1996 16:32:53 +0000
-

On Thu, 1 Feb 1996, George Tohme wrote:

> Hello,
>
> Could someone explain to me how, being a myop (-3.00, -3.75), I can see things
> extremely sharp by just closing my eyelids (not completely) and looking
> through my eyelashes. I'm not squinting or exercising any tension on the
> facial muscles.
>
> This might be related to the fact that wearing pinhole glasses produces the
> same result but some far I have not heard/seen any explanation to this one
> either.
>
> many thanks
> george
>

You are right in your last paragraph, By reducing your palpebral
apertured (or distance between upoper and lower eyelids) you are reducing
the effective pupil size, increasing the depth of focus (the same as
reducing the aperture on a camera) and reducing the size of the blur
circle on the retina. That is why you see more clearly.

You may be interested to know that there is a clinical device called a
stenopaic slit - much like a pin hole effect - using a test lens with a
slit and not a pinhole.

Peter Locher
Optometrist
Western Australia>

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- Prev by Date: [RE: Vision Quest, step 2.](#)
- Next by Date: [Monkey Myopia](#)
- Prev by thread: [RE: Seeing well through eyelashes](#)
- Next by thread: [Re: Causes of Myopia](#)
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Monkey Myopia

- *Subject:* Monkey Myopia
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 4 Feb 1996 16:15:21 -0500 (EST)
-

This messages was originally posted by to the sci.med.vision newsgroup...

In article <4ervep\$60@sun.sirius.com>,
Raymond A. Chamberlin <raych@sirius.com> wrote:
>Does excessive reading cause myopia in monkeys?

>From Young, Francis A. "Primate Myopia", in American Journal of Optometry
and Physiological Optics 58 (1981), 561-566:

:While it is not possible for monkeys to read, in the early studies we
:attempted to reproduce the human reading situation as closely as
:possible. For this reason, restraining chairs were constructed which
:permitted holding the monkeys in an upright seated position which
:approximates not only the human reading position but also the normal
:monkey sleeping position. To duplicate the human reading situation, we
:enclosed the monkeys in a translucent, but not transparent, hood which
:restricted the minimum visual distance to approximately 14 in., and the
:maximum visual distance to 20 in. The visual stimuli included the inside
:surface of the hood, chair parts, food, the watering device, and the
:body of the monkey, especially the hands.

:When fully adult monkeys (one even gave birth in the chair) were
:enclosed in the hooded situation, 7 of 10 developed myopia or changes
:toward myopia which averaged 0.75D in the period of 1 year. While this
:amount is not spectacular, it does exceed the usual amount of myopia of
:approximately 0.5D developed in children over the same period. The
:calculations of the amount of myopia developed included those subjects
:who did not change into myopia whereas in most human situations we
:exclude the subjects not changing and deal only with subjects who are
:changing into myopia. If the nonchanging subjects are excluded, the
:amount of myopia developed is approximately 1.25D of myopia in 1 year.
:Human subjects of a comparable age (18 to 23 years), such as

:submariners, cadets at Virginia Military Institute, or at the U.S. Naval
:academy tend to change at the rate of approximately 0.25D a year into
:myopia. There have been no controlled studies, but heavy readers appear
:to be progressing into the third decade. Thus, it was apparent that we
:could create in most of our animals an amount of myopia which equalled
:or exceeded that found in human populations of younger or comparable age
:levels. [p. 561]

See also

Young, F.A. 1961. The effect of restricted visual space on the primate eye.
Amerian Journal of Ophthalmology 52, 799-806.

>What does inadequate reading cause in optometrists?

Earl L. Smith of the University of Houston College of optometry is
quoted as saying In Science News (11 Nov 1995, p. 319) "these
experiments have all been done on infant animals, and we don't know if
or how the compensation mechanism works in older children or adults."
Recall that Smith is the researcher who put myopic glasses on monkeys
and found that the eyes that wore minus lenses (which forced the
monkey's eyes to focus for near) grew myopic, and whose results were
published in August 1995 Nature Medicine. Apparently he did not know
that Young had produced myopia through distance deprivation in fully
adult monkeys.

Incidentally, Young did perform experiments on young monkeys too. Those
the equivalent of 5- to 6- year-olds "could develop up to 2 to 3 D of
myopia in 1 year in the enclosed visual space condition". By the way,
there are 3 monkey years in 1 human year.

Young. Francis A. 1963. The effect of restricted visual space on the
refractive error of the young monkey eye. Investigative Ophthalmology 2,
571-577.

--Alex

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-
- Prev by Date: [Re: Seeing well through eyelashes](#)
 - Next by Date: [Re: Vision Quest, step 2.](#)
 - Prev by thread: [Re: Who I am](#)

- Next by thread: [Psycho-emotional/behavioral aspects](#)
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Re: Vision Quest, step 2.

- *Subject:* Re: Vision Quest, step 2.
 - *From:* Gill Costa e Sa <sagl@pacificu.edu>
 - *Date:* Sun, 4 Feb 1996 14:13:30 -0800 (PST)
-

Hello,

I am a third year Optometry student at Pacific University. I would like to respond to Mario Torres' message regarding eye exercises and his -7.50 refractive condition.

I think your Optometrist was probably referring to the fact that, in the visual sciences literature, studies show that for myopic conditions of 6 diopters or more, structural changes in the eyeball are likely to have taken place, making at least a significant part of this condition irreversible.

Those changes seem to be associated with the axial elongation of the eyeball, that is, the pathway of the light to the retina is now longer. Even if an individual attempts exercises to ameliorate his/her refractive condition and meets success in that attempt, blur is still likely to occur.

To explain this briefly, a sharp image depends on light rays coming into focus at the site of the retina. Even if by eye exercises the light rays were made to come to focus "where they should" had the elongation not occurred, the fact that the retina is not there anymore but further back makes it so that blur is still experienced, as your Optometrist indicated.

If your goal is to see a sharp image without the help of spectacles or contact lenses, it is unlikely that this will occur because if your visual behavior has given rise to a structural change in the eyeball. However, eye exercises may decrease the amount of refractive deviation and stop or slow its progression. Furthermore, I believe eye exercises in the form of a vision therapy program are still helpful for other reasons. Seeing clear is not all that matters in good visual performance. Good visual performance has to do with effortless clear, single vision. Just as much as energy may be spent in the effort of seeing single - keeping the images relayed by both eyes together - as it is in the effort of seeing clear.

For example, people who spend a greater than reasonable amount of

energy in maintaining single vision may experience, after prolonged visual effort, that the images "want to go double if you let your eyes go". Others may never see double because one of the images is being ignored by the brain (suppression) or they may avoid the discomfort-causing visual effort so that these symptoms are never experienced. However, the effort is still there, and the literature indicates that this effort takes away from the ability to concentrate on the task at hand and appropriately absorb the information (for example, as in reading or studying), reducing efficiency.

There is an interaction between your accommodative system (seeing clear) and your vergence system (seeing single). Within this interaction, a refractive condition such as your 7.50 diopters of myopia may progress to worse stages. As the demands on our visual system became more and more complex, Skeffington, and other behavioral optometrists in the post-war era, started to look at dysfunctional visual behavior syndromes as a logical succession of stages that are predictable in their progression as well as in their reversal. According to an individual's specific stage, the system to work on prioritarily may be at times accommodation and at other times vergence. The exercises to be emphasized, their order and timing, etc, as well as the goals to be achieved at each step of the way are determined based on a careful assessment by an optometrist whose practice specializes in analyzing and treating binocular visual behaviors, rather than focusing on simply remediating refractive conditions. The treatment can be in the form of exercises (vision therapy), therapeutic lenses or a combination of both.

In summary, eye exercises can not only be helpful in most conditions, but may also significantly increase an individual's effortless performance and efficiency. Setting appropriate goals based on a detailed analysis of an individual's visual behavior is of central importance in this process. Behavioral optometrists and vision therapists are the professionals who specialize in helping you set these goals and direct the stages of your effort to achieve optimum, measurable results.

Gill Costa e Sa

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-
- Prev by Date: [Monkey Myopia](#)
 - Next by Date: [Psycho-emotional/behavioral aspects](#)
 - Prev by thread: [RE: Vision Quest, step 2.](#)
 - Next by thread: [Vitamin supplements for better vision](#)
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Re: Vision Quest, step 2.

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Psycho-emotional/behavioral aspects

- *Subject:* Psycho-emotional/behavioral aspects
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sun, 4 Feb 1996 17:38:21 -0500 (EST)
-

I was recently tested and told I needed -5.00 lenses to correct my vision. I had been wearing -4.25's for the last 6 years. I wore -4's for 3 weeks before this exam. BTW, I scheduled this visit to get weaker lenses (-3.00's). As it turns out, I was finally able to get the glasses I had come for, but not before being told, repeatedly, that I didn't really want them! And being warned not to drive with them.

I have noticed that I no longer duck the gazes of people I am talking to. I have long been too uncomfortable to look directly at folks nearby when they are looking directly at me. I would sometimes become so anxious that I would completely lose my train of thought, my words just winding down to an incomplete sentence and silence. In order to avoid that, I would often make myself busy with my hands, so that I looked more natural while not looking at those I spoke with.

As I try to make some sense of this change, I see that people look softer, calmer, less critical to me now. Also, I notice they don't seem to loom over me. That part I can't explain. One attempt is remembering the adults who loomed menacingly over me as a child. And there were many. I once, as an adult of 34 years, had a panic attack while out with my husband and some friends. The reason? A young college student, that looked as if he might be on the football team, in the same dancehall/bar. To make matters worse, I must have stared, because in a few minutes he approached me and asked me to dance. I could hardly breathe, and couldn't lift my eyes to his face. I managed some kind of awkward refusal, then darted into the restroom. No one with me that night noticed, and that hasn't happened since, but it was an amplified version of what I experience with full correction.

Another thought: I have never gone to a vision specialist asking for an increase in my prescription, only when forced to replace broken or lost

lenses. Yet everytime I am examined, I am given a higher powered crutch. I have never been asked my opinion, and when I most recently pulled my courage together to request a reduced lense - I had to repeat that request, again and again. This practice needs to be examined. And I have learned that is is sometimes neccessary to repeat myself to be heard! :)

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

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-
- Prev by Date: [Re: Vision Quest, step 2.](#)
 - Next by Date: [Can axial length be reduced?](#)
 - Prev by thread: [Monkey Myopia](#)
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Can axial length be reduced?

- *Subject:* Can axial length be reduced?
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Sun, 04 Feb 1996 22:40:28 -0600
-

On Feb 4, 1996 Gill Cista e Sa wrote:

> To explain this briefly, a sharp image depends on light rays
>coming into focus at the site of the retina. Even if by eye exercises the
>light rays were made to come to focus "where they should" had the
>elongation not occurred, the fact that the retina is not there anymore but
>further back makes it so that blur is still experienced, as your
>Optometrist indicated.

Your are implying that eye elongation is not the only factor causing myopic refraction, and that the refractive surfaces (cornea, lens) also play a part. Furthermore, you are implying that eye exercises can only affect the cornea and lens, but not the axial length.

The latter used to be my position before I joined this list. And largely it still is.

It's all a question of what's reversible. I used to be sure that axial length, once increased, cannot return to its prior, shorter, state. Discussions on the list about significant vision improvement due to vision therapy have resulted in some doubt creeping in. But I am still not convinced.

My previous paradigm was that of a BATTLE between functional and "anatomical" (mainly axial) myopia. Once the eye strain became excessive some of the functional myopia transformed into anatomical. Bang! There is no turning back. As long as one does not allow functional myopia to "spill over" into anatomical, myopia progression should be arrested. This can be achieved through weaker lenses, frequent rests while doing near-work, and reducing the load of near-work. All ideas of spiritual well-being also fit in here. It's another question if total spiritual balance alone can help stop the worsening of myopia. I know several people who feel depressed and lonely, do as much reading as I do (graduate students), and yet have 20/10 vision. And they don't even know of the plus lenses for reading thing.

The rapid initial progress to better vision following the start of VT can be attributed to the lens restoring its flatter shape after being bulged by the

strong power of glasses. But then what? You have to begin shortening the eye (I include some corneal flattening in the "lens" stage, think it's negligible ≤ 0.5). Is decreasing the axial length possible? That is the question. I used to be convinced it is not. Now I am not that sure. I would appreciate everybody's opinion on this. Some recent testimonials (Linda Lee, Feb 2; Mary Narlowe, Feb 4) suggest plateauing after some initial progress. The lens - axial length scenario? I think, yes.

Again, to reiterate my position, I favor undercorrection, no correction for small amounts of myopia, plus glasses for reading, spiritual unity. But this axial length snag puzzles me. As I recently said in a private message to an I_see member, if you drop a brick from eye level on your naked toe, it will hurt you, regardless of your spiritual elevation.

I am eager to hear your comments.

Stefan Stefanov

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- Prev by Date: [Psycho-emotional/behavioral aspects](#)
 - Next by Date: [BOUNCE i_see: Approval required](#)
 - Prev by thread: [Psycho-emotional/behavioral aspects](#)
 - Next by thread: [Re: Can axial length be reduced?](#)
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BOUNCE i_see: Approval required

- *Subject:* BOUNCE i_see: Approval required
 - *From:* owner-i_see@indiana.edu
 - *Date:* Mon, 5 Feb 1996 02:14:50 -0500 (EST)
-

>From owner-i_see@indiana.edu Mon Feb 5 02:14:47 1996
Received: from belize.ucs.indiana.edu (belize.ucs.indiana.edu [129.79.1.64]) by roatan.ucs.indiana.edu (8.7.3/8.7.3/1.10IUPO) with ESMTP id CAA03700 for <i_see@majordomo.ucs.indiana.edu>; Mon, 5 Feb 1996 02:14:47 -0500 (EST)
Received: from upsmot03.msn.com (upsmot03.msn.com [204.95.110.85]) by belize.ucs.indiana.edu (8.7.3/8.7.3/1.10IUPO) with SMTP id CAA17830 for <i_see@indiana.edu>; Mon, 5 Feb 1996 02:12:40 -0500 (EST)
Received: by upsmot03.msn.com id AA11807; Sun, 4 Feb 96 23:11:05 -0800
Date: Sat, 3 Feb 96 06:52:21 UT
From: "George Tohme" <PolySoft@msn.com>
Message-Id: <UPMAIL07.199602050712460904@msn.com>
To: i_see@indiana.edu
Subject: RE: Vision Quest, step 2.

Torres,

Well I guess I was a bit luckier. I saw my optometrist last month, I told him about vision therapy and I gave him a bunch of documents that I picked up from ISEE's home page.

He agreed to go along with it and performed an incredibly thorough test, prescribed weaker glasses, and we agreed that I will see him once a month to see how I am going. He also asked me to document the kind of exercises I was going, how often, how long...

Currently I'm at L:-3.00, R:-3.75

I will continue with my exercises and tests for 6 months. If I do not see any substantial improvement (i.e. at least 0.75 to 1.00) then I would quit. I would continue taking care of my eyes but not with VT as a goal.

I must admit that sine I started my VT almost 3 weeks ago I only wear my glasses when it is absolutely necessary which is about 1/3 of the previous wearing time. I do not use my sunglasses at all (which was impossible for me

to do) and I seem to be coping fine.

Forget about you optometrist. Either find another one or tell him what you want to do. Make this your own project and control how it's progressing. (enough preaching!!)

I will post the result of my test to let the whole group know how I'm doing.

george

From: owner-i_see@indiana.edu on behalf of Torres Mario
Sent: Saturday, 03 February, 1996 2:46 AM
To: i_see@indiana.edu
Subject: Vision Quest, step 2.

Well its been a while since I announced my vision quest in December when step 1 involved the confrontation of my optometrist with the ideas of eyesight healing. I saw him in December and its taking me this long to come to grips with accepting or actually not accepting his negative reaction. Its kind of funny, now that I think about it, that his reponse was such an emotional let down. Simply he said that my vision was too degraded (around -7.5 on both) for any of the "intense" exercises to work or have any effect. He did however said that it was totally up to me if I wanted to persue this quest. I am sad to say that I chicken-out at the time and got me the corresponding prescription on my new glasses instead of getting some that were decreased in strength. Now my courage is regaining strenth and will be taking another shot at these methods. It would be encouraging to hear from people who have actually gotten some if not great improvement in their eyesight by practicing these methods as discussed in the isee group.

Mario

=====

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- Prev by Date: [Can axial length be reduced?](#)
 - Next by Date: [Re: Who I am](#)
 - Prev by thread: [Re: Can axial length be reduced?](#)
 - Next by thread: [X-ray glasses](#)
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Re: Who I am

- *Subject:* Re: Who I am
 - *From:* Elena <solusrex@198.4.75.47>
 - *Date:* Mon, 5 Feb 1996 17:32:38 -0500
-

At 05:47 PM 2/2/96 -0600, paplaner@mindspring.com (paul m. planer) wrote:

(snip)
>I am getting involved with orthokeratology, as I
>feel this is one way to prevent children's myopia from increasing over the
>years. This technique, combined with functionally prescribed therapies
>including counter-stress lenses, can be of much help in helping children who
>have developed myopia to the point where funtional approaches alone will not
>reverse/eliminate the myopia. This can also benefit adults, of course, but
>the greatest impact will be with the children, I feel.

Dear Dr. Planter,

could you please elaborate on the subject of orthokeratology? Extremely interested!

>What else..... I do not like the way managed care is coming in.
>Not so much managed care itself, but the push for less and less
>quality.....and reimbursement schedules that are unrealistic.

Just a line of (more than) agreement: I think it's an absolute disaster that will spread far beyond the medical field and erode everything it touches.

>Paul Planer,O.D.

Elena

=====

- Prev by Date: [BOUNCE i_see: Approval required](#)
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- Next by thread: [Monkey Myopia](#)
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X-ray glasses

- *Subject:* X-ray glasses
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
 - *Date:* Mon, 5 Feb 1996 20:10:49 -0500
 - *Newsgroups:* [sci.med.vision](#)
-

----- start of forwarded message -----

From: natchmo@icanect.net (natchmo)

Newsgroups: sci.med.vision

Subject: Re: How do X-ray glasses work? Like this:

Date: Mon, 05 Feb 96 20:41:36 GMT

Organization: Internet Communications of America, Inc.

Hi all...

When I was a kid, 30 years ago, my friend ordered a pair of those "X-ray glasses." Here's how they worked:

They were a cardboard frame, with two small holes, approx 1/4 inch diameter each to see through. Inside the hole were feathers, one placed in each eye hole. So, you were actually looking through the feathers. Feathers have striations in them. The illusion could only be done by looking at your hand with your fingers apart. The feathers made it so that the image of your hand turned into two images of your hand. The images overlapped slightly. The areas where the images overlapped were darker than the areas where they didn't. Thus, the illusion of seeing "through" your hand made it like you were seeing the bones inside your fingers. Definetly took some imagination.

Your hand was about the only thing you could see through. I guess you could see through a leg the same way.

Sadly, they did not work on clothes, but hey, anything to help science progress along its' forward path was good.

Isn't the internet great? Finally after having this knowledge for 30 years, I get to share it.

See ya.

natchmo

In article <4ekdhh\$cut@usenet.ucs.indiana.edu>, aeulenbe@ezinfo.ucs.indiana.edu (Alex Eulenberg) wrote:

>William Buchman <billyfish@aol.com> wrote:

>

>>By the way, what are "x-ray" glasses? My guess is that I do not have to
>>wear a radiation badge were I ever to use them. :=)

>

>You know, those things they advertise in comic books that let you see
>through people's clothes! I've been waiting ages for someone on this
>newsgroup to ask how they work.

>

>Well, now that you mention them, I might as well ask myself.

>

>How do X-ray glasses work? (Do they? I've never tried them. If they
>don't work, why doesn't the FTC keep them from advertising this claim?)

>

>--Alex

----- end of forwarded message -----

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- Prev by Date: [Re: Who I am](#)
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Offensive cartoon!

- *Subject:* Offensive cartoon!
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
 - *Date:* Mon, 5 Feb 1996 23:13:31 -0500
 - *Newsgroups:* [sci.med.vision](#)
-

Pediatric Ophthalmologist David Granet has put onto the web a cartoon that I think is offensive to kids with cross-eye. Dr. Granet doesn't seem to get this. If you are so moved, please check out the web site (URL listed in the following forwarded message, taken from the sci.med.vision newsgroup) and send a note to Dr. Granet telling him what you think of the cartoon. Better yet, post to sci.med.vision. And be sure to look carefully at "Calvin"'s eyes.

--Alex

----- start of forwarded message -----

From: dgranet@ucsd.edu (David B. Granet)
Newsgroups: sci.med.vision
Subject: Re: Eyecare for Kids Home Page
Date: Sun, 04 Feb 1996 09:56:42 -0700
Organization: UCSD/Shiley Eye Center

In article <4er9b6\$pb7@usenet.ucs.indiana.edu>, aeulenbe@ezinfo.ucs.indiana.edu (Alex Eulenberg) wrote:

> David Granet, MD:
> >I hope anyone else who comes by my *personal* page enjoys the posted
> >cartoons. That's why they are there.
>
> You mean like the caricature of the cross eyed boy who asks "Dr. Dave"
> why he's being made to wear glasses? I actually didn't get it. Why does
> he need glasses, Dr. Dave? Was it supposed to be funny?
>
> (for details, see <http://eyesite.ucsd.edu/text/granet.html>)

For some unknown reason I will actually break my own personal rule and *explain* something to Alex. The prelude to my page clearly states these pictures are for fun and that my home page is not a serious one. Moreover the Calvin and Hobbes picture you have obsessed over was drawn by my wife for use in a lecture I give to pediatricians as the beginning to a discussion of why kids have to wear glasses. Calvin is not cross eyed.

I understand why you have chosen to go after a cartoon on my home page - trying to pontificate outside your field of expertise and pretend you are an expert is getting wearing you out, so you are trying to distract.

An expert you are not, but transparent you are.

David

--

=====

David B. Granet, M.D.

Director

Pediatric Ophthalmology & Ocular Motility Services

University of California, San Diego

Keeping an Eye on our future ;-)

----- end of forwarded message -----

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- Prev by Date: [X-ray glasses](#)
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 - Prev by thread: [X-ray glasses](#)
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Re: Vitamin supplements for better vision

- *Subject:* Re: Vitamin supplements for better vision
 - *From:* tubaman@mail.utexas.edu (Ryan Alan Nowakowski)
 - *Date:* Tue, 06 Feb 1996 06:48:47 GMT
-

On Fri, 02 Feb 1996 13:03:15 -0600, you wrote:

>Can anybody recommend any particular brand of (multi)vitamins that are
>particularly helpful for combating myopia? Is it possible to find the active
>substance of bilberries in drugs? I looked at the FAQ, saw explanations of
>how different vitamins worked, but could not see a list of brands that have
>been tried and found to work/not work.
>I'd appreciate any comments from I_Seers who have tried the diet approach.
>
>Thanks for any replies.

>
I've been taking Bilberry in the form of pills for the past three days
and have not noticed any noticeable changes as of yet but I still have
hope. I read in the I SEE faq that they may have a positive effect on
myopia. I'll keep you posted on my progress.

See clearly,

Ryan

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-
- Prev by Date: [Offensive cartoon!](#)
 - Next by Date: [Re: Offensive cartoon!](#)
 - Prev by thread: [Vitamin supplements for better vision](#)
 - Next by thread: [Who I am](#)
 - Index(es):

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Re: Offensive cartoon!

Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

Backup not found:
A)bort, R)etry, M)assive heart failure?

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- Prev by Date: [Re: Vitamin supplements for better vision](#)
 - Next by Date: [Re: Vitamin supplements, etc. for better vision](#)
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Re: Vitamin supplements, etc. for better vision

- *Subject:* Re: Vitamin supplements, etc. for better vision
 - *From:* paplaner@mindspring.com (paul m. planer)
 - *Date:* Tue, 06 Feb 1996 19:18:00 -0600
-

Vitamin supplements in the form of anti-oxidants and minerals are good for the body and the eyes, of course. I do not have the expertise to advise how much and which type, but I would think that the chemically altered foods we are getting in our diets can't be too good for our bodies (including our eyes).

From all the research and from experiences throughout history, the biggest push towards myopia is our near-centered sustained world in which we force ourselves to operate. Anything we can do to reduce this "stress" on our accommodative (focusing) system and on our convergence (pointing) systemthey work together...will be of benefit. The biggest push comes from the stress on the accommodative system.

One of the best ways to try to prevent yourself from becoming myopic (nearsighted) or to try to keep yourself from getting worse if you are already myopic, is to find a vision care practitioner who thinks and practices "developmentally and functionally" to evaluate your visual system at the near-area distance, as well as at the distance area and prescribe "counter-stress" lenses to be worn for the near area use (if they are indicated)...this includes lenses to be worn over contact lenses while reading/computer, etc. By reducing the stress the visual system will not have the push towards myopia.

Our body (and the eyes are not distinct from our body...but operates the same as the other body systems)..including our eyes, does not do something on a whim. Our body's structure changes due to stresses added or removed from it. We do not wake up one day and the eyes say, "Hey, I think I'll become myopic !!" Myopia is one way the visual system can achieve reading demands without having to focus as much..therefore the stress on the visual system has been reduced....but, now we have a structural change. Myopia is not just an inconvenience for distance seeing...it opens up the eyes for a greater chance of cataracts, retinal detachments, etc.

So, don't look towards nutrition as the major way to prevent myopia. Changing the environmental stresses (with counter-stress lenses, less lens

power at near, etc.) will be a much more true way to attempt to prevent or slow down myopia.

Another thing....very seldom do you need the same power of lenses (glasses or contact lenses) for near seeing that you do for distance. If you are myopic, you should, in most cases, have less power for your near seeing work. By definition, a myope needs less power at near to see (if he/she needs any power at all) than they do at the distance area. So wearing less power when you are reading is of benefit in most cases. But don't do this capriciously...have a good developmental vision care practitioner evaluate and prescribe the lens for the distance needed. If the practitioner you choose does not know or practice functionally/developmentally, choose another practitioner.

Paul

Fri, 02 Feb 1996 13:03:15 -0600, you wrote:

>
>>Can anybody recommend any particular brand of (multi)vitamins that are
>>particularly helpful for combating myopia? Is it possible to find the active
>>substance of bilberries in drugs? I looked at the FAQ, saw explanations of
>>how different vitamins worked, but could not see a list of brands that have
>>been tried and found to work/not work.
>>I'd appreciate any comments from I_Seers who have tried the diet approach.
>>

>>Thanks for any replies.

>>
>>

> I've been taking Bilberry in the form of pills for the past three days
>and have not noticed any noticeable changes as of yet but I still have
>hope. I read in the I SEE faq that they may have a positive effect on
>myopia. I'll keep you posted on my progress.

>
>See clearly,

>
>Ryan

>
>
>
paplaner@mindspring.com
Atlanta, GA

=====

- Prev by Date: [Re: Offensive cartoon!](#)
- Next by Date: [Vision synopsis.](#)
- Prev by thread: [Re: Offensive cartoon!](#)
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Vision synopsis.

- *Subject:* Vision synopsis.
 - *From:* "Stephen Thomas Brindle" <sbrindle@netcom.com>
 - *Date:* Tue, 6 Feb 1996 18:12:23 -0800
-

I am guessing that I am the youngest subscriber to this list (15), but I am very interested in vision therapy. I seek to improve my vision from it's current state (I don't quite remember, but I believe it's around 20/200 in each eye; nearsighted) through visual exercises.

I received my first pair of glasses when I was in second grade. I have always hated wearing them, and to this day, I only wear them when I absolutely have to (i.e., seeing the board, driving). My optometrist has continued since I first got glasses to progressively step up the prescription every two years or so.

Last year, I gave contact lenses a try. I got used to them after a while, but they were always mildly uncomfortable. About five months ago, I developed conjunctivitis (pinkeye), which prevented me from wearing my contacts for several months. I was given the go-ahead to wear them in January, but putting them on again only made me realize once more how uncomfortable it was to have two pieces of plastic floating in your eyes.

I have read over the I_SEE FAQ, but am not sure which exercises to perform. I don't expect results overnight, but in time, I seek to improve my vision significantly, possible up to 20/20.

I would appreciate any suggestions on how to start my vision therapy program.

Stephen.

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- Prev by Date: [Re: Vitamin supplements, etc. for better vision](#)
 - Next by Date: [Re: Can axial length be reduced?](#)
 - Prev by thread: [Re: Vitamin supplements, etc. for better vision](#)

Vision synopsis.

- Next by thread: [Eskimo data](#)
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Re: Can axial length be reduced?

- *Subject:* Re: Can axial length be reduced?
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Tue, 6 Feb 1996 23:41:54
-

Stefan,

In reply to your recent posting regarding the question of axial length:

I'm afraid i have no opinion on whether or not it can be, but i do have some questions to ask of you and the group.

Is the whole idea of axial length, which i guess means flatter or bulging cornea's (?) more than just a theory? I mean, how do you test something like this? Is there actually an instrument that can measure this and has this instrument been around as long as the theory has? And how does anyone know what the perfect shape for my particular cornea should be to ensure 20/20 vision. This isn't anything that anyone tested before i got glasses, so who can say what the shape should be? And doesn't this shape change constantly by a least a few millimeters (which i gather is all we are talking about anyway) every time i breathe, or blood moves around. Surely nothing in my body is precisely the same size for very long. Cells are coming and going constanly, aren't they? Doesn't every part of me get bigger and smaller as i age? Are my eyes even the same size, let alone the same shape throughout my lifetime?

Is it a case of - " well, we know how light bends and how vision works outside of an eye (in the lab) so therefore this is what must be happening inside the eye . . . the shape is all wrong. And when we adjust the shape with an outside lense, it is corrected so we know our theory is okay. " I am not trying to be funny here, i really want to understand how all this came about.

And the final thing that confuses me about all this, is these flashes of clear vision that us VT folk get from time to time. Mine came very early in my 'conversion' , and unfortunately hasn't

returned. My visual system completely lined up - axial length, muscles, lens, cornea, belief system, brain and whatever else goes into the mix - and, for about 15 second i could see with spectacular, bi-focal, clarity. From -7.5 to 0 and back in 15 seconds, that's my record!

I guess that's why i hardly ever ask myself whether or not axial length can change, because i know mine did. My big question ever since is - how the he#% can i get it to change back again, and stay there!

I appreciate the opportunity to discuss this subject with so many well informed and curious people. Oh, and please don't point me in the direction of in-depth medical studies. I don't know how to access them and probably wouldn't understand them if i could. If you could just summarize the results, i'll take your word for it. Thanks.

Linda Lee
Vancouver Island, Canada

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- Prev by Date: [Vision synopsis.](#)
 - Next by Date: [Re: Vitamin supplements, etc. for better vision](#)
 - Prev by thread: [Can axial length be reduced?](#)
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Re: Vitamin supplements, etc. for better vision

- *Subject:* Re: Vitamin supplements, etc. for better vision
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 7 Feb 1996 00:23:58 -0500 (EST)
-

On Tue, 6 Feb 1996, paul m. planer wrote:

> So, don't look towards nutrition as the major way to prevent myopia.

I beg to differ with this generalization. In particular, I think good nutrition is ESSENTIAL, if any vision program is to work. In all my ups and downs watching my vision, I have always found that vision is worse when I'm hungry, and often after having eaten "junk food". Under these conditions, no amount of eye exercises or near-vision avoidance will make me see farther! But often I will eat a carrot, say, and without my even thinking about it as "vision food", things start to get clearer. I don't think this necessarily has to do with beta-carotene. My distance vision seems to get a boost after eating any high-sugar foods too. This makes me think there is a link between myopia and low blood-sugar.

Several researchers found that low-protein diets correlated with myopia. See my paper on the prevention of myopia, at

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

Some even claimed success with an entirely dietary approach to myopia. Most researchers who found a dietary link to myopia seem to think that the deficiencies that would cause myopia would act by depriving the eye's tissues of nutrients; thus weakened, the eye would elongate. One researcher believed that poor nutrition would upset the salt-water balance in the fluids; this would affect the fluids inside the eye. According to his theory, a buildup of fluids in the eye leads to myopia or glaucoma or both, depending on the state of the tissues.

My feeling on the connection between food and myopia, based on my personal

experience, is that whatever foods help one's brain and muscle functions IN GENERAL, will help improve vision, and reduce myopia.

I say this because I have often noticed very rapid improvements in vision after eating certain foods. Some examples are mentioned above. Also, brewer's yeast seems to relieve eyestrain for me. For some reason, fasting appears to improve vision! Why this should be so I can only guess... it must have something to do with the altered state of consciousness releasing inhibitions. Nutrition has a profound effect on mood.

One more thing... I do not believe that myopia in the sense of "ciliary muscle cramp" is an "adaptation" to near work. It does not conserve energy, it wastes energy. Functional myopes are people who have their gears stuck in "high" ("close up") and cannot release them for some as yet undiscovered reason. The solution is not so much to avoid close work, but to keep those gears lubricated, in good working order. I believe proper nutrition is an important part of the answer.

--Alex

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-
- Prev by Date: [Re: Can axial length be reduced?](#)
 - Next by Date: [Re: Vitamin supplements, etc. for better vision](#)
 - Prev by thread: [Re: Vitamin supplements, etc. for better vision](#)
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Re: Vitamin supplements, etc. for better vision

- *Subject:* Re: Vitamin supplements, etc. for better vision
 - *From:* Mike.Ellwood@indiana.edu, CCLRC@indiana.edu,
 - *Date:* Wed, 7 Feb 1996 09:32:27 +0000 (GMT)
-

> I beg to differ with this generalization. In particular, I think good
> nutrition is ESSENTIAL, if any vision program is to work. In all my ups
> and downs watching my vision, I have always found that vision is worse
> when I'm hungry, and often after having eaten "junk food". Under these
> conditions, no amount of eye exercises or near-vision avoidance will make
> me see farther! But often I will eat a carrot, say, and without my even
> thinking about it as "vision food", things start to get clearer. I don't
> think this necessarily has to do with beta-carotene. My distance vision
> seems to get a boost after eating any high-sugar foods too. This makes me
> think there is a link between myopia and low blood-sugar.
>

I am sure that good nutrition is a necessary and essential prerequisite
to good health, which is not to say that it is sufficient of itself to
reverse or prevent bad health, including of course, vision health.

> Several researchers found that low-protein diets correlated with myopia.
> See my paper on the prevention of myopia, at

> http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

> Some even claimed success with an entirely dietary approach to myopia.
> Most researchers who found a dietary link to myopia seem to think that the
> deficiencies that would cause myopia would act by depriving the eye's
> tissues of nutrients; thus weakened, the eye would elongate. One
> researcher believed that poor nutrition would upset the salt-water balance
> in the fluids; this would affect the fluids inside the eye. According to
> his theory, a buildup of fluids in the eye leads to myopia or glaucoma or
> both, depending on the state of the tissues.

>
> My feeling on the connection between food and myopia, based on my personal
> experience, is that whatever foods help one's brain and muscle functions
> IN GENERAL, will help improve vision, and reduce myopia.
>
> I say this because I have often noticed very rapid improvements in vision
> after eating certain foods. Some examples are mentioned above. Also,
> brewer's yeast seems to relieve eyestrain for me. For some reason, fasting
> appears to improve vision! Why this should be so I can only guess... it
> must have something to do with the altered state of consciousness
> releasing inhibitions. Nutrition has a profound effect on mood.
>

It could also be to do with the elimination of bodily toxins which some people believe happens when fasting.

> One more thing... I do not believe that myopia in the sense of "ciliary
> muscle cramp" is an "adaptation" to near work. It does not conserve
> energy, it wastes energy. Functional myopes are people who have their
> gears stuck in "high" ("close up") and cannot release them for some as yet
> undiscovered reason. The solution is not so much to avoid close work, but
> to keep those gears lubricated, in good working order. I believe
> proper nutrition is an important part of the answer.

>
> --Alex
>
>

I'll drink to that (in a healthy, non-alcoholic infusion...).

Mike.Ellwood@rl.ac.uk

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- Prev by Date: [Re: Vitamin supplements, etc. for better vision](#)
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Eskimo data

- *Subject:* Eskimo data
 - *From:* mtorres@arl.mil (Torres, Mario)
 - *Date:* Wed, 7 Feb 96 8:47:38 MST
-

Alex,

You mention the Eskimos study. My optometrist dismissed behavioral approaches because he (and most colleagues) believes this data to be anecdotal. I did not have a reply for his proposition, but I guess he meant that we can't draw very good conclusions from this study alone. Certainly you provide further evidence that supports conclusions from this data.

Any other thoughts?

Mario

-
> Further support for the idea that myopia is caused by a lack of
> protein in the diet comes from a remark by Elizabeth Cass, who examined
> the eyes of 2,124 Eskimo (1966), some of whom lived in a traditional
> village setting, and some of whom lived "in settlement or hostels, using
> White man's diet." (1966b).

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- Prev by Date: [Re: Vitamin supplements, etc. for better vision](#)
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Re: Can axial length be reduced?

- *Subject:* Re: Can axial length be reduced?
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Wed, 7 Feb 1996 15:22:22 -0800 (PST)
-

Linda;

Just a few factoids about axial length and myopia reduction. Axial length is the length of the eyeball itself and can be measured with ultrasound very accurately and simply. I have seen in the clinic with ultrasound that 1 mm change equals 3 diopters (a person with -3 in one eye and plus 3 in the other had 2 mm difference in length between the eyes, which is the theoretical number, too) . There is lots of research with animals that correlates axial lengthening with myopia. It's really a simple mechanical relationship- the longer the eyeball, the more myopia (assuming a person is already myopic) What is intriguing to me however is what I read and heard from an optometry professor in Boston who also works at Harvard University with students who want to lessen their myopia and throw away their lenses. They do it with vision therapy, nutrition, exercise, relaxation, etc. She wrote an article in the Journal of the American Optometric Association this past year. I can find the reference if you like- it is not very technical- more of a personal odyssey article. She was a school teacher when she reduced her myopia (I think from about -4 to nothing). She was so excited, she went to optometry school and now teaches OD's and patients how to do this. There are many skeptics because, as I understand it, the people's eyes do not get any shorter and their refractive error is still on the myopia side, but their acuity changes for the better! No explanations really. I think it has to do with "blur processing" by the brain, but who knows?

Herb Black
Pacific University College of Optometry

On Tue, 6 Feb 1996, Linda wrote:

> Stefan,
> In reply to your recent posting regarding the question of axial
> length:
>

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- Prev by Date: [Eskimo data](#)
 - Next by Date: [Re: Eskimo data](#)
 - Prev by thread: [Re: Can axial length be reduced?](#)
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Re: Eskimo data

- *Subject:* Re: Eskimo data
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Wed, 7 Feb 1996 15:30:53 -0800 (PST)
-

This study only shows a correlation between myopia increase and "white man diet". However, other people, like me, believe just as strongly that these eskimo studies give support for the idea that the eskimo children brought up in a more modern society were exposed to more near point work, ie reading, than their parents, and thus became more myopic than their parents generation

Herb Black

Pacific University College of Optometry

On Wed, 7 Feb 1996 mtorres@arl.mil wrote:

> Alex,
>
> You mention the Eskimos study. My optometrist dismissed behavioral
> approaches because he (and most colleagues) believes this data to be
> anecdotal. I did not have a reply for his proposition, but I guess he
> meant that we can't draw very good conclusions from this study alone.
> Certainly you provide further evidence that supports conclusions from
> this data.
>
> Any other thoughts?
>
> Mario
>
> -
> > Further support for the idea that myopia is caused by a lack of
> > protein in the diet comes from a remark by Elizabeth Cass, who examined
> > the eyes of 2,124 Eskimo (1966), some of whom lived in a traditional
> > village setting, and some of whom lived "in settlement or hostels, using
> > White man's diet." (1966b).

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>

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- Prev by Date: [Re: Can axial length be reduced?](#)
- Next by Date: [Plus lenses](#)
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Plus lenses

- *Subject:* Plus lenses
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 8 Feb 96 02:27:08 UT
-

Hello,

this a general inquiry to get an idea about what you think about the use of (+) lenses as part of a program to reduce myopia.

- * has anyone tried it?
- * any good?
- * how do you decide how dtron/weak they should be?
- * when/how often do you wear them? and for how long?

I'm interested in personal experiences rather than historical experiments.

thanks
George

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- Prev by Date: [Re: Eskimo data](#)
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Re: Vitamin supplements, etc. for better vision

- *Subject:* Re: Vitamin supplements, etc. for better vision
 - *From:* Elena <solusrex@198.4.75.47>
 - *Date:* Wed, 7 Feb 1996 22:26:51 -0500
-

I started with VT excercises -- moved on to resolving emotional issues as best I could -- mastered relaxation techniques -- and now am at the nutrition/neuronutrition stage in my vision quest. Here's why:

1. What has been said of protein deficiency being possibly linked to myopia makes a lot of sense to me. Low protein=amino deficiencies=impaired production of neurotransmitters and brain hormones=impaired function of pituitary photoreceptors, aberrations in circadian rhythm and light/darkness sensitivity, changed amino profile of the retina, low production of serotonin (a player in contrast sensitivity), lens and vitreous clarity disturbances (cysteine deficiency and/or abnormal metabolism of tryptophan), and possibly lots of other things I'm just beginning to figure out. Also makes sense in the light of the only case history I've studied inside and out. As a kid with perfect vision, I used to be a carnivore, plain and simple. I had classic stone age tastes in food: I wasn't interested in anything but meat and some fresh fruit. A lot of coersion had to be (and was) excercised to feed me even the smallest amount of carbohydrates. However, sugar cravings and general interest in carb foods appeared at puberty and chronologically coincided with the onset of myopia. Sugar, btw, among other thins, is an addictive shortcut to serotonin (so Alex, that explains why your vision is better after a sweet meal) and one of the surest ways to deplete it to an abnormal low afterwards.

2. I conducted an amino experiment on myself creating a big serotonin surge via acetylcholine pathways (don't try this at home) and had a 20/40 clear flash that lasted for several hours uninterrupted. I would live like that forever but it has made me dangerous -- people can't normally function on a daily basis feeling this happy, there's simply no social niche to accomodate someone who feels this way. Besides, I wouldn't really want to be taken for a crazy junkie who achieves similar effects with some horror powder or other.

3. Vitamins and minerals, in addition to their other functions, are in many cases synergists or co-factors in a lot of neural processes; some reactions will be impaired even if there's a one-vitamin deficiency.

4. A lot of vague ideas too shapeless yet to be argued. Lutein in the macula... and in marigolds (possible supplement?)... Taurine concentrations in the retina... Blurry vision in severe depression... God I wish I knew everything. Working on it...

Elena

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Accomotracs for Myopia Reduction

- *Subject:* Accomotracs for Myopia Reduction
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
 - *Date:* Thu, 8 Feb 1996 11:31:05 -0500
 - *Newsgroups:* [sci.med.vision](#)
-

>From the sci.med.vision newsgroup...

----- start of forwarded message -----

From: babo@ix.netcom.com(Paul Harris)
Newsgroups: sci.med.vision
Subject: Re: Accomotracs lessens myopia
Date: 8 Feb 1996 14:42:51 GMT

In <4fakiq\$gb0@newsbf02.news.aol.com> dougl72@aol.com (Doug172) writes:

>
>I have heard about a device called an Accomotracs. As I understand it, this
>device, when used properly in a doctor's office, can enable a person with
>myopia to lessen the severity of the myopia using biofeedback techniques.
>Depending on the person's prescription, the technique can take weeks or
>months to achieve results.

>
>Has anyone had any experience with this, either good or bad? Does anyone
>know of any doctors in North Carolina using this apparatus?

The device itself is interesting. I have had one for nearly 15 years. My understanding is that there are only about 200-250 of these in the world. Mine is number 15.

I feel that the claims made by the manufacturer and inventor were overstated. The instrument by itself will do nothing to a person. VT is something that the person must do for themselves. The Accomotracs is an instrument to provide biofeedback to the person using the instrument to "know" or to "get a sense of" how they are focused.

40 times a second an infrared system based on a Badal optometer

measures accommodation and converts the measurement to a sound. The sounds then changes dynamically with accommodation. By working the sound higher and higher the person is learning to harness negative accommodation again and can, at first, for short and then for longer and longer periods of time dynamically focus at distance and clear things up. At first the refraction does not change only negative accommodation. Over time (6-8 months) the refraction does begin to change.

Problems with the machine include the fact that it is best used in a dark room with the person staying perfectly steady. Even the slightest movement causes the system to go out of alignment changing the readings in a way that has nothing to do with the level of accommodation the patient is using. It also only measures one eye. Some of us have wondered if it really is measuring accommodation or is just a very expensive pupillometer registering instead the total amount of light reflected back to the instrument rather than accommodation??? Anyway, the pupil changes generally parallel the lens changes but I would like the thing to be cleaner than it is.

IMHO, used alone for VT for myopia control (as was recommended by the inventor) will not provide lasting changes. We use it as an additional tool as part of a much more complete myopia control program. Different people react to different activities and using only one means that some won't get the effects necessary and those that do may not get as much change as is possible with a more broad approach.

Lastly, there is an alternative instrument from England called the Laserspec which uses a laser speckle pattern machine which gives direct visual feedback as to where one is focused in space. It is less expensive and has none of the limitations of the Accommotrac.

As to your last point, I know of OD's doing VT in North Carolina but I do not know who has the device. If you want a list of those with the Accommotrac you can contact Dr. Joe Trachtman in Brooklyn NY.

Paul Harris, O.D., F.C.O.V.D., F.A.C.B.O.
Director, Baltimore Academy for Behavioral Optometry

----- end of forwarded message -----

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Brain re-programming to treat myopia

- *Subject:* Brain re-programming to treat myopia
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Thu, 8 Feb 96 11:04 PST
-

"Herbert T. Black" <blackht@pacificu.edu> wrote to Linda Comox:

What is intriguing to me however is what I read and
>heard from an optometry professor in Boston who also works at Harvard
>University with students who want to lessen their myopia and throw away
>teir lenses. They do it
>with vision therapy, nutrition, exercise, relaxation, etc. She wrote an
>article in the Journal of the American Optometric Association this past
>year. I can find the reference if you like- it is not very technical-
>more of a personal odyssey article. She was a school teacher when she
>reduced her myopia (I think from about -4 to nothing). She was so
>excited, she went to optometry school and now teaches OD's and patients
>how to do this.

This Optometrist's name is Antonia Orfield and she wrote the forward to my
book *The Power Behind Your Eyes*. I enclose a few juicy quotes from the
article that actually appeared in the *Journal of Behavioral Optometry*.

Seeing Space - Undergoing Brain Re-Programming To Reduce Myopia
by Antonia Orfield O.D.

Significant quotes from paper published in the *Journal Of Behavioural
Optometry*, Vol 5.1994. Page 123-131.

Functional Myopia is not just an imbedded (accommodative) spasm and it is
not just an enlargement of eyeballs. It is a reflection of the shrinking of
the brain's space world by closure of the periphery, first by stress, then
by errors in spatial judgement induced by minus lenses.

(Visual) habits and the (minus) lenses have programmed their brains to
think of vision as looking at something and seeing only that. To cure
myopia, one has to re-program the brain to see space.

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Plus lenses for myopia

- *Subject:* Plus lenses for myopia
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 8 Feb 1996 17:15:42 -0500 (EST)
-

Someone wrote asking for experiences with plus lenses to treat myopia -- "no history or scientific studies, just personal experiences." Well, that I can do!

My personal experience has been that plus lenses produce an immediate "upgrade" in distance vision, after several minutes -- or sometimes several seconds of wear. Unfortunately, the effect is usually temporary. But it's significant, and much more reliable than anything else I've tried to get a "clear flash".

At first, putting on plus lenses can give you headaches, because your convergence and accommodation functions are set off-balance. I used to feel a "pulling" sensation on my eyes when I put them on. I also noticed a new "snappiness" to my eye movements when I took them off.

How I have used them:

- 1) at the computer
- 2) reading books
- 3) just sitting around
- 4) walking around campus.
- 5) while practicing Bates-style exercises

Yes, at my last "official" eye examination, I was prescribed -1.25 glasses. Yet, I am able to get around with +3.25 glasses on, with no discomfort, only mild blur. With +1.00 glasses, things are almost normal. Even in the dark!

However, at first the glasses caused major disorientation, and I certainly wouldn't recommend walking around with plus lenses (much less driving, operating heavy machinery, etc.) if you're a myope, unless YOU feel comfortable. Wearing a patch over one eye seems to lessen the disorientation; this is probably because it eliminates the need to

converge. It also provides the unused eye with some rest. You might even think of it as a substitute for palming. The covered eye actually does become "fresher" (gotta see it to believe it). If you do patch, though, do remember to alternate!

I started out with "mild" myopia, and by the time I started trying out plus lenses, I already had made quite an improvement, and had reached a plateau. Plus lens therapy gave me a little push. One day after intensive plus-lens wearing I was able to read the 20 line at 20 feet indoors. But otherwise, I've stabilized at 20/40 indoors and 20/20 outdoors (on good days). When my vision starts to slip, I often put on a pair of plus glasses and look around the room, focusing on small details. This usually sharpens things up.

My philosophy on plus lenses for myopia is that they are best used for STIMULATING DISTANCE VISION, and not for "reducing stress of near vision". This is because I believe that the optical cause of myopia is not overuse of near vision but underuse of distance vision.

For the ultimate work on plus lenses as a cure for myopia, the series of books by Jacob Raphaelson is a must-read.

See the "Alternative Eye Science" bibliography at the I SEE page for references.

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

--Alex

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VT Doctors in North Alabama Area?

- *Subject:* VT Doctors in North Alabama Area?
 - *From:* "Glenn R. Turner" <turnerg@puzzler.nichols.com>
 - *Date:* Thu, 8 Feb 1996 17:06:49 -0600 (CST)
-

I have a problem with double vision along with myopia. I would like to find a professional to help me with my vision training. If anyone knows of someone in the North Alabama area who practices vision training, please email me at gturner@traveller.com or post a message to the list for all to see.

Thank You,

Glenn

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- Prev by Date: [Plus lenses for myopia](#)
 - Next by Date: [Re: Plus lenses for myopia](#)
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Re: Plus lenses for myopia

- *Subject:* Re: Plus lenses for myopia
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Thu, 08 Feb 1996 19:18:30 -0600
-

>My personal experience has been that plus lenses produce an immediate
>"upgrade" in distance vision, after several minutes -- or sometimes
>several seconds of wear. Unfortunately, the effect is usually temporary.
>But it's significant, and much more reliable than anything else I've
>tried to get a "clear flash".

True, plus lenses relieve the crystalline lens from the accomodative stress and it flattens after being bulged due to near-work focusing requirements. As you note, there is almost instantaneous improvement in vision. Plus lenses are essential for arresting the progression of myopia. But they are almost powerless in reversing its course.

>I started out with "mild" myopia, and by the time I started trying out
>plus lenses, I already had made quite an improvement, and had reached a
>plateau.

The axial length "reverse rigidity" theory. See earlier post "Can axial length be reduced?"

>Plus lens therapy gave me a little push. One day after intensive
>plus-lens wearing I was able to read the 20 line at 20 feet indoors. But
>otherwise, I've stabilzed at 20/40 indoors and 20/20 outdoors (on good
>days). When my vision starts to slip, I often put on a pair of plus
>glasses and look around the room, focusing on small details. This usually
>sharpens things up.

Temporarily. Again, plus lenses are helpful in stopping myopia from worsening but can do little in terms of its reduction.

The bottom line is that to reduce myopia one has to either flatten the cornea or reduce the axial length. Refractive surgery and orthokeratology aim at the first, I am not aware of any technique that addresses the latter (muscle exercises? - unlikely). The neurological aspects of vision that

Elena is passionate about are another dimension which does have its important role. I think clear flashes are more of a neurological than optical phenomenon.

Stefan Stefanov

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Re: Plus lenses for myopia

- *Subject:* Re: Plus lenses for myopia
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Fri, 9 Feb 96 09:26 PST
-

stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov) wrote:

>True, plus lenses relieve the crystalline lens from the accomodative stress
>and it flattens after being bulged due to near-work focusing requirements.
>As you note, there is almost instantaneous improvement in vision. Plus
>lenses are essential for arresting the progression of myopia. But they are
>almost powerless in reversing its course.

>I am not aware of any technique that addresses the latter
>(muscle exercises? - unlikely). The neurological aspects of vision that
>Elena is passionate about are another dimension which does have its
>important role. I think clear flashes are more of a neurological than
>optical phenomenon.

It might be useful to give another perspective of plus lenses. Firstly, recall that every time you reduce a minus prescription you are creating a plus effect. Antonia Orfield says: ".....space world has shrunk down to primarily central vision, so that they cannot judge distances. The (minus) lenses induce such warped vision in the periphery that their brains have to screen it out.....Lenses deepen their discoloration in space."

Plus lenses spread light over the peripheral retina. This activates the peripheral space monitoring system of vision. In *The Power Behind Your Eyes* I have suggested, after discussions with Harry Serota O.D., that the retina is the connection to the brains's FEELING centre and emotional wiring of our vision. This means to wear a strong minus lens contributes to a loss of a feeling sense of vision. To wear a plus lens is to activate retinal vision which means we bring more feeling to what we see. Also, the plus lens acts as a parasympathetic stimulant, thus inducing relaxation through the autonomic nervous system, thus reducing the flight or flight response. Perhaps this is why emotionality is activated when we cut back the minus lens prescription. The amount of cut-back from my research is between +0.5

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Re: Can axial length be reduced, etc.

- *Subject:* Re: Can axial length be reduced, etc.
 - *From:* Elena <solusrex@198.4.75.47>
 - *Date:* Fri, 9 Feb 1996 14:27:59 -0500
-

Even those ODs who seem to be satisfied with the traditional explanation of myopia are careful not to talk about axial lengthening as the "cause" of myopia if they know any better. Nowadays, the more suave way to put it is a "correlation." It's been years since I've studied formal logic but I do seem to remember that the rule of thumb is not to confuse correlation with causation. ("Let's not invite Joe to our barbecue -- whenever we invite him, it rains." This is a classic example of the approach taken by ophthalmology: because rain has been observed when we invited Joe, Joe is the cause of rain.)

Now for the facts.

1. Abnormally long eyes that `are_not_myopic` have been observed.
2. Eyes of normal length that `_are_myopic` have been observed.
3. But in many cases, "abnormally long" and "myopic" do coincide. That's `_coincide_`. Not the same thing as "lengthening causes eyes to become myopic." Nor the same thing as "myopia causes eyes to lengthen."

I see myopia as an incredibly complex phenomenon. Axial length is just one parameter involved. The fact that it has attracted an unfortunate and truly unwarranted amount of attention from the sluggish, rigid, and intellectually inert eye-care establishment, to the detriment of studying other phenomena, doesn't make it THE phenomenon behind myopia. I used to believe it was -- spent 25 myopic years believing it -- just because I myself was too lazy to think hard. Come on -- there are individual differences in functioning of virtually every organ in the body -- different physiological solutions, via different organic mechanisms -- that don't seem to surprise anyone if there's a scientific explanation available -- or, alternatively, just pass for miracles if there isn't. But in fact when we're dealing with individual solutions we're dealing with the norm, not the exception. This norm is so wide-spread that no one notices anything unusual about not catching a bug when all the family is sniffing and coughing, not getting salmonella poisoning from the same sushi that has knocked out two of your dining

companions at the Mount Fuji, or just being a brown-eyed descendant of four generations of blue-eyed ancestors. A thyroid condition can get compensated or decompensated depending on the amount of iodine in the drinking water, as well as the amount of work-related stress. An overweight woman produces some estrogen extraglandularly, in her fat tissue -- something her thin counterpart can't expect her body to do. A smoker fouls up her lungs but gets a superb protection against Alzheimer's (not a widely advertised fact, btw -- God forbid we base our personal health choices on complete information). Bjorn Borg, one of the greatest tennis champions of all times, had a basic heart rate and blood pressure normally associated with coma. As a kid, I won some local gymnastics competitions two years after breaking my left elbow and shoulder in three places and being told that I would always have difficulties with simple two-hand tasks like tying my shoes. I was shown the X-rays and given a scientific explanation as to how my arm won't be able to function properly. I'd love to use it right now to give the guy who did the explaining a good punch in the nose -- no hard feelings, just to show him how well it can function.

Multiply your individual body by your individual environment, put it to the power of your genetic composition and your lifelong experiences, and you'll calculate your exact physiological response to a given stimulus... easy isn't it?! Still, something in your head finds it easy! The only problem when communicating with your unconscious is, does it want the same thing that you want? Vic suggested ordering your unconscious about ("I want my clear vision NOW!") -- a fine idea, provided your unconscious is eager to cooperate. But what if it has a mind of its own? What if it doesn't see you as the boss?.. That's why coming to terms with all levels of "you" is essential. Those other levels, deeper than your thinking layer, are powerful as hell. You have no idea what they are capable of doing if they want to serve you. Or if they want to overthrow your rational rule. Give them an incentive to serve you -- and beware of pissing them off!

If shortening the axial length were the only way away from myopia we might indeed be doomed. That's if it's impossible to shorten it -- of which I'm not so sure, because if, for instance, you feed the back of your sclera stuff that will make it thicker, even plain old gravity might get involved in reshaping your eyes. Plus the extraocular muscles that will stop pulling and start pushing if you teach them how. Plus extra blood/oxygen supply to the retina that will activate the starved, idle cones, compensating for the poor quality of image by sheer quantity of receptors involved. Plus the most important player -- your mind: try telling it it's all right to have axially long eyes, try telling it it doesn't matter as long as it can get the picture right utilizing other pathways -- its spatial intelligence, its experience and memory, its integrating and interpreting skills, intuition, imagination, emotional feedback -- a pleasure-reinforced "right" picture and an emotionally discouraged "wrong" one... and also all those mystical powers you're too well-educated and sophisticated and skeptical to believe in but

know in your heart of hearts that you HAVE! You're too embarrassed to admit it... but you know your mind has that extra something... you don't have to name it, you don't have to science-proof it -- just trust it and let it work for you. I do hope I don't start sounding like a faith healer at this point. But even if I do -- so what? It's faith in myself -- and "myself" is a very real phenomenon in terms of what it can do for me. As well as what "thyself" can do for you, my friends.

Elena

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Excessive Accommodation and Patching

- *Subject:* Excessive Accommodation and Patching
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Fri, 9 Feb 1996 23:26:07
-

While reading thru the I_See FAQ's, i came upon the definition of this condition - tensing up of the cilliary muscles causing blur ...

I was reminded of my situation when i started to wear glasses. I had just moved to a new, tough school and became the unwitting victim of a group of older girls who didn't care for me. I would have to say that i 'excessively accommodated' them by attempting to become invisible. While we lived in that town, i stayed home and read books. Fortunately, we only lived there a few months, but by then, i was wearing glasses. Too bad i didn't know anyone who could help me to deal with bullies.

Further in the FAQ's, i read that the standard treatment includes temporarily minimizing near work, and rest to allow the cilliary to recover. I expect this means patching each eye? I remember that i used to patch each eye when i began VT, and found it soothing. I can't remember exactly why i stopped, but i think i read that it was not a good idea to patch an eye for more than four hours a day.

Does anyone have any experience with patching? I would appreciate hearing about it.

On a totally unrelated topic, what are these plus glasses that everyone is talking about? Do you mean those reading / magnifying glasses i can buy at the drug store or glasses prescribed for far-sightedness? I feel like i have joined this conversation in the middle. Can someone help me out with some background, please and thanks.

Linda Lee

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Re: Can axial length be reduced, etc.

- *Subject:* Re: Can axial length be reduced, etc.
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Sat, 10 Feb 1996 02:34:31 -0600
-

Elena <solusrex@198.4.75.47> wrote:

>Even those ODs who seem to be satisfied with the traditional explanation of
>myopia are careful not to talk about axial lengthening as the "cause" of
>myopia if they know any better. Nowadays, the more suave way to put it is a
>"correlation." It's been years since I've studied formal logic but I do seem
>to remember that the rule of thumb is not to confuse correlation with
>causation. ("Let's not invite Joe to our barbecue -- whenever we invite
>him, it rains." This is a classic example of the approach taken by
>ophthalmology: because rain has been observed when we invited Joe, Joe is
>the cause of rain.)

>
>Now for the facts.

- >1. Abnormally long eyes that are_not_myopic have been observed.
- >2. Eyes of normal length that _are_myopic have been observed.
- >3. But in many cases, "abnormally long" and "myopic" do coincide. That's
>_coincide_. Not the same thing as "lengthening causes eyes to become
>myopic." Nor the same thing as "myopia causes eyes to lengthen."

I regret to see that my writings about the role of axial length are being taken so literally. What was a wave-like, "de-selfed", "objectivized" (meaning transforming one's feeling and knowing self into an eye) statement is countered with some junior school attempt at logic.

Of course, generally, it is correlation between eye components that matters. And this notion has not been around since "nowadays" but well since at least the middle of last century when eye models were developed (e.g. Gulstrand's) and measurements of eye parts initiated.

When you take an individual eye, it can grow structurally myopic by two ways: either by increasing the curvature of the cornea or by elongating along the anterior-posterior axis. I hold that the corneal curvature is

relatively stable. It is the axial elongation that is the culprit for myopic progression. Now, to avoid the danger of being taken again too simplistically, there is nothing like absolute axial elongation, that is just by itself. There is always something behind it. That many optometrists and ophthalmologists see axial elongation as an unrelated or limitedly (mainly to visual tasks) related event, I agree with Elena, is deplorable. I also agree that given a certain refractive state of the eye there are other factors that can affect the quality of vision - neurological, histological, whether you have faith or not, etc.

You can link EVERYTHING to your vision, from near-work requirements to spiritual maturity to your attention to detail to the way you make sex (Am J Ophthalmol 01/96) to your psychological type to what you know and don't know to ...

Stefan

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Patching & Plus lenses

- *Subject:* Patching & Plus lenses
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 10 Feb 1996 14:24:43 -0500 (EST)
-

On Fri, 9 Feb 1996, Linda wrote:

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> Does anyone have any experience with patching? I would appreciate
> hearing about it.
>
> On a totally unrelated topic, what are these plus glasses that
> everyone is talking about?
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Actually, in my book, the two are quite related. Both can help relieve the eyes of strain and excess contraction at the near point, and both can improve distance vision. I think they both can help you overcome astigmatism as well (judging by my experience, and some comments by Jacob Raphaelson, OD, author of "Stretch Your Eyes" and "Spectacle Hobby").

"Plus glasses" are glasses with convex lenses, measured in positive diopters. Yes, these are the ones sold at the drugstore for \$10-\$20.

Although they make things look larger and nearer, when you look through them, your eyes are actually required to focus less strongly. If you are used to wearing "minus glasses" for myopia (say -6.00 D), reducing the minus will have the same effect (i.e. wearing -4.00 D instead). In effect, they allow you to "flex" your focusing muscles even as you read. If you must spend most of your time looking at close objects, plus lenses will help you get your daily allowance of distance vision. If you have a low amount of myopia, things in the distance will look especially blurry through plus lenses. This gives the eyes extra stimulus to focus outwards.

HOWEVER,

When you use plus lenses for close up work, your eyes still have to converge. This takes extra energy too. Plus, the act of converging is neurally linked with the act of focusing. You are sending your brain

contradictory signals whenever you change the amount of focusing without changing the amount of convergence. I think this is the reason why it is hard for many people to read without their minus glasses, even if things are perfectly focused. They see double because their eyes want to uncross, given the fact that they are focusing for the distance. The same thing happens if you don't wear glasses for your nearsightedness, and then start wearing plus lenses. You will get a bit dizzy.

One way around this is to put a patch (also available at the drugstore) over one eye, allowing the eyes to look parallel. This increases the comfort. Also, since one eye is resting, the other eye gets more energy. Plus, the patched eye's retina gets to recharge. You will know what I mean if you try this. Things look much brighter with the previously patched eye after an hour or so of work like this. Sometimes it seemed that it was the patched eye that improved, not the one "exercising"!

Things you should know...

I have found that after patching I get a double vision that lasts a few seconds.

The worst thing about patching is having to explain to the people at the office what you're doing. They'll think your crazy. On the other hand, maybe if enough people start doing it...

I have experienced immense improvements in acuity simply by wearing plus lenses and a patch all day, and alternating the patch. This took a lot of discipline, involved some risk (only one eye, and my world was more blurry than normal), and socially was quite a burden (what will passers-by think?). But with this method I was eventually able to see 20/20 in an artificially lighted room, whereas I had once required a -1.50 prescription to do this.

I have regressed since then, but now that the topic has been brought up again, maybe I'll start doing it again. As I said, it takes a lot of committment!

Guidelines for adding plus: add as much as you are comfortable with, given your work environment. If you can go without glasses, you are lucky. You can go to a drugstore and experiment. If you do wear glasses, you can actually put plus glasses over your prescription glasses. Perhaps you don't want to do this in public. But at least this way you can get an idea what to ask the optometrist for. Say you are wearing -4.00 glasses, and you are comfortable wearing +1.50's over them. Ask your doctor for -2.50 "reading glasses". Even then, I would still try-before-you-buy. Ask for trial lenses.

Guidelines for patching: I've heard it said that up to 4 hours at a time is "safe". Robert-Michael Kaplan in his book I believe says that 4 hours is "optimal", this is the point of diminishing returns. If you have lazy eye or double vision, check with your doctor. Be sure to alternate the patch!

--Alex

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Visual/Muscular disorder and NutraSweet

- *Subject:* Visual/Muscular disorder and NutraSweet
- *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- *Date:* Sat, 10 Feb 1996 18:03:05 -0500 (EST)

----- Forwarded message -----

Date: Sat, 10 Feb 1996 16:33:09 -0500 (EST)

From: Betty Martini <betty@pd.org>

To: Alex Eulenberg <aeulenbe@indiana.edu>

Subject: Re: MYASTHENIA GRAVIS ASSOCIATED WITH ASPARTAME USE

Aspartame marketed as NutraSweet/Equal/Spoonful, etc. is increasingly triggering myathenia gravis. The following article by Dr. H. J. Roberts shows the link. Many times the victim will become almost asymptomatic when they eliminate this toxin. This article is presented so that those having this problem will know one of the probable origins.

Myasthenia gravis is a rare autoimmune disorder that affects the transmission of nerve impulses to the muscles. The first sign that something might be wrong is the appearance of drooping eyelids. Other symptoms include double vision and problems eating, speaking and swallowing. In some cases, mobility is affected because of a general weakness in the arms and legs.

The exact cause of myasthenia gravis is unknown, however, it does appear as though some factor causes the immune system to turn against muscle tissue. A possible link to the thymus, a component of the immune system, has been discovered. Now that we know some of the cases are triggered by NutraSweet which destroys the nervous system, the optic nerve and ravages every organ of the body, at least some people can eliminate their problem by knowing to abstain from this toxin.

I've personally run into several people with the drooping eyelids and in every case they were using NutraSweet.

+++++

By: H. J. Roberts, M.D.
Senior Attending Staff
Good Samaritan Hospital and St. Mary's Hosp.,
West Palm Beach, Florida
Director: Palm Beach Institute for Medical Research

Published in the Townsend Letter for Doctors, August/Sept. 1991

SUMMARY: Myasthenia gravis (MG) developed in three patients who consumed moderate to large amounts of aspartame (ASP), a popular sweetener. In addition to ptosis and marked muscle weakness they evidence complaints encountered in other ASP reactors.

The criteria for such an association included (1) the onset of symptoms after using ASP, (2) a diagnostic response to intravenous edrophonium chloride, (3) gratifying improvement of the ptosis and muscle weakness following ASP avoidance and pyridostigmine bromide therapy (with subsequent discontinuation of pyridostigmine in two), (4) the prompt improvement or disappearance of concomitant complaints when ASP was stopped, and (5) predictable exacerbations on ASP rechallenge.

Four persons who completed a nine page questionnaire as part of a nationwide survey of aspartame reactors also had been diagnosed as having MG or probable myasthenia.

The consumption of aspartame in patients presenting with MG since 1982 (when ASP became available), and the incidence of MG since 1982 require study since these unexpected observations, if confirmed, offer new insights concerning myasthenia.

The pathogenesis and rational treatment of myasthenia gravis (MG) are not fully understood. A suspect association between the use of aspartame (ASP), a widely used sweetener and MG was unexpectedly encountered in three female patients. All evidenced other of the complaints more commonly experienced by ASP reactors. Four additional patients with MG or probable MG also were found in a nationwide survey of ASP reactors.

Observations

Seven women who met the criteria for ASP reactors were diagnosed as having MG or probable MG. They ranged in age from 31 to 82 years.

The three patients who were personally attended had diagnostic response to intravenous edrophonium chloride (Tensilon). All experienced gratifying improvement after ASP was stopped and pyridostigmine bromide (Mastinon) prescribed. Two subsequently were able to discontinue pyridostigmine.

The four persons who completed a nine page questionnaire as part of a nationwide survey of aspartame reactors had evidenced ptosis in one or

both eyes. The muscle weakness in two almost precluded their rising out of bed without assistance. The ptosis and severe muscle weakness in the other two had been ascribed to "aging".

The following features were present in all seven patients.

*Each had consumed moderate to large amounts of ASP as soft drinks, cola beverages, tabletop sweeteners and other products prior to the onset of myasthenia symptoms.

*All had multiple neurologic and systemic complaints comparable to those in the author's larger series. The former included severe headache, dizziness, memory loss, confusion, intense insomnia, grand mal convulsions (80 cases), pathologic drowsiness, paresthesias, slurred speech, atypical facial pain and marked tremors. Most improved within several days or weeks after avoiding ASP.

*These ASP-associated symptoms predictably recurred on aspartame rechallenge, known or inadvertent.

*The majority had seen at least one ophthalmologist for "trouble focusing the eyes," and were told that no intrinsic eye problem could be detected. The patient cited in the case report came for medical clearance prior to anticipated plastic surgery for her ptosis.

Representative Case Report

An active 82 year old woman with insulin-dependent diabetes had been in good clinical control for several years. She presented with dropping of the right eyelid, which she had to elevate manually - a finding not noted previously. An ophthalmologist recommended surgery to "pull up the skin". Other recent symptoms included severe memory loss, confusion, dizziness and insomnia. Concomitantly, her fasting and random blood glucose concentrations by home monitoring rose in spite of careful adherence to her diet and appropriate adjustments of insulin.

The patient had been consuming considerable ASP recently. Within one week after abstaining from such products, her complaints improved or disappeared, except for the ptosis. Her diabetes also came under prompt control. There was a dramatic response to intravenous endrophonium and ptosis improved on pyridostigmine therapy. When she attempted to discontinue this drug two months later, it recurred...necessitating resumption of the medication.

Discussion

The ability of one physician to find seven documented or probable cases of MG among ASP reactors ought not be dismissed as coincidental or anecdotal. The validity of this association is supported by the prompt regression of concomitant neurologic and systemic complaints after avoiding ASP and their predictable recurrence following rechallenge. Accordingly, patients who complain of severe muscle weakness, ptosis and difficulty in focussing the eyes warrant a diagnostic trial of ASP avoidance.

The precipitation or aggravation of latent MG by ASP may be due to pathophysiologic changes induced by this chemical or its three components - phenylalanine (50%), aspartic acid (40%), and methanol (10% by weight). They might include effects on muscle or the neuromuscular junction, altered metabolism of major neurotransmitters, methanol-induced neuronal edema, and glucopenia within nerve and muscle tissue from amino acid-induced insulin release and the frequent concomitant decrease in caloric intake for attempted weight loss.

The public health implications for a chemical that is being consumed by more than 100 million persons in the United States with such neurologic psychiatric and behavioral reactions are apparent.

If others confirm these observations, this influence of ASP and its components on cholinergic transmission, as well as noncholinergic mechanisms and drug therapy, warrant intense study. For example, in addition to enhancing cholinergic tone, pyridostigmine also increases both basal and growth hormone-releasing hormone-induced growth hormone secretion. Similarly, a therapeutic problem may be encountered owing to possible interference with the action of pyridostigmine and other drugs by ASP. This phenomenon has been encountered with phenytoin, coumarin and insulin (see Case Report) among ASP reactors.

Correspondence:

H. J. Roberts, M.D. 300 27th Street
West Palm Beach, Florida 33407

References

1. Roberts, H.J.: IS ASPARTAME (NUTRASWEET®) SAFE? On Call (Bulletin of the Palm Beach County Medical Society), January 1987, pp.18-20
2. Roberts, H.J.: Neurologic, psychiatric and behavioral reactions to aspartame in 505 aspartame reactors. In Proceedings of the First International Conference on Dietary Phenylalanine and Brain Dysfunction, Washington, D.C., May 8-10, 1987, pp.477-48)
3. Ghigo, E. Marza, E. Imperiale, E., et al: Enhancement of chloinergetic tone by pyridostigmine promotes both basal and growth hormone (GH) releasing hormone-induced GH secretion in children of short statue. J. Clin. Endocrinol. Metab. 65:452-456,1987

To get more information on aspartame, email betty@pd.org as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

- | | |
|------------------|--|
| Betty Martini | 1. Take the 60-day No-Aspartame test |
| Mission Possible | and send us your case history. |
| PO Box 28098 | 2. Tell your doctor and your friends. |
| Atlanta GA 30358 | 3. Return Aspar-Poisoned foods to the store. |
| USA | (NutraSweet(tm), Equal(tm), Spoonful(tm), etc) |

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

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RE: Plus lenses for myopia

- *Subject:* RE: Plus lenses for myopia
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 11 Feb 96 01:06:36 UT
-

Well I just don't know how you can see through plus lenses.

I'm currently at -3.00, -3.75 and I use -1.50, -2.00 glasses. If I put on +0.5, +0.5 glasses things that are readable with my naked eyes become blurred. My computer screen is about 22inches away and I can barely see the characters. With the plus glasses that become impossible. So How could you use them for close-up work if they make things worse? or would things clear up later?

thanks
George

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Re: Plus lenses for myopia

- *Subject:* Re: Plus lenses for myopia
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Mon, 12 Feb 1996 12:21:36 +1100 (EST)
-

>_From: George Tohme

>

> Well I just don't know how you can see through plus lenses.

>

> I'm currently at -3.00, -3.75 and I use -1.50, -2.00 glasses. If I put on
> +0.5, +0.5 glasses things that are readable with my naked eyes become blurred.
> My computer screen is about 22inches away and I can barely see the characters.
> With the plus glasses that become impossible. So How could you use them for
> close-up work if they make things worse? or would things clear up later?

surprisingly things clear up in minutes. you just sort of relax and wait.

Vic

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Re: Plus lenses for myopia

- *Subject:* Re: Plus lenses for myopia
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Mon, 12 Feb 1996 00:19:07 -0500 (EST)
-

George Tohme wrote:

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> I'm currently at -3.00, -3.75 and I use -1.50, -2.00 glasses. If I put on
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> blurred. My computer screen is about 22inches away and I can barely see
> the characters. With the plus glasses that become impossible. So How
> could you use them for close-up work if they make things worse? or would
> things clear up later?

There is no absolute value of plus which can be recommended for every situation, much less for every person!

I find that about 2 diopters of myopia is about the perfect amount for working at the computer, meaning that I, as a 1-diopter myope, am comfortable wearing a +1.00 lens. To get the same effect, a person whose vision is corrected by a -2.00 lens would simply go bare-eyed. A person with a half-diopter of myopia would wear a +1.50 lens and a person with 3 diopters of myopia would wear a MINUS lens: -1.00. Now these are just extrapolations based on my experience. Note that I am talking about considerably more "plus" than what is normally advocated by optometrists who prescribe reading glasses for "nearpoint stress relief". Here, the idea is to "give your focusing muscles a good stretch". 2 diopters of myopia means your maximum distance for clear vision is 1/2 meter. It means that when you are looking at an object 1/2 meter away, you are working at the "far point" of your range of vision. 1/2 meter for me is a comfortable working distance away from the computer. It may not be the ideal distance for you.

I have a +1.00 pair and a +3.25 pair. The +1.00 is best for the computer, while the +3.25 pair is best for reading in bed. Sometimes I look around

the room in the +3.25 pair (WARNING! Walking around with a lot of plus can be dangerous, especially when waling down stairs!!!) for a quick burst of clarity which kicks in, remember, when I take them off.

Dr. Kaplan mentioned something about plus-lenses focusing more light on the periphery of the retina. I hope he can expand on that a little.

One thing I have noticed walking around with plus lenses is that, despite the increased blur, I have LESS of an urge to squint. As a matter of fact, I get a soothing feeling as if my eyes are "widening". I have no explanation for this. It must have something to do with that peripheral enhancement Dr. Kaplan was talking about. If others try and experience the same thing, I'd like to hear about it. Or if you experience something like this when you take your minus glasses off.

--Alex

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-
- Prev by Date: [Re: Plus lenses for myopia](#)
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Red and heavy eye

- *Subject:* Red and heavy eye
 - *From:* George Tohme <PolySoft@msn.com>
 - *Date:* Mon, 12 Feb 1996 09:14:58 -0500 (EST)
-

A few months ago one of my wife's eyes started to become red, watery and heavy. This usually (but very hard to confirm) after working on the computer which she's been doing for years.

She has 20/20 vision and never wore glasses. She went to the doctor who prescribed some eye drops and +0.5,+0.5 glasses. She used them for a while. Her condition came and went few times and it seems that the glasses are not helping (actually they're not comfortable).

Now the eye is red again and the eyelid is heavy in other words it's movement up is slow and doesn't open all the way up.

It seems that the only thing that relieves her eye is washing it with saline solution.

Has anyone experienced a similar thing? Any ideas as to it could be?

many thanks
george

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- Prev by Date: [Re: Plus lenses for myopia](#)
 - Next by Date: [RE: Plus lenses for myopia](#)
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RE: Plus lenses for myopia

- *Subject:* RE: Plus lenses for myopia
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 12 Feb 1996 11:02:38 -0500 (EST)
-

I am told I need -5.00 lenses to see 20/20. I am wearing -3.00 disposable contacts, and using +1.25 glasses at the computer (the screen is about 16" away). For reading the paper or books, I usually use +2.00 glasses and gradually move the reading material away from me, to about 17". On the days when I use no contact lenses, I usually skip the Plus lenses as well.

I am finding that I spend an enormous amount of time decoding the printed word, in one form or another. I am trying to wean myself away from this dependence - I feel it is a superficial, isolated way to live. I want to be able to sit quietly with my own thoughts, with out feeling the panic, and grabbing yet another book to distract me. I wonder what could be so scary?! I don't think I have been without a book in the past 26 years!

The idea of cutting back is frightening; it reminds me of the feelings I had 10 years ago, when I left behind a three-pack-a-day cigarette habit. What will I DO? My mind races around that same way. I learned a few years ago that smoking suppresses emotions; there are 12 step meetings set up to deal with the emotions that surface when smokers quit. In my research on vision improvement, I have found the same claim - that the use of minus lenses supports suppression of emotions. So I guess this is my support group.

Thanks for letting me share <g>

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Sun, 11 Feb 1996, George Tohme wrote:

> Well I just don't know how you can see through plus lenses.
>
> I'm currently at -3.00, -3.75 and I use -1.50, -2.00 glasses. If I put on
> +0.5, +0.5 glasses things that are readable with my naked eyes become blurred.

> My computer screen is about 22inches away and I can barely see the characters.
> With the plus glasses that become impossible. So How could you use them for
> close-up work if they make things worse? or would things clear up later?
>
> thanks
> George
>

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- Prev by Date: [Red and heavy eye](#)
 - Next by Date: [Re: Red and heavy eye](#)
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Re: Red and heavy eye

- *Subject:* Re: Red and heavy eye
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 12 Feb 1996 11:18:06 -0500 (EST)
-

I have experienced the same droopy, red (usually one more so) eye thing, off and on for the last 3 years. I wrote it off as dry eye and allergies. As part of my self prescribed vision improvement program, I began taking Bilberry and Eye Bright suppliments. I take 2 capsules of each 2 or 3 times a day. The improvement in the (now) whites of my eyes is amazing! No more red spiderwebs. I also have noticed the eyelids working together (no droop). I can't tell you which caused the improvement, but my guess is the eyebright - the bilberry is for night vision. I also added a halogen light to my computer work area (I, too, find the CRT most straining). I hope this helps.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Mon, 12 Feb 1996 George Tohme <PolySoft@msn.com> wrote:

> A few months ago one of my wife's eyes started to become red, watery and
> heavy. This usually (but very hard to confirm) after working on the
> computer which she's been doing for years.
>
> She has 20/20 vision and never wore glasses. She went to the doctor who
> prescribed some eye drops and +0.5,+0.5 glasses. She used them for a while.
> Her condition came and went few times and it seems that the glasses are not
> helping (actually they're not comfortable).
>
> Now the eye is red again and the eyelid is heavy in other words it's movement
> up is slow and doesn't open all the way up.
>
> It seems that the only thing that relieves her eye is washing it with saline
> solution.
>
> Has anyone experienced a similar thing? Any ideas as to it could be?

>
> many thanks
> george
>
>

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- Prev by Date: [RE: Plus lenses for myopia](#)
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Re: Plus lenses for myopia

- *Subject:* Re: Plus lenses for myopia
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Mon, 12 Feb 96 08:52 PST
-

Alex you mentioned on Mon, 12 Feb 1996 00:19:07 -0500 (EST):

>Dr. Kaplan mentioned something about plus-lenses focusing more light on
>the periphery of the retina. I hope he can expand on that a little.

>

>One thing I have noticed walking around with plus lenses is that, despite
>the increased blur, I have LESS of an urge to squint. As a matter of fact,
>I get a soothing feeling as if my eyes are "widening". I have no
>explanation for this. It must have something to do with that peripheral
>enhancement Dr. Kaplan was talking about. If others try and experience the
>same thing, I'd like to hear about it. Or if you experience something like
>this when you take your minus glasses off.

Behavioral Optometrists have for many years speculated what happens in the brain while looking through plus lenses. Plus or less minus, the same thing, defocuses light on the fovea centralis, the only place where 20/20 can happen. I call this minute point on the retina the logical focus centre. This is contrasted to the retina which I equate to the feeling centre. A plus lens by defocusing light causes blur on the fovea and the dispersed light activates the peripheral retinal network of fibres. The behavioral equivalent is to see more, feel more and look less. This means paying attention without straining to look clearly. This is equivalent to seeing through eyes of intuition as apposed to looking from logic. One's whole behavior goes through a shift. You look without effort and allow the world to come to you, rather than trying to foveally grab it. BTW., this is true farsighted vision! Enjoy.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Near Vancouver, B.C. Canada

"Use the light that is within to regain your natural clearness, sight"

Luo Tzu

Join me for an exciting 10 day retreat holiday and adventure and
in Vision Improvement July 12th to 21st, 1996 in Western Canada!
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- Prev by Date: [Re: Red and heavy eye](#)
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 - Prev by thread: [RE: Plus lenses for myopia](#)
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Eye exam

- *Subject:* Eye exam
 - *From:* Elena <solusrex@198.4.75.47>
 - *Date:* Mon, 12 Feb 1996 17:30:40 -0500
-

Just back from an optometrist's office. Did everything to show my worst performance (not on purpose -- just had no time for any better): no tricks of the trade -- no palming/sunning/yoga/bilberry/aminos, no plus lenses; spent the whole morning driving, wearing my strongest glasses. During the exam, noticed that the device you look through actually doesn't allow you to BLINK -- which makes a lot of difference, since my focusing for a clear flash invariably rides on precise blinking techniques that have taken me six months to develop and perfect. The office was very dark. I had no clear flashes and didn't come anywhere near the kind of clarity I now have 50% of the time. So the "objective" improvement didn't appear as great as I expected but still the ophthalmoscope measured less 1 diopter of myopia in both eyes and less 1,5 and 1 diopters of astigmatism (to zero cylinder in my left eye and 0,75 in my right one.) The doctor, new in town and eager to please, didn't give me an especially hard time, limiting herself to just a brief lecture on how "Bates has been totally disproven" and how I was probably overcorrected by the previous doctor. (Yeah right -- all the way to 20/70 that I used to have prior to VT in the glasses I came in wearing. They were initially prescribed for 20/40 but that didn't last -- as usual.) Anyway, I kept nodding and agreeing and being very humble, and got rewarded for my humility by two prescriptions for weaker glasses. I left the pair I use for computer work in the office to update the frame, so now, after palming/yoga/bilberry/etc., etc., I'm writing this with no glasses on, my long stable clear flash rightfully reestablished (and no, I'm not pathologically close to the screen -- a little closer than comfortable but still OK.) Well -- I've started official record-keeping..... If I knew how to achieve a non-blinking clear flash it would have been far more spectacular. Still I'm not too disappointed: for one thing, I now know for a fact that whatever they measure in the office isn't very informative because you're prevented from demonstrating your best acuity; for another, bye astigmatism (I'm sure I'll take care of the rest of it pronto); and, finally, my eyeballs are now officially shorter.

Elena

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- Prev by Date: [Re: Plus lenses for myopia](#)
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Re: Red and heavy eye

- *Subject:* Re: Red and heavy eye
 - *From:* Betty Martini <betty@pd.org>
 - *Date:* Mon, 12 Feb 1996 20:31:11 -0500 (EST)
-

Mary and George: We just yesterday put on the network a report about aspartame and myasthenia gravis by Dr. H. J. Roberts. That what this droopy eyelid is usually - thats how it is identified. Are you both using it? Also, a couple of months ago Alex put Dr. Roberts report on the network having to do with dry eye and aspartame.

Just heard the news today that NutraSweet (aspartame/Equal) is changing their name to Benevia. We're checking that out on their web. So be warned if you see anything with that name. Remember this is poison to the eye because it has wood alcohol in it and as Dr. Roberts said on radio January 28 it destroys the optic nerve, causes retinal detachments, blurred vision, black spots and blindness for starters.

For anyone who perhaps is new to the network who want Dr. Roberts position paper on aspartame and the eye or other information on the eye and aspartame it is on our auto-responder. To get a directory you simply have to put sendme help in the subject line like this:

Subject: sendme help

When you get a directory you simply have to put sendme again in the subject line with whatever report you want to access exactly as typed on the lefthand side of the directory.

If you didn't see the report on myathenia gravis yesterday email me personally and I'll send it to you.

Regards,
Betty

To get more information on aspartame, email betty@pd.org as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

Betty Martini 1. Take the 60-day No-Aspartame test
Mission Possible and send us your case history.

Re: Red and heavy eye

PO Box 28098
Atlanta GA 30358
USA

2. Tell your doctor and your friends.
3. Return Aspar-Poisoned foods to the store.
(Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On Mon, 12 Feb 1996, Mary Marlowe wrote:

>
> I have experienced the same droopy, red (usually one more so) eye thing,
> off and on for the last 3 years. I wrote it off as dry eye and allergies.
> As part of my self prescribed vision improvement program, I began taking
> Bilberry and Eye Bright suppliments. I take 2 capsules of each 2 or 3
> times a day. The improvement in the (now) whites of my eyes is amazing!
> No more red spiderwebs. I also have noticed the eyelids working together
> (no droop). I can't tell you which caused the improvement, but my guess
> is the eyebright - the bilberry is for night vision. I also added a halogen
> light to my computer work area (I, too, find the CRT most straining). I
> hope this helps.

>
> Mary Marlowe
> phishes@pbfreenet.seflin.lib.fl.us

>
> On Mon, 12 Feb 1996 George Tohme <PolySoft@msn.com> wrote:

> > A few months ago one of my wife's eyes started to become red, watery and
> > heavy. This usually (but very hard to confirm) after working on the
> > computer which she's been doing for years.

> > She has 20/20 vision and never wore glasses. She went to the doctor who
> > prescribed some eye drops and +0.5,+0.5 glasses. She used them for a while.
> > Her condition came and went few times and it seems that the glasses are not
> > helping (actually they're not comfortable).

> > Now the eye is red again and the eyelid is heavy in other words it's movement
> > up is slow and doesn't open all the way up.

> > It seems that the only thing that relieves her eye is washing it with saline
> > solution.

> > Has anyone experienced a similar thing? Any ideas as to it could be?

> > many thanks
> > george

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RE: Red and heavy eye

- *Subject:* RE: Red and heavy eye
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 13 Feb 96 06:14:07 UT
-

My wife doesn't use any of this aspartame/NutraSweet stuff. Her diet hasn't changed to sort of link it to her condition which started about 6 months ago.

The redness is only in the left eye, never in the right one which tells me that it's not diet-related. (How's that for a logical conclusion :))

A couple of days ago she started taking some of the Bilberry tablets that I'm using and I will tell her about Mary's experience with the eyebright of which I have a jar-full.

It's funny that doctors try to blame any condition you have on allergies, and stress. A friend of mine called me few minutes ago to tell me that he's got a middle-ear infection. The doctor told him it might be because of fatigue, stress, travel....

BTW, is this NeutraSweet stuff being used in candy or chocolate under a different name?

thanks
george

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- Prev by Date: [Re: Red and heavy eye](#)
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Blur Vs. double vision

- *Subject:* Blur Vs. double vision
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 13 Feb 96 06:54:23 UT
-

is blur (what myop experience while looking at distant objects) somehow related to double vision?

This question was triggered a couple of days ago when I was talking a walk. There were three high street light poles along the road. When I looked at the first (closest) pole it appeared as if it was 2 poles parallel and pretty close (almost touching one another). I looked at the second one (abit further away) and I could see the same thing only the 2 were more apart. The third one really blew me because the effect was big i.e. there was no ways for me to tell whether it was one or really 2 poles.

The shadow on all cases appeared was very hard to differentiate from the real one.

(The whole thing is new to me because I never went outside without glasses or lenses.)

Is this what all myop experience? Is this double vision or standard blur?

thanks
George

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- Prev by Date: [RE: Red and heavy eye](#)
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Root of myopia: emotions, not reading

- *Subject:* Root of myopia: emotions, not reading
 - *From:* Elena <solusrex@198.4.75.47>
 - *Date:* Tue, 13 Feb 1996 09:01:50 -0500
-

At 11:02 AM 2/12/96 -0500, Mary Marlowe<phishes@pbfreenet.seflin.lib.fl.us> wrote:

>
>I am finding that I spend an enormous amount of time decoding the printed
>word, in one form or another. I am trying to wean myself away from this
>dependence - I feel it is a superficial, isolated way to live.

Please don't quit reading! People who read are nearly extinct as it is -- but have you taken a close look at the non-reading majority? I'd rather be extinct than belong to the species...

Reading is not the root of the evil. People who don't read tend to have rigid, calcified minds embedded with cheap plaster ideas that clog their brain arteries, precluding any flow of thought. As for their emotions, I don't even care to get a clue.

> I want to
>be able to sit quietly with my own thoughts, with out feeling the panic,
>and grabbing yet another book to distract me. I wonder what could be so
>scary?!

>
Oh yes, it's scary -- most of it. Life, that is. When I started VT -- and I started by trying to analyze the emotional aspects of myopia, because I believe myopia can be very well understood as an emotional response gone physical -- it soon escalated to the point where for about a week, whenever I was alone, with nobody looking, I would start crying -- all those old, ancient tears I should have shed many years ago but didn't. And then one night I had a dream that seemed incredibly meaningful... one of those you maybe get two or three times in a lifetime... and someone in the dream said (in a rather high-flown style probably characteristic of significant dreams): "Face your fear. Look it in the eye. Make it blink." I was rather shaken because I immediately knew it was exactly what I would have to

do: reclaim my long-lost courage.

Elena

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Re: Red and heavy eye

- *Subject:* Re: Red and heavy eye
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Tue, 13 Feb 1996 10:12:08 -0500 (EST)
-

Betty,
Thanks for the information on aspartame. I don't use it, nor do I allow my children to have it. We sometimes feel strange insisting on real sugar :) Years ago, when aspartame was first introduced, I found that it gave me headaches. Being slightly skeptical of artificial food, I had no trouble living without it. I am not surprised to hear it is damaging.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Mon, 12 Feb 1996, Betty Martini wrote:

> Mary and George: We just yesterday put on the network a report about
> aspartame and myasthenia gravis by Dr. H. J. Roberts. That what this
> droopy eyelid is usually - thats how it is identified. Are you both
> using it? Also, a couple of months ago Alex put Dr. Roberts report on
> the network having to do with dry eye and aspartame.

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Re: Eye exam

- *Subject:* Re: Eye exam
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Tue, 13 Feb 1996 10:25:35 -0500 (EST)
-

Elena!
That is GREAT. Shorter eyeballs - I am very encouraged. I am convinced I have reached the limits of what I can do with just lense accomodation (I tried an Accomotrac unit here, and was underwhelmed). I, too, found that my accuity dropped drastically in the examination environment. I heard the lecture about the plus lenses, about "old" eyes (presbyopia) and how I would have to settle for less if I reduced my prescription.:P I also got the speech about not driving under corrected. I was treated as if I was blind! I don't think anyone there realizes how much I CAN see - I just have trouble with Block Letters at 20 feet :D

Thank you for your post. I am feeling very inspired!

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

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- Prev by Date: [Re: Red and heavy eye](#)
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Re: Blur Vs. double vision

- *Subject:* Re: Blur Vs. double vision
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Tue, 13 Feb 1996 10:39:00 -0500 (EST)
-

I am curious about this, too. When I look at the crescent moon, I sometimes see 4 or 6 little semi circles arranged in what appears to be a little pine tree. I can cover one eye, but still see multiple images. Sometimes the moon stays together pretty well, sometimes not. Is it related to night vision?

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Tue, 13 Feb 1996, George Tohme wrote:

```
> is blur (what myop experience while looking at distant objects) somehow
> related to double vision?
>
> This question was triggered a couple of days ago when I was talking a walk.
> There were three high street light poles along the road. When I looked at the
> first (closest) pole it appeared as if it was 2 poles parallel and pretty
> close (almost touching one another). I looked at the second one (abit further
> away) and I could see the same thing only the 2 were more apart. The third one
> really blew me because the effect was big i.e. there was no ways for me to
> tell whether it was one or really 2 poles.
>
> The shadow on all cases appeared was very hard to differentiate from the real
> one.
>
> (The whole thing is new to me because I never went outside without glasses or
> lenses.)
>
> Is this what all myop experience? Is this double vision or standard blur?
>
> thanks
> George
>
```

>

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- Prev by Date: [Re: Eye exam](#)
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> >and grabbing yet another book to distract me. I wonder what could be so
> >scary?!
> >

Marco Terry
Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

Backup not found:
A)bort, R)etry, M)assive heart failure?

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Re: Red and heavy eye

- *Subject:* Re: Red and heavy eye
 - *From:* Betty Martini <betty@pd.org>
 - *Date:* Tue, 13 Feb 1996 11:53:27 -0500 (EST)
-

Dear Mary: Be careful to avoid aspartame now that it is in 7000 products. Its in your bakery in cakes and pies, antibiotics, over the counter products like Nyquil and Metamucil, breath mints and restaurant food. And now that the patent has expired you find it marketed by its generic name aspartame, NutraSweet, Equal Measure, Equal, Spoonful and many other names.

The headaches are from the wood alcohol (methanol) that converts to formaldehyde and formic acid in the retina, and in the body. Headaches have the highest number of complaints on the FDA report which list 92 documented symptoms from coma to death.

I also use bilberry and believe it is a successful nutrient to the eye. We need all the help we can get. Now that the Fatal Drugs Allowed folks have approved Olestra, artificial fat, we are presented with a chemical that Science News, January 27, 1996, says "helps carry away fat soluble vitamins such as A, D, E and K." The article continues "the fake fat would also sweep out of the body nutrients called carotenoids, the yellow orange or red pigments found in many fruits and vegetables. There are about 500 nutrients in the carotenoid family -- too many to add back to a bag of chips. Yet some carotenoids are thought to shield people against a wide range of diseases, including an eye condition and prostate cancer."

According to the article: "Stampfer, also at the Harvard School of Public Health, turned his attention first to age-related macular degeneration, a disorder that causes blurry vision and blindness. In 1994, a Boston team provided compelling evidence that two carotenoids, lutein and zeaxanthin, help prevent this devastating disorder (SN:11/12/94). "

"A 10 percent drop in concentrations of lutein and zeaxanthin would result in 390 to 800 additional cases of macular degeneration per year in the United States, Stampfer estimates."

Sometimes I wonder if the FDA has declared war on the American people. They approve poisons like aspartame that blind, and then approve a product that leeches out the betacarotene and vitamins that help fight the diseases their poisons give us. One more to avoid, folks!

Regards,
Betty

To get more information on aspartame, email betty@pd.org as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

Betty Martini	1. Take the 60-day No-Aspartame test
Mission Possible	and send us your case history.
PO Box 28098	2. Tell your doctor and your friends.
Atlanta GA 30358	3. Return Aspar-Poisoned foods to the store.
USA	(Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On Tue, 13 Feb 1996, Mary Marlowe wrote:

>
> Betty,
> Thanks for the information on aspartame. I don't use it, nor do I allow
> my children to have it. We sometimes feel strange insisting on real sugar
> :) Years ago, when aspartame was first introduced, I found that it gave
> me headaches. Being slightly skeptical of artificial food, I had no
> trouble living without it. I am not surprised to hear it is damaging.
>
> Mary Marlowe
> phishes@pbfreenet.seflin.lib.fl.us

> On Mon, 12 Feb 1996, Betty Martini wrote:

> > Mary and George: We just yesterday put on the network a report about
> > aspartame and myasthenia gravis by Dr. H. J. Roberts. That what this
> > droopy eyelid is usually - thats how it is identified. Are you both
> > using it? Also, a couple of months ago Alex put Dr. Roberts report on
> > the network having to do with dry eye and aspartame.

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- Prev by Date: [Re: Root of myopia: emotions, not reading](#)
- Next by Date: [Plaster?!](#)
- Prev by thread: [Re: Red and heavy eye](#)
- Next by thread: [Eye exam](#)
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Plaster?!

- *Subject:* Plaster?!
 - *From:* Mario Torres <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Tue, 13 Feb 96 12:54:17 MST
-

```
> At 11:02 AM 2/12/96 -0500, Mary Marlowe<phishes@pbfreenet.seflin.lib.fl.us>
> wrote:
> >
> >I am finding that I spend an enormous amount of time decoding the printed
> >word, in one form or another. I am trying to wean myself away from this
> >dependence - I feel it is a superficial, isolated way to live.
>
> Please don't quit reading!  People who read are nearly extinct as it is --
> but have you taken a close look at the non-reading majority?  I'd rather be
> extinct than belong to the species...
>
> Reading is not the root of the evil.  People who don't read tend to have
> rigid, calcified minds embedded with cheap plaster ideas that clog their
> brain arteries, precluding any flow of thought.  As for their emotions, I
> don't even care to get a clue.
>
> Elena
```

A bit surprised here Elena. Overall I enjoyed reading about your wonderful positive progress. But.. I must beg to differ on your views above even though they have nothing to do with the themes of the ISEE group. Sounds like you are making a really hard and generalized judgement on people who don't read. Such generalizations are generally none conducive to positive growth for anyone. I must tell you that I know a number of people who don't read or even know how to read and they are the purest of hearts. These are farmers who work hard from sun-up to sun-down and obtain their wisdom directly from the land, from mother earth and from family life. In fact their lives are now being made miserable by those who "read" and "write" long and pedantic laws which tend to confuse and demoralize people. Elena I do hope that you do get a clue, and that you did not mean so much of what you said. Clues often do come from other places than from the "written word", and more often than not, "cheap and

calcified" excrement is found in the form of writting.

Mario Torres

=====

-
- Prev by Date: [Re: Red and heavy eye](#)
 - Next by Date: [Plus lenses vs. no lenses question](#)
 - Prev by thread: [Re: Root of myopia: emotions, not reading](#)
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Plus lenses vs. no lenses question

- *Subject:* Plus lenses vs. no lenses question
 - *From:* John Stabile <d018133c@dcfreenet.seflin.lib.fl.us>
 - *Date:* Tue, 13 Feb 1996 16:02:59 -0500 (EST)
-

Greetings all--I am new to this idea and would appreciate some info about the use of these lenses. If I understand correctly what I have read, when doing some eye exercises it is OK to not use glasses at all in order for the eyes to strengthen themselves quicker. So I am trying the exercises without glasses. I am also trying to go without glasses around the house. Would it be better to use the plus lenses in either of these cases?

I also plan to start using an old pair of contact lenses that are much weaker than my current lenses to force my eyes to work harder. Is this advisable?

Thanks for any support/advice you can provide.

If you don't recycle, you're throwing it all away.

REDUCE, REUSE, RECYCLE -- CONSERVE, CONDENSE, COOPERATE

=====

-
- Prev by Date: [Plaster?!](#)
 - Next by Date: [Blur and Double Vision](#)
 - Prev by thread: [Re: Plaster?!](#)
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Blur and Double Vision

- *Subject:* Blur and Double Vision
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Tue, 13 Feb 1996 18:07:05
-

Recently, George and Mary wrote about double vision and blur. I have also wondered about this. Sometimes when my vision is very clear, i can see two overhead power lines where i know there is just one. They are both very distinct, although i can usually tell which is the 'real' one.

My own explanation for this is that there are two aspects of vision (well, at least two, but bear with me here). On the one hand i have that accomodation thing going on, where my ciliary muscles are learning to control my lense to adjust to various levels of clarity. Then i have a vergence thing happening where some other muscles are trying to focus on just one point in space. Does this make any sense? It does to me.

Linda Lee

=====

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- Prev by Date: [Plus lenses vs. no lenses question](#)
 - Next by Date: [Re: Plus lenses vs. no lenses question](#)
 - Prev by thread: [Re: Plus lenses vs. no lenses question](#)
 - Next by thread: [Re: Blur vs. double vision](#)
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Re: Plus lenses vs. no lenses question

- *Subject:* Re: Plus lenses vs. no lenses question
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Wed, 14 Feb 1996 10:12:38 +1100 (EST)
-

>_From: John Stabile

>

>

> Greetings all--I am new to this idea and woud appreciate some info about
> the use of these lenses. If I understand correctly what I have read,
> when doing some eye exercises it is OK to not use glasses at all in order
> for the eyes to strengthen themselves quicker.

strenghtening isnt generally one of the major issues.
relaxing, team work, orientation are.

>So I am trying the
> exercises without glasses. I am also trying to go without glasses around
> the house. Would it be better to use the plus lenses in either of these
> cases?

if you can manage it, almost certainly.

> I also plan to start using an old pair of contact lenses that are much
> weaker than my current lenses to force my eyes to work harder. Is this
> advisable?

yes. but if you have any astigmatism it may have changed.

Vic

=====

- Prev by Date: [Blur and Double Vision](#)
- Next by Date: [Re: Blur Vs. double vision](#)
- Prev by thread: [Plus lenses vs. no lenses question](#)
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Re: Blur Vs. double vision

- *Subject:* Re: Blur Vs. double vision
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Wed, 14 Feb 1996 10:14:14 +1100 (EST)
-

>_From: Mary Marlowe

>

>

> I am curious about this, too. When I look at the crescent moon, I
> sometimes see 4 or 6 little semi circles arranged in what appears to be a
> little pine tree. I can cover one eye, but still see multiple images.
> Sometimes the moon stays together pretty well, sometimes not. Is it
> related to night vision?

its related to astigmatism.

Vic

-
- =====
- Prev by Date: [Re: Plus lenses vs. no lenses question](#)
 - Next by Date: [Re: Plaster?!](#)
 - Prev by thread: [Re: Blur Vs. double vision](#)
 - Next by thread: [Root of myopia: emotions, not reading](#)
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Re: Plaster?!

- *Subject:* Re: Plaster?!
 - *From:* Elena <solusrex@198.4.75.47>
 - *Date:* Tue, 13 Feb 1996 20:11:15 -0500
-

At 12:54 PM 2/13/96 MST, Mario Torres wrote:

> A bit surprised here Elena. Overall I enjoyed reading about your
>wonderful positive progress. But.. I must beg to differ on your views above
>even though they have nothing to do with the themes of the ISEE group.
>Sounds like you are making a really hard and generalized judgement on
>people who don't read. Such generalizations are generally none conducive
>to positive growth for anyone. I must tell you that I know a number of
>people who don't read or even know how to read and they are the purest of
>hearts. These are farmers who work hard from sun-up to sun-down and
>obtain their wisdom directly from the land, from mother earth and from
>family life. In fact their lives are now being made miserable by those
>who "read" and "write" long and pedantic laws which tend to confuse and
>demoralize people. Elena I do hope that you do get a clue, and that you
>did not mean so much of what you said. Clues often do come from other
>places than from the "written word", and more often than not, "cheap and
>calcified" excrement is found in the form of writing.
>

Also on Tue, 13 Feb 1996 10:55:42 -0500 (EST), Marco A. Terry wrote:

>I beg to differ. The INCAS (in ancient Peru), The Mayas (Mexico) and others
>had no (known form of) reading and they did not have 'rigid,calcified minds
>embedded with cheap plaster..' as a matter of fact they did some amazing
>engineering feats. Reading is good to gain culture, I'll admit, reading is
>good, but calm down a bit :-)

Was it an Inca or a Maya king (I forget which) who had the single largest
one-time ritualistic human sacrifice in history performed in celebration of
his birthday? (80,000 men killed by ripping their hearts out alive?) And
weren't the Nazis even more amazing at engineering than both of the above?
Anyway, that's quite beside the point... or is it?

What's gotten into me really? Getting into arguments left and right --

after all those conflict-free years when I just took care to be oh so sweet -- lest I accidentally offend someone by having an opinion... Well -- although I'm sorry I provoked and am now expanding this digression, it's not totally beside the point: it has something to do with my vision, it's yet another sign that I'm getting back to normal. I used to firmly stand my ground -- and see clearly; then I gave up in every possible sense -- and forfeited my clarity. I had to dislocate my brain and teach it to perform all kinds of ideologically acceptable doublethink... in case you read that book... at a price. And guys -- I had to stop having opinions in order to become a socially acceptable female, among other things. Well -- if you need approval really bad you learn how to shut up, and shutting up and listening becomes your second nature. And of course it pays -- you become so very popular... and so very myopic, because whatever it is that you told to shut up is YOU. You tell it to shut up and it just turns away and doesn't want to see the outcome of being thrown out of the picture. You become so nice and submissive and low-key... a real lady... but the real you doesn't care to look at the results. The real you takes 8 diopters of separation from what has happened.

Please understand me right: I had modern_urban_anticulture in mind -- I have nothing against those pure-hearted farmers, although I don't believe that being undereducated is in itself a warranty of a pure heart. I didn't mean to speak against the underprivileged -- because having no access to either monetary or cultural resources is being underprivileged, and who has the nerve to blame someone for not having what he can't have? Monetarily speaking, I'm rather underprivileged myself (and also knew real poverty, not the milder, state-buffered American variety). But I do have something against people who are stupid and proud of it, ignorant and proud of it, intellectually sterile and proud of it. And this particular type thrives on non-reading. Of course I didn't even dream of including those horrendous artifacts of legalese mentioned by Mario into what I mean by reading. I meant reading as communication with generations and generations of thinkers all across human history, something that turns you into a civilized human being... And "civilized" has little to do with engineering achievements OR being close to mother nature. My cat is quite close to mother nature. Whose sig. at one point was "civilization is about not killing people?" -- a member of the group used to sign his posts like that? I totally agree -- that's part of it. I also don't include into the notions of civilization and culture things like technoalienation, or cheating people out of human ways to sustain existence, or that artificially programmed, robot-like behavior they hail as "professional attitude." I also happen to believe that the best of constitutions lack a very important clause pertaining to human rights: a clause that would ensure that no man shall be wrongfully condemned to ignorance and stupidity. So someone who's trying to persuade me that being ignorant is a birthright to be defended is simply a member of a political party I don't support. Even though the party I do support, the party for healthy, happy, and intellectually fulfilled life for all, doesn't exist.

And now if the majority feels I absolutely, positively must shut up I'll just take my opinions elsewhere. No more shutting up for me, that's for sure.

Elena

"A life unexamined should be terminated with extreme prejudice." (Someone else's .sig I'm borrowing for the occasion.)

"When I hear the word 'culture' I grab my remote control." (Goebbels, Hitler's minister of propaganda -- a little modernized.)

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- Prev by Date: [Re: Blur Vs. double vision](#)
 - Next by Date: [Re: Blur vs. double vision](#)
 - Prev by thread: [Plaster?!](#)
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Re: Blur vs. double vision

- *Subject:* Re: Blur vs. double vision
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Tue, 13 Feb 1996 23:05:05 -0500 (EST)
-

It seems a lot of us have discovered monocular diplopia or polyopia (double or multiple images seen with an individual eye). The ghost images we are seeing are quite often encountered by persons improving their vision. I get them too. It seems as if we're trading blur for double images. As Vic pointed out, this has something to do with astigmatism. I'm not sure about the optics of it all, but a few articles have appeared on the subject of monocular polyopia which occurs after near work, or after directing the eyes at odd angles for prolonged periods of time. In many cases a change can be noticed in the cornea. Some refer to the extraocular muscles as a possible cause, others to the eyelids. See I_SEE member Rich McCollim's article at the I_SEE library:

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

His article is called "How NOT to cure myopia: the incyclorotator"

Rich describes his experience wearing a mirror device that made the eyes rotate inwards along the axis of vision, or "incyclorotate" in order to produce a clear image. This resulted in monocular diplopia. Rich concluded that the change was in the lens, caused ultimately by the abnormal tension of the extraocular muscles.

Goss & Criswell's subject (see below) "preferred to watch television while reclined in a supine position with his legs pointing toward the television set and his line of sight passing just above the tips of his toes. Viewing times as brief as five minutes could induce the effect." The authors conclude that the lids were the source of the problem, but I think it could as well have been the extraocular muscles. Goss & Criswell published photographs showing how the cornea became distorted after television viewing.

William Bates, incidentally, believed that multiple images were "tricks of

the mind only"; he did not know of any error of refraction that could account for the kind of monocular polyopia he encountered with his patients. In /Better Eyesight Without Glasses/ he describes a man who saw double letters with his right eye, and multiple images of a pin with his left (pp. 114-115). He later comments:

:After a few attempts most people easily learn to produce polyopia at
:will. Staring or squinting, if the strain is great enough, will usually
:make one see double. By looking above a light or a letter and trying to
:see it as well as when it was directly regarded, one can produce an
:illusion of several lights or letters, arranged vertically. If the strain
:is great enough, there may be as many as a dozen of them. By looking to
:the side of the light or letter, or looking away obliquely at any angle,
:the images can be made to arrange themselves horizontally, or obliquely
:at any angle. (p. 119)

What to do about them? I have found that, as usual, muscular relaxation in the area of the eyes usually results in improvement. I have found palming to be especially beneficila. Conversely, I have found that any eye exercise done while fatigued -- mentally or physically -- tends to aggravate the condition.

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- Knoll, Henry A. 1975. Bilateral monocular diplopia after near work. Am J Optom & Physiol optics 42:139-140, 432 (errata).
- Mandell RB. 1966. Bilateral monocular diplopia following near work. Am J Optom Arch Am Acad Optom 43, 500-504.

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- Prev by Date: [Re: Plaster?!](#)
- Next by Date: [Re: Plus lenses vs. no lenses question](#)
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Re: Plus lenses vs. no lenses question

- *Subject:* Re: Plus lenses vs. no lenses question
 - *From:* paplaner@mindspring.com (paul m. planer)
 - *Date:* Tue, 13 Feb 1996 22:48:22 -0600
-

John and all

The purpose of any plus lenses, or a reduction in power of the myopic lenses, is to reduce the requirements of focusing at the near point area you are attending. If you are myopic, your eyes already have, shall we say "plus built in," therefore you would, by definition, not have to focus very much for near. If you are very nearsighted, you may need to wear a bit of power to enable you to see at the desired distance.....in no case would it be advisable to wear the distance power for your reading area. One thing that you said bothers me.....that you were going to wear an old pair of contact lenses...if the lenses are soft, they have the very strong potential to cause eye infections and very bad consequences, since bacterial, etc. would have grown on them. If the lenses are the firm variety they could have warped and, thus could warp your corneas. If the surface was not pristine, wearing an old pair of contact lenses could affect the oxygen that reaches your corneas. In any case, I would go back to your practitioner for consultation and evaluation of the lenses that you plan to wear. Contact lenses can be the cause of medical problems ranging from mild irritation to blindness....do not fool yourself into trouble !!!

Paul

>

>Greetings all--I am new to this idea and would appreciate some info about
>the use of these lenses. If I understand correctly what I have read,
>when doing some eye exercises it is OK to not use glasses at all in order
>for the eyes to strengthen themselves quicker. So I am trying the
>exercises without glasses. I am also trying to go without glasses around
>the house. Would it be better to use the plus lenses in either of these
>cases?

>I also plan to start using an old pair of contact lenses that are much
>weaker than my current lenses to force my eyes to work harder. Is this
>advisable?

>Thanks for any support/advice you can provide.

>

>

> If you don't recycle, you're throwing it all away.

>

>REDUCE, REUSE, RECYCLE -- CONSERVE, CONDENSE, COOPERATE

>

>

>

paplaner@mindspring.com

Atlanta, GA

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- Prev by Date: [Re: Blur vs. double vision](#)
 - Next by Date: [Plus Lenses aren't enough!](#)
 - Prev by thread: [Re: Plus lenses vs. no lenses question](#)
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Plus Lenses aren't enough!

- *Subject:* Plus Lenses aren't enough!
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
 - *Date:* Wed, 14 Feb 1996 22:17:00 -0500
-

Here are some snippets from article from the Optical Journal and Review of March 12, 1914. I just posted it to sci.med.vision. The main point of the article is that plus lenses in themselves won't necessarily relax your accommodation. You need to practice the art of negative accommodation.

A note for the newcomers: "cycloplegics" are the drops that eye doctors put in your eyes and make you unable focus up close during (and unfortunately after) an eye exam. It used to be only MD's could use them, but not optometrists are using them too.

* * *

POSSIBILITIES OF NEGATIVE ACCOMMODATION
By Eugene E. Heard, Pittsburgh, Pa.

I believe the value of practising voluntary relaxation is not appreciated at the present time. ...

The countless thousands who toil in the offices of our large cities from morning until night, subject their eyes to a tax such as their forebears never knew, and when we remember that the eyes are capable of only three and a half hours of continuous application without strain, one can easily see why these people should be taught one of their most priceless means of relief from strain due to keeping their eyes too long in exact focus.

Few, indeed, realize that after a little practise they have the power of relaxing the ciliaries more completely and naturally than can be done by cycloplegics, and accomplishing it more readily

I beg to argue that this so-called fact, the accommodation being relaxed

in the normal eye for infinity, is mere theory, as there can be no proof when in any particular person the ciliaries are absolutely relaxed ...

Relaxation is not proven by the inability to read when under the influence of a cycloplegic ... for these muscles are very likely to have been paralyzed in exactly the same cramped position in which they were, at the moment of application of the drug. In other words, I say that paralyzation is not necessarily relaxation; they may be unable to accommodate, but still be cramped. This is probably what happens when drugs are used, for in no other way, as reasonable, can we optometrists account for the constantly increasing number of cases coming to us, having failed to get relief from oculists who had put them under these various cycloplegics, the cramp not being revealed by their method, as it was not relaxed, but locked up. ...

This voluntary relaxation which I advocate is easy to learn when constantly practised for a few weeks. Each effort renders the next a little more effective. It can be quickly practised a few times at odd moments while waiting for a street car, waiting in a restaurant and between the acts at a theatre. ...

I can hear my critics say, "more plus--more plus," but I was on the firing line for "plus" lenses when there were so few there that I felt lonely, and after many years of wearing an excess plus and also after having prescribed for many thousand cases, have found that all of the cramp cannot be unlocked that way, and that the brain must be taught to help out the accommodative as well as the extrinsic muscles, in their effort to relax with the aid of proper lenses ...

The writer has had very encouraging results along this line, having succeeded in getting nervous cases to accept much more plus than was at all possible to tolerate by the usual methods, besides teaching them a resource for immediate rest that they did not know they possessed.

*

*

*

Unfortunately, the author does not elaborate upon his method for teaching voluntary relaxation of the accommodative muscles, but it is obvious that it does not require any fancy electronic biofeedback equipment, since it can be "practised at odd moments" throughout the day. Bates's popular book didn't come out for another 6 years -- 1920 -- so it is unlikely that Heard had anything like the Bates method in mind. Moreover, it is Bates always insisted that relief from unconscious strain can never come about by voluntary effort to do so -- only through imagination and central fixation.

--Alex

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- Prev by Date: [Re: Plus lenses vs. no lenses question](#)
 - Next by Date: [Vitamins for better vision](#)
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Vitamins for better vision

- *Subject:* Vitamins for better vision
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 14 Feb 1996 23:31:51 -0500 (EST)
-

I don't know if we ever answered this question completely. In any case, someone brought it up again on sci.med.vision under the subject heading of "Eye vitamins", and I posted the following reply, which I now share with I_SEE:

Todd Wallace wrote:

>I have heard that there is a combination of vitamins useful for treating
>or preventing eye disorders. Does anyone know what these vitamins are?

Richard C. Hom, O.D. <rchom@ix.netcom.com> wrote:

>The most eye disorder and the most efficacious use of nutritional
>therapy is in the area of macular disorders. There are several kinds of
>preparations. The most common are Ocuville and I-Cap. They're expensive
>and I've heard of patients comparing the ingredients of these two with
>other available preparations and using the substitutes.

But Dr. Hom, what are the vitamins? Won't you tell us? Oh well, fortunately, Todd, I have a copy of "129 Amazing Medical Secrets Your Doctor Won't Tell You" by Julian Whitaker, M.D. I got it as a freebie when trying out his newsletter.

Dr. Whitaker's secret #131 (131? Well, you can't judge a book by its cover!! So that's why he was giving the book away...) is that the following nutritional supplements, taken daily, "help prevent cataracts, macular degeneration, glaucoma, and dry eye":

Riboflavin	Cysteine
Flavonoids	Taurine
Vitamin A	Beta-carotene
Vitamin C	

His secret #132 is that anthocyanosides, "a form of flavonoids found in blueberries, grapes, and other fruits and vegetables," improve vision.

Secret #134 is that ginkgo biloba (an herb) improves circulation to the eyes.

Bilberry, which contains anthocyanosides among other things, is said everywhere to be good for the eyes. I have a cheap brand of bilberry complex containing bilberry standardized extract ("contans 25% proanthocyanidins"), 80 mg; beta-carotene, 6 mg (200% US RDA); Riboflavin, 10 mg (580% US RDA), carrot powder containing an addition 1-2 mg beta-carotene, 300mg, citrus bioflavonoids, 100mg.

The herb eyebright is supposed to be good for vision. I've seen it packaged in various "eye" formulas. It's also available in bulk as a loose tea.

Actually, I've heard that just about every vitamin under the sun is good for your eyes. Considering that vision is muscular, neural, and dermal (yes there are skin cells in your eyes), this is not surprising. Your eyes have lots of different parts and they need lots of nourishment!

--Alex

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-
- Prev by Date: [Plus Lenses aren't enough!](#)
 - Next by Date: [Vitamins for better vision \(fwd\)](#)
 - Prev by thread: [Plus Lenses aren't enough!](#)
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Vitamins for better vision (fwd)

- *Subject:* Vitamins for better vision (fwd)
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Thu, 15 Feb 1996 13:16:29 +0000 (GMT)
-

Forwarded message:

```
> From indiana.edu!owner-i_see Thu Feb 15 04:45:52 1996
> Date: Wed, 14 Feb 1996 23:31:51 -0500 (EST)
> From: Alex Eulenberg <aeulenbe@indiana.edu>
> X-Sender: aeulenbe@hamlet.ucs.indiana.edu
> To: I SEE <i_see@indiana.edu>
> Subject: Vitamins for better vision
> Sender: owner-i_see@indiana.edu
```

```
>
> I don't know if we ever answered this question completely. In any case,
> someone brought it up again on sci.med.vision under the subject heading
> of "Eye vitamins", and I posted the following reply, which I now share with
> I_SEE:
```

```
>
>
<snip>
```

```
> Secret #134 is that ginkgo biloba (an herb) improves circulation to the eyes.
```

```
>
<snip>
```

Interestingly, ginkgo is also often recommended for tinnitus for similar reasons, although results appear to be very mixed, perhaps because causes of tinnitus are many and varied. (see alt.support.tinnitus).

p.s. bilberry seems very difficult to obtain here in GB.
have all you yanks cornered the market? :-))

Mike.Ellwood@rl.ac.uk

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-
- Prev by Date: [Vitamins for better vision](#)
 - Next by Date: [RE: Plus lenses vs. no lenses question](#)
 - Prev by thread: [Re: Vitamins for better vision](#)
 - Next by thread: [Blinking durring eye exam](#)
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RE: Plus lenses vs. no lenses question

- *Subject:* RE: Plus lenses vs. no lenses question
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 15 Feb 1996 08:44:11 -0500 (EST)
-

John,

exercises should be performed with no glasses on. From the previous discussion on plus lenses, their use depends on how myopic you are.

As to using and old pair of contact lenses, well I wouldn't do it. a dirty lense might give you a nasty infection. ALWAYS use fresh ones (disposables are good and cheap). I personally gave up contacts for glasses about a month ago when I started my VT program and I find it much more practical to take them off.

george

From: owner-i_see@indiana.edu on behalf of John Stabile
Sent: Wednesday, 14 February, 1996 8:02
To: i_see@indiana.edu
Subject: Plus lenses vs. no lenses question

Greetings all--I am new to this idea and woud appreciate some info about the use of these lenses. If I understand correctly what I have read, when doing some eye exercises it is OK to not use glasses at all in order for the eyes to strengthen themselves quicker. So I am trying the exercises without glasses. I am also trying to go without glasses around the house. Would it be better to use the plus lenses in either of these cases?

I also plan to start using an old pair of contact lenses that are much weaker than my current lenses to force my eyes to work harder. Is this advisable?

Thanks for any support/advice you can provide.

If you don't recycle, you're throwing it all away.

REDUCE , REUSE , RECYCLE -- CONSERVE , CONDENSE , COOPERATE

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- Prev by Date: [Vitamins for better vision \(fwd\)](#)
 - Next by Date: [Re: Vitamins for better vision](#)
 - Prev by thread: [Re: Plus lenses vs. no lenses question](#)
 - Next by thread: [Re: Plus lenses vs. no lenses question](#)
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Re: Vitamins for better vision

- *Subject:* Re: Vitamins for better vision
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Thu, 15 Feb 1996 18:29:13 -0500
-

At 11:31 PM 2/14/96 -0500, Alex Eulenberg <aeulenze@indiana.edu> wrote:

>Richard C. Hom, O.D. <rchom@ix.netcom.com> wrote:

>>The most eye disorder and the most efficacious use of nutritional
>>therapy is in the area of macular disorders. There are several kinds of
>>preparations. The most common are Ocuvite and I-Cap. They're expensive
>>and I've heard of patients comparing the ingredients of these two with
>>other available preparations and using the substitutes.

>
<snip>

Ocuvite I personally vote out for the following reasons:

It has 40mg of zinc, which is good, and only insufficient amounts of A, C, E, and selenium (forget the RDAs -- to say they're on the conservative side is to say nothing). But you can't double or triple the benefits by taking 2 or 3 Ocuvites because zinc is toxic in the amounts exceeding 65 mg. Plus Ocuvite contains copper, and although its function in the eyes is important, its use as a supplement is controvesial, especially when combined with ascorbates. Together they form highly invasive superoxides that yield an 85% increase in random DNA damage. It is believed that copper should only be obtained through dietary sources. So I think it's more prudent to buy zinc separately (a lot cheaper, too), and get other goodies from other sources. Another trace mineral to avoid in supplements if you take high doses of C is iron, for the same reason as copper. (Disclaimer: everybody knows I'm not a doctor, right?)

Twinlab makes a good supplement for the eyes but I forget the name. (You'll recognize it if you see it -- there's this pyramid with an eye on the box, like on a dollar bill.) But there's copper in there, too. I don't know what gives.

P.S. I've changed my address line -- Alex I'm sorry you had to forward my mail (a lot _was_ coming through so I didn't know there was a problem). If anyone else has had trouble with my e-mail address, please try again.

Elena

solusrex@soho.ios.com

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- Prev by Date: [RE: Plus lenses vs. no lenses question](#)
 - Next by Date: [Re: Plus lenses vs. no lenses question](#)
 - Prev by thread: [Vitamins for better vision](#)
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Re: Plus lenses vs. no lenses question

- *Subject:* Re: Plus lenses vs. no lenses question
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Fri, 16 Feb 1996 17:03:15 +1100 (EST)
-

>_From: John Stabile

>
>
> Thanks for responding. However, I have some questions:
>
> > strenghtening isnt generally one of the major issues.
> > relaxing, team work, orientation are.
> ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^
> Please explain these.

eye working in cordination, if your eyes dont line up, this
can add some blur.

> > >So I am trying the exercises without glasses. I am also trying to go
> > >without glasses around the house. Would it be better to use the plus
> > >lenses in either of these cases?

> > if you can manage it, almost certainly.

> Do you mean if I can manage without the lenses, it's OK (since I stated I
> am doing the exercises without my glasses). Or do you mean if I can manage
> with them, it's OK (because my question was "Would it be better to use
> the plus lenses . . .").

both. the more plus you can cope with the better.

> Due to another response, I think it's best not to use the old contacts.
> They're the old hard lenses that I haven't worn in over 10 years and,
> based on the response, it could cause a problem.

yes. best visit a behavioral optometrist for a check up first.

Vic

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- Prev by Date: [Re: Vitamins for better vision](#)
 - Next by Date: [Re: Eye exam](#)
 - Prev by thread: [RE: Plus lenses vs. no lenses question](#)
 - Next by thread: [Blur and Double Vision](#)
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Re: Eye exam

- *Subject:* Re: Eye exam
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Fri, 16 Feb 1996 07:59:30 +0000
-

On Mon, 12 Feb 1996, Elena wrote:

```
> Just back from an optometrist's office. Did everything to show my worst
> performance (not on purpose -- just had no time for any better): no tricks
> of the trade -- no palming/sunning/yoga/bilberry/aminos, no plus lenses;
> spent the whole morning driving, wearing my strongest glasses. During the
> exam, noticed that the device you look through actually doesn't allow you to
> BLINK -- which makes a lot of difference
```

WHICH is also not the truth. I am an optometrist and I do not believe the last statement. Why could you not blink. I would bet money that you could.

Peter Locher
OPTOMETRIST
Western Australia

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-
- Prev by Date: [Re: Plus lenses vs. no lenses question](#)
 - Next by Date: [RE: Blur vs. double vision](#)
 - Prev by thread: [Re: Eye exam](#)
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RE: Blur vs. double vision

- *Subject:* RE: Blur vs. double vision
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Fri, 16 Feb 96 09:15:59 UT
-

I did a small exercise today: closing one eye at a time and looking at the distant object. With each eye I saw two objects (the real and its shadow), both with the same `_sharpness_` and the `_same_` distance apart. BTW, I have one dioptre difference between my eyes.

I don't think it is something to do with the eyes because of the above result. I do think it is something with the mind interpreting the input from the eyes.

Is this a myopia blur or something else?

george

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- Prev by Date: [Re: Eye exam](#)
- Next by Date: [Re: Eye exam](#)
- Prev by thread: [Re: Blur vs. double vision](#)
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Re: Eye exam

- *Subject:* Re: Eye exam
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Fri, 16 Feb 1996 09:23:17 -0500
-

At 07:59 AM 2/16/96 +0000, Peter Locher <plocher@cougar.multiline.com.au> wrote:
>On Mon, 12 Feb 1996, Elena wrote:

>

><snip>During the

>> exam, noticed that the device you look through actually doesn't allow you to

>> BLINK -- which makes a lot of difference

>

>WHICH is also not the truth. I am an optometrist and I do not believe
>the last statement.

Could you specify what you mean by "also"? That you've caught me lying before, or someone else in the group, or everybody else in the group? Personally, I don't remember hanging out in W.Australia (much as I'd love to) and being caught red-handed by Mr. Malpractice.

> Why could you not blink. I would bet money
>that you could.

>

Please make that a money order, not a personal check. Lack of trust is mutual.

Now if what I stated about blinking needs explaining, here goes. You're asked to press your forehead against this concaved device so the windows (small! giving only a narrow view in only one exact position! and excluding all use of your peripheral vision skills!) you're looking through are directly in front of your eyes. In this position, my eyelashes are pressed tight against the glass. In order to blink, I have to move my head backward, but then my forehead is no longer positioned where it's supposed to be, ditto my eyes. While I move my head back to blink and then forth to resume the position, the doc has already changed the letters I'm looking at. Granted, part of perfect vision is rapid focusing; in my case, however, it tends to be slow -- I need a few seconds, my focusing is a newly learned motor skill (intimately connected with precise blinking as I mentioned), not a "natural" that comes with already good vision. It's like playing the

piano... you can play a fast piece when you're proficient, not when you're just learning. And you probably can play when you're handcuffed if you're Franz Liszt... Well, I'm not, at least not yet. Remove the "handcuffs" from my eyelashes, give me the few extra seconds I need, light the freaking office properly, and see what happens.

Elena

solusrex@soho.ios.com

>Peter Locher
>OPTOMETRIST
>Western Australia
>
>

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- Prev by Date: [RE: Blur vs. double vision](#)
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Re: Eye exam

- *Subject:* Re: Eye exam
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - *Date:* Fri, 16 Feb 1996 14:33:49 +0000 (GMT)
-

I recently had an eye test as part of a routine work medical. They asked me to look through a device with a name like "Keystone" something or other. I was afraid that it would not allow me to blink, but I was please to find it was quite possible. (That was the only good news though: they said I had "failed" the VDU test, which means I "need" glasses to use a VDU, and I need to go for a further more detailed test. Since I already wear + 1.0 reading glasses (drug store variety) for VDU work and most reading, this came as no surprise, but it still hits you when it happens. Let's hope I can find some bilberry soon..)

Mike.Ellwood@rl.ac.uk
(presbyopic amblyope)

----- Forwarded message -----
Date: Fri, 16 Feb 1996 07:59:30 +0000
From: Peter Locher <plocher@cougar.multiline.com.au>
To: Elena <solusrex@198.4.75.47>
Cc: i-see@indiana.edu
Subject: Re: Eye exam

On Mon, 12 Feb 1996, Elena wrote:

> Just back from an optometrist's office. Did everything to show my worst
> performance (not on purpose -- just had no time for any better): no tricks
> of the trade -- no palming/sunning/yoga/bilberry/aminos, no plus lenses;
> spent the whole morning driving, wearing my strongest glasses. During the
> exam, noticed that the device you look through actually doesn't allow you to
> BLINK -- which makes a lot of difference

WHICH is also not the truth. I am an optometrist and I do not believe the last statement. Why could you not blink. I would bet money that you could.

Peter Locher
OPTOMETRIST
Western Australia

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-
- Prev by Date: [Re: Eye exam](#)
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Blinking durring eye exam

- *Subject:* Blinking durring eye exam
 - *From:* dennis@netcom.com (Dennis Yelle)
 - *Date:* Fri, 16 Feb 1996 10:31:35 -0800
-

Peter Locher writes:

>
>> Just back from an optometrist's office. Did everything to show my worst
>> performance (not on purpose -- just had no time for any better): no tricks
>> of the trade -- no palming/sunning/yoga/bilberry/aminos, no plus lenses;
>> spent the whole morning driving, wearing my strongest glasses. During the
>> exam, noticed that the device you look through actually doesn't allow you to
>> BLINK -- which makes a lot of difference
>
>WHICH is also not the truth. I am an optometrist and I do not believe
>the last statement. Why could you not blink. I would bet money
>that you could.
>
>Peter Locher
>OPTOMETRIST
>Western Australia

Well, Peter, I have often felt that there was something about the eye exam situation that causes me not to blink. I felt that way for many years, until I just decided that it was wrong, and started paying attention to what was going on. I still don't understand it, but it is real, for me. One thing that I did notice was that at some point durring the exam, someone will tell me not to blink, but they never follow it up with, "OK, you can blink now." So what is the poor, too willing to cooperate, patient to do? Try not to blink until he/she leaves the office?

Do you, or one of your assistants, ever tell your patients not to blink?

Dennis Yelle

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-
- Prev by Date: [Re: Eye exam](#)
 - Next by Date: [Re: PCM vs Orthokeratology](#)
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Re: PCM vs Orthokeratology

- *Subject:* Re: PCM vs Orthokeratology
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Fri, 16 Feb 1996 15:26:01 -0600 (CST)
-

On Mon, 5 Feb 1996, Rob Barnett wrote:

>There seems to be more knowledge about Orthokeratology than PCM (Precise
>Corneal Molding) here on this list. As a patient undergoing PCM
>treatment, I wondered what the difference were between the two methods.
>So, I asked my doctor. He said that Orthokeratology was concerned with
>power reduction and PCM dealt with shape displacement.

>
>Thanks,
>Rob Barnett

On Mon, 5 Feb 1996, paul m. planer wrote:

> PCM (Precise Corneal Molding) is Dr. J. Mason Hurt's name for his
> method of orthokeratology. It is for marketing purposes that he developed
> this name. Orthokeratology is the name given for a planned program of
> fitting specially made firm, almost exclusively gas permeable, contact
> lenses in a way to reshape ("mold") the corneal surface so as to make the
> curves less steep and more spherical. The orthokeratology technique, no
> matter what name it is called, achieves a condition of less myopia
> (nearsightedness) and less astigmatism for the patient by shifting the shape
> of the cornea (corneal displacement if you like to call it that.... it moves
> the cornea tissue by this gentle pressure of the specially made lens).
> Close follow-up and changes of lenses, if needed, is very important.

> The National Eye Research Foundation is the international certifying
> body for practitioners who wish to learn and be certified in the marvelous
> field of orthokeratology. Give them a call if you wish to learn more about
> orthokeratology and who in your area has undergone the training and proved
> themselves to be capable.

> Your doctor is mistaken.

>
> paplaner@mindspring.com
> Atlanta, GA

On Friday, 9 Feb 1996, Dr. J. Mason Hurt wrote:

The Precise Cornea Molding procedure was developed separate and apart from Orthokeratology, even though it does share some similarities. When it became known what I was doing, I was sought out by Dr. Newt Wesley, the founder of the National Eye Research Foundation ("NERF"), and the others. They came to Memphis to see why I could do things that the other doctors practicing Orthokeratology could not. As a consequence, I was asked to join the National Eye Research Foundation to share with those who do Orthokeratology what I had discovered separate and apart from them. Consequently I spent a year traveling all over the country for NERF lecturing on corneal molding. Many of my ideas therefore were incorporated by many of those who do Orthokeratology. When I started working with NERF there was just a handful of doctors who were actually pursuing Orthokeratology. Our meetings would generate at first only a handful of people, but over the months grew to be many. At my last speaking opportunity there were over 300 people.

PCM does several things that Orthokeratology to date has not been able to do. Besides the elimination of greater amounts of nearsightedness and astigmatism, PCM also eliminates farsightedness and builds in a bifocal for the presbyopes and pseudo aphakes. As a past lecturer for NERF I was granted a fellow status with them, so I am more than aware of what information NERF provides both to the public and to the practitioners. Even though Mr. Paul M. Planer has a good intent, he still speaks about something of which he knows nothing. PCM is to Orthokeratology as a Ferrari is to a Model T. Granted, both are modes of transportation, but one gets you there with much greater efficiency. Since PCM is proprietary, only those physicians trained in PCM know of PCM. So it is possible for those who don't know PCM to consider it as Ortho-K. All statements made by those individuals would be fallacious since they speak of things they know not.

Most of the people who do Orthokeratology and do it with great frequency know the struggle they have had in getting respect in their profession because so many doctors thought this type of procedure, being routine, needed no special skills or understandings. We have demonstrated with PCM that it does take considerable skill, considerable understandings and specialized instrumentation to accomplish our task, when in Orthokeratology those were not utilized nor were they encouraged. As one who has seen the development of PCM I have had the opportunity to share my knowledge with hundreds of doctors now who do Orthokeratology, it is with confidence I can state that these two procedures are quite different; the way the cornea is reshaped is quite different; and the instrumentation used and how it is used is quite different.

PCM offers benefits to those individuals even who have had RK surgery,

ALK surgery, and often even those who have had PRK surgery. PCM is the therapeutic procedure of the 21st century.

Sincerely,
J. Mason Hurt, O.D.
2865 Summer Oaks Drive
Bartlett, TN 38134
Bus: (901) 382-7803
Fax: (901) 385-1581

=====

-
- Prev by Date: [Blinking durring eye exam](#)
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RE: Blinking durring eye exam

- *Subject:* RE: Blinking durring eye exam
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sat, 17 Feb 96 08:39:47 UT
-

When I did my test today with my optometrist, he didn't say anything about blinking/not blinking.

So I did blink whenever I needed to and the equipment he was using was not interfering with the process.

I think the equipment used by optometrist is not the same all over the world and that might explain why Elena could not blink.

george

From: owner-i_see@indiana.edu on behalf of Dennis Yelle
Sent: Saturday, 17 February, 1996 5:31
To: i_see@indiana.edu
Subject: Blinking durring eye exam

Peter Locher writes:

>
>> Just back from an optometrist's office. Did everything to show my worst
>> performance (not on purpose -- just had no time for any better): no tricks
>> of the trade -- no palming/sunning/yoga/bilberry/aminos, no plus lenses;
>> spent the whole morning driving, wearing my strongest glasses. During the
>> exam, noticed that the device you look through actually doesn't allow you
to
>> BLINK -- which makes a lot of difference
>
>WHICH is also not the truth. I am an optometrist and I do not believe
>the last statement. Why could you not blink. I would bet money
>that you could.
>
>Peter Locher

>OPTOMETRIST
>Western Australia

Well, Peter, I have often felt that there was something about the eye exam situation that causes me not to blink. I felt that way for many years, until I just decided that it was wrong, and started paying attention to what was going on. I still don't understand it, but it is real, for me. One thing that I did notice was that at some point durring the exam, someone will tell me not to blink, but they never follow it up with, "OK, you can blink now." So what is the poor, too willing to cooperate, patient to do? Try not to blink until he/she leaves the office?

Do you, or one of your assistants, ever tell your patients not to blink?

Dennis Yelle

=====

-
- Prev by Date: [To the sceptics: Results of the first month of VT](#)
 - Next by Date: [RE: Eye exam](#)
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RE: Eye exam

- *Subject:* RE: Eye exam
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sat, 17 Feb 96 08:44:42 UT
-

I think you should be able to find Bilberry in tablet form at the pharmacy or health shop.

The ones I have are made by Blackmores and I think their products are available in the UK because the label on the bottle has the address of the company in Australia (where I am) and at the end has the following which might make sense to you in the UK:

Colnbrook Bucks
United Kingdom

I hope you could decipher the above.

George

From: owner-i_see@indiana.edu on behalf of Mike Ellwood
Sent: Saturday, 17 February, 1996 1:33
To: i_see@indiana.edu
Subject: Re: Eye exam

I recently had an eye test as part of a routine work medical. They asked me to look through a device with a name like "Keystone" something or other. I was afraid that it would not allow me to blink, but I was please to find it was quite possible. (That was the only good news though: they said I had "failed" the VDU test, which means I "need" glasses to use a VDU, and I need to go for a further more detailed test. Since I already wear + 1.0 reading glasses (drug store variety) for VDU work and most reading, this came as no surprise, but it still hits you when it happens. Let's hope I can find some bilberry soon..)

Mike.Ellwood@rl.ac.uk
(presbyopic amblyope)

----- Forwarded message -----
Date: Fri, 16 Feb 1996 07:59:30 +0000
From: Peter Locher <plocher@cougar.multiline.com.au>
To: Elena <solusrex@198.4.75.47>
Cc: i_see@indiana.edu
Subject: Re: Eye exam

On Mon, 12 Feb 1996, Elena wrote:

> Just back from an optometrist's office. Did everything to show my worst
> performance (not on purpose -- just had no time for any better): no tricks
> of the trade -- no palming/sunning/yoga/bilberry/aminos, no plus lenses;
> spent the whole morning driving, wearing my strongest glasses. During the
> exam, noticed that the device you look through actually doesn't allow you to
> BLINK -- which makes a lot of difference

WHICH is also not the truth. I am an optometrist and I do not believe
the last statement. Why could you not blink. I would bet money
that you could.

Peter Locher
OPTOMETRIST
Western Australia

=====

-
- Prev by Date: [RE: Blinking durring eye exam](#)
 - Next by Date: [Re: To the sceptics: Results of the first month of VT](#)
 - Prev by thread: [Re: Eye exam](#)
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Re: To the sceptics: Results of the first month of VT

- *Subject:* Re: To the sceptics: Results of the first month of VT
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sat, 17 Feb 1996 12:37:58 -0500 (EST)
-

Great news, George! Very encouraging -
thanks for sharing it!

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

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- Prev by Date: [RE: Eye exam](#)
 - Next by Date: [RE: To the sceptics: Results of the first month of VT](#)
 - Prev by thread: [To the sceptics: Results of the first month of VT](#)
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RE: To the sceptics: Results of the first month of VT

- *Subject:* RE: To the sceptics: Results of the first month of VT
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 18 Feb 96 04:15:25 UT
-

Hi Riaz,

Well I'm not doing anything unusual. I'm approaching Myopia as if I have a broken leg. In other words, at one point in time (when I was 15) I got myopia and I started using relying on my glasses.

So whatever I'm doing I keep in mind that I will get better because what happened to me was an accident. I understand that the cause might be a combination of things: fatigue at school, nutrition and possibly lengthening of the eyeball...

I followed the exercises metioned in a number of books on VT based on the Bates method, namely:

- 1- the neck and shoulders muscles
- 2- eyeball muscles
- 3- accomodation
- 4- eyechart reading
- 5- sunning
- 6- swinging ball
- 7- reverse newspaper reading

and lots of eye relaxation. All of the above is described in the FAQ available at the I SEE web site.

Also, I rarely use my glasses: during the day I drive and play tennis without them.

To that I also take Bilberry and Eyebright tablets and I recently started taking protein suplement.

That's it.

Hope this helps.

George

From: oosman@plains.nodak.edu
Sent: Sunday, 18 February, 1996 10:16
To: George Tohme
Subject: Re: To the sceptics: Results of the first month of VT

>What do you think? great isn't it after only FOUR WEEKS of VT !:))
>I feel great and I really feel (SEE) the difference.
>
>The optometrist was great during the whole thing and he said to me:
>"whatever you're doing, just keep doing it. It seems it's working".
>

Thats great to hear. Can you tell me what kind of eye exercises you've been doing? I tried to do some excersises for a few months but failed to see any real progress, I was probably doing them incorecctly. :)
Thanks in advance.

Regards,

Riaz Oosman

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- Prev by Date: [Re: To the sceptics: Results of the first month of VT](#)
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Re: Blinking durring eye exam

- *Subject:* Re: Blinking durring eye exam
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Sun, 18 Feb 1996 00:30:51 -0600
-

Dennis Yelle <dennis@netcom.com> wrote:

>One thing that I did notice was that at some point durring
>the exam, someone will tell me not to blink, but they never
>follow it up with, "OK, you can blink now."
>So what is the poor, too willing to cooperate, patient to do?
>Try not to blink until he/she leaves the office?

Ask, "May I blink now?" :-)

Joking aside, blinking often helps clear the view, but that's an auxiliary technique. It relieves momentary fatigue and helps renew the tear layer, but it doesn't help towards changing the underlying structural parameters of the eye. I wonder, though, if it could be argued that blinking has something of a carrot-and-stick element in it: see clearly for a while, fade, then try "pushing" with the extraocular muscles, forget the goal, and blink again to remember. My opinion is this would be overstretching it.

Stefan

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- Prev by Date: [RE: To the sceptics: Results of the first month of VT](#)
 - Next by Date: [Re: To the sceptics: Results of the first month of VT](#)
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Re: Blinking durring eye exam

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Re: Eye exam

- *Subject:* Re: Eye exam
 - *From:* Peter Locher <plocher@cougar.multiline.com.au>
 - *Date:* Sun, 18 Feb 1996 18:35:45 +0000
-

On Fri, 16 Feb 1996, Elena wrote:

```
> At 07:59 AM 2/16/96 +0000, Peter Locher <plocher@cougar.multiline.com.au> wrote:
> >On Mon, 12 Feb 1996, Elena wrote:
> >
> ><snip>During the
> >> exam, noticed that the device you look through actually doesn't allow you to
> >> BLINK -- which makes a lot of difference
> >
> >WHICH is also not the truth. I am an optometrist and I do not believe
> >the last statement.
>
> Could you specify what you mean by "also"? That you've caught me lying
> before, or someone else in the group, or everybody else in the group?
> Personally, I don't remember hanging out in W.Australia (much as I'd love
> to) and being caught red-handed by Mr. Malpractice.
>
"Also" in this context refered to your previous statement referring to
your inabnility to blink WHICH I still have dificulty.

> > Why could you not blink. I would bet money
> >that you could.
> >
>
> Please make that a money order, not a personal check. Lack of trust is mutual.
>
```

No money due here. As you say next you can blink.

```
> Now if what I stated about blinking needs explaining, here goes. You're
> asked to press your forehead against this concaved device so the windows
> (small! giving only a narrow view in only one exact position! and
> excluding all use of your peripheral vision skills!) you're looking through
> are directly in front of your eyes. In this position, my eyelashes are
```

> pressed tight against the glass. In order to blink, I have to move my head
> backward, but then my forehead is no longer positioned where it's supposed
> to be, ditto my eyes.

In the correct position you can blink. Next time don't press against the
instrtment - you will only smear the lenses and slow the process. You
could say something to the practitioner - you are paying for their time
and from what I hear in your country, which I have visited, paying dearly.

I am I think able to question unqualified statements. I have been
caught out a couple of times on this group before ALSO.

Best wishes,

Peter Locher

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-
- Prev by Date: [Re: To the sceptics: Results of the first month of VT](#)
 - Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Prev by thread: [RE: Eye exam](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 20 Feb 96 06:29:13 UT
-

My Dear William (and others),

What can I say?! It seems that, on this mailing list, there are more sceptics than 'believers'.

I don't mind people says well let's see what the result is going to be next month, but to actually find absurd reasons for the improvement (i.e. "that was your functional myopia..." or "your .50 to .75 change may be just error of refraction, which is in the range of that found on a day to day basis...") is quite unbelievable.

Why is that for the first time since I got myopia I actually made some improvement? Did I pick my good day to have my eyes checked? I don't think so.

Why is that my optometrist, who is supposed to discourage me and find some nonsense to throw at me, did not do so?

Why is it that you do say: "Any further 'reduction' *would* be unusual, to say the least"? If that's what you think, why are you (and others) on this mailing list? I really don't understand it. Are you a pissed-off myopic who's not getting results? or an optometrist having a laugh at what we talk about around here?

I personally don't believe my personal case is genetic, structural... I was not born with myopia, and I did not have a physical or emotional accidents/problems that might account for my condition. I believe it is a combination of: fatigue, straining... (observed by Bates while studying school kids) and nutrition.

That's how I'm tackling the problem: I have a broken leg and I need to exercise it, look after it and feed it. How long it will take to heel? I don't know but I do know that it will get better.

I don't know what the result will be next month. and to tell you the truth I expected the decrease in myopia that I had to occur in 6 months not 4 weeks.

Finally, PolySoft is not in the contact lenses business. It's a consulting and software development company that I co-founded few years ago.

Talk to you next month.

george

From: William Stacy
Sent: Tuesday, 20 February, 1996 2:01
To: George Tohme
Subject: Fwd: Re: To the sceptics: Results of the first month of VT (fwd)

After I sent a less than enthusiastic comment on your post which Alex forwarded to me, in which I challenged your ability to make significant further reductions via VT, he sent me this:

---- Begin Forwarded Message

On Sun, 18 Feb 1996, William Stacy wrote:

>
> (I'm gonna keep your note on my desk to remind me to check back in a
> month, so tell George to keep up the good work for at least another
> month, OK? The pressure's on now!)
>

Why don't you write him NOW and see if he'll let you talk to his optometrist? You'll get a better idea of how "typical" the improvement was.

--Alex

End Forwarded message

My position is that your .50 to .75 change may be just error of refraction, which is in the range of that found on a day to day basis. Any further 'reduction' *would* be unusual, to say the least.

I would love to hear further specifics, especially in another month or so, so keep it up and let me know.

Bill

BTW, what is polysoft? Are you in the industry? It sounds like a contact lens term.

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- Prev by Date: [Re: Eye exam](#)
 - Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Prev by thread: [Re: To the sceptics: Results of the first month of VT](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* mjensen@crl.com (Mark Jensen)
 - *Date:* Tue, 20 Feb 1996 22:43:35 -0800
-

At 10:29 PM 2/19/96, George Tohme wrote:

>On Sun, 18 Feb 1996, William Stacy wrote:

>
>>
>> (I'm gonna keep your note on my desk to remind me to check back in a
>> month, so tell George to keep up the good work for at least another
>> month, OK? The pressure's on now!)
>>

George, don't pay any attention to dr. Stacy. He's just a fugitive from sci.med.vision who comes over here to badger Alex because things are so boring over there. Their profession has utterly failed the unnecessarily huge numbers of myopes in this country, and they can't stand to admit that others may have a way of halting and reversing myopia. Such an admission would expose the utter failure that is their life's work. Keep up the good work and keep us posted on your excellent progress.

Mark Jensen-Double J Apiaries
Los Altos Hills, CA, USA

mjensen@crl.com
fax 415 941 3488

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- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)

- Next by Date: [Dr. Bill Stacy, skeptic](#)
- Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
- Next by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
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Dr. Bill Stacy, skeptic

- *Subject:* Dr. Bill Stacy, skeptic
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 21 Feb 1996 09:42:52 -0500 (EST)
-

On Tue, 20 Feb 1996, Mark Jensen wrote:

> George, don't pay any attention to dr. Stacy. He's just a fugitive from
> sci.med.vision who comes over here to badger Alex because things are so
> boring over there.

Just for the record, Dr. Bill Stacy <ws@ix.netcom.com> unsubscribed from I SEE over a month ago. I was the one who forwarded him George's message about his optometrist-verified vision improvement, and I was the one who told Dr. Stacy to ask George for more details. Specifically, I asked him to contact his optometrist for verification. Remember also that George's post was titled "to the sceptics". Dr. Stacy had offered a cash reward for clinically verified myopia improvement a while back, and since he had unsubscribed, I didn't want him to miss this one.

--Alex

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- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by thread: [Plus Lenses Create Farsightedness](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Wed, 21 Feb 1996 11:04:47 -0600
-

George Tohme <PolySoft@msn.com> wrote:

>My Dear William (and others),

>

>What can I say?! It seems that, on this mailing list, there are more sceptics
>than 'believers'.

>

>I don't mind people says well let's see what the result is going to be next
>month, but to actually find absurd reasons for the improvement (i.e. "that was
>your functional myopia..." or "your .50 to .75 change may be just error of
>refraction, which is in the range of that found on a day to day basis...") is
>quite unbelievable.

>

>Why is it that you do say: "Any further 'reduction' *would* be unusual, to say
>the least"? If that's what you think, why are you (and others) on this mailing
>list? I really don't understand it. Are you a pissed-off myopic who's not
>getting results?

Yes, I told you that this change could be the elimination of your functional myopia. And yes, I am a pissed-off myope who's not getting results. No, I don't want to discourage you. Keep doing what you are doing. 'Cause nothing is worse than not having faith. Yes, I have always been and continue to be in FAVOR of plus lenses (although never worn plus lenses proper, just less minus). But I view plus lenses as a preventive device, not as a cure. Yes, I have tried hard to reduce my myopia and God only knows how hard I've tried. I can tell you, my vision fluctuates daily within 1.00 D, and initially, after I started "intensified VT" (i.e. I quit using weaker glasses for reading and went on with no glasses at all, that is increased plus) I had that surge in acuity. My faith and positive attitude keeps from deteriorating. But there is no stable progress and I've been doing this for six months. Antonia Orfield is probably the example to draw inspiration

from, but to match her one will have to take seven years off. Sorry, not in the 1990s. I feel the most happy when I see well in the distance and I can't do this if I am wearing 20/40 glasses. I am currently reconstructing every single bit of my myopic life, analyzing the reasons for increases in myopia, and devising plans to fight them in the future. And I shall probably up my glasses for the last time before I undergo PRK. But I admit, I am utterly reluctant to do it and am still wavering. But I have a parallel in my recent past where I increased power and had the most rewarding days EVER following years of foggy semi-existence. My current slump into myopia is related to an extraneous shock, which, regretfully, I was not mature enough to handle. As soon as I convince myself that I am able to handle higher power ('cause for a plus enthusiast there is a lot of unease of going counter my beliefs), I'll up my glasses.

Please let me know how you are faring eyewise in a month's time. Several months ago somebody with an address <JohnRICH95@aol.com> was claiming intial success. I tried to track him down two weeks ago but apparently he's changed addresses (Yes, I tried with 96). If this person is still on the list, please respond. Again, I don't want to discourage you, George, but I side with William that any further decreases will be unusual.

Best wishes,

Stefan

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- Prev by Date: [Dr. Bill Stacy, skeptic](#)
 - Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Wed, 21 Feb 1996 16:59:07 -0500
-

At 11:04 AM 2/21/96 -0600, Stefan Ivanov Stefanov wrote:

>Yes, I
>have tried hard to reduce my myopia and God only knows how hard I've tried.

Stefan,

this might be the root of the evil. I've "tried hard" for 25 years and my vision kept getting worse -- not "fluctuating" but "worse," never moving in any direction other than that, not even for a second. And "plus" in the sense of "less minus" is something I've always worn. Not enough. I now own a pair of plus glasses in the sense of "real plus," too (+1,5; I'm coming from -8), and I don't see that they make a lot of difference. It was cool to get my first right-through-the-plus clear flash -- very impressive -- but any and all effects I get from plus lenses are so transitory that for me, it's not worth it. Probably too late. But other methods I use do work. They all have to do with relaxing, not "going for it" or demanding it. Finding your personal way to stop_trying_hard is of paramount importance. Strain, remember? Frustration over expectations unfulfilled? That's her majesty myopia herself. When you try hard you just serve her, is all.

I hope it sounds like I intend it to -- a hint you might find helpful, not criticism of your approach.

Elena

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- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
- Next by Date: [Plus Lenses Create Farsightedness](#)
- Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
- Next by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
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Plus Lenses Create Farsightedness

- *Subject:* Plus Lenses Create Farsightedness
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 22 Feb 1996 15:09:03 -0500 (EST)
-

Plus lenses, Dr. Harris attests, when worn by non-myopes, can create more farsightedness -- the flip side of "plus lenses for myopia." However, both behavioral optometrist Harris and traditional "skeptical" optometrist Bill Stacy agree that hyperopia never becomes as "pathological" as myopia often does.

The following two posts were taken from the sci.med.vision newsgroup.

--Alex

----- start of forwarded message 1/2 -----

From: babo@ix.netcom.com(Paul Harris)
Newsgroups: sci.med.vision
Subject: Re: negative accomodation
Date: 21 Feb 1996 14:15:48 GMT

[NOTE: reformatted for readability --AE]

basturk@kivu.watson.ibm.com (Erol Basturk) writes:

>>>Also, is there such a thing as a progressive hyperope?

babo@ix.netcom.com (Paul Harris) writes:

>>Yes.

ws@ix.netcom.com (William Stacy) writes:

>Well that's news to me. Every moderate to high hyperope (~ +2 D. and
>up) I ever ran into was about as stable as the Rock of Gibraltar.

>
>Progressive hyperopia???

Yes... This is the development of adverse hyperopia. The cause most often is as a secondary iatrogenic disease caused by the overzealous

prescribing of plus.

I know you and others will say if a good cycloplegic were done.... and things likelatent hyperopia.....

I was a subject in a longitudinal study for 5 years as a child. All this plus, A-Scans, Purkinje images measures of radius of curvature of front cornea, rear cornea, front lens, rear lens, anthropomorphic measures, IOP, wet and dry refractions, full 21 point analytical and more were done every 6 months for 5 years. I have the data on myself. At no point did I ever show hyperopia more than +1.00 to +1.25.

After the study at age 15 I started wearing single vision plus to play chess and this was upped and upped. NOTE: I was measured with a 14 to 1 ACA ratio. 16 eso at near through whatever distance lens of the time and 2 eso with +1.00 add over that. The standard theory was "push plus". This was done and I ended up at one point wearing +2.25 OD/ +2.50 OS with a +1.50 add for 10 years. I measured well up in +3.00 range when my father (my optometrist then) was done with me.

There was no latent hyperopia over the +1.00. The additional amounts were built up slowly over time in response to my optometric care.

Once I did VT 13 years ago I now wear just some plus for near and nothing for distance. My subjective now is +1.25 OU which I choose not to wear and do great. In fact I now see better than ever.

I hope this explains a bit a very big subject which I am fully aware of there will be little agreement on from the conventional eyecare establishment. Please give me some other alternative to understand the above findings over time. I also have basic optometric data on me from the age of 6 months.

Paul Harris, O.D., F.C.O.V.D., F.A.C.B.O.
Director, Baltimore Academy for Behavioral Optometry

----- end of forwarded message -----

----- start of forwarded message 2/2-----

From: babo@ix.netcom.com(Paul Harris)
Newsgroups: sci.med.vision
Subject: Re: Progressive hyperopia?
Date: 21 Feb 1996 22:00:17 GMT

LOTS snipped.....

>Very interesting data. Very interesting study (Was it published?).
>

Yes in several places. Chief investigator was Bill Ludlum. The study was so large that it was reported in sections. Most appeared in the academy journal and others in the Journal of the AOA. I don't have the references handy but could look them up if you wish. My case was lumped into the 500 or so subjects that were followed.

>I can believe you went from +1 to +2.5 or so (the 3 was likely
>over-zealous plus pushing), although I'd call it unusual, and certainly
>not like anything I've observed in young hyperopes over the years.
>
>It's still a far cry from the 8 or 10 D. or more of change in the
>progressive (aka pathologic) myopes.

I agree here fully. The +8 and +10 generally occur following a different mechanism. Most of which occurs very early, 18-36 months usually.

> I'd choose a different name, if
>you must have a name for such an occurrence, for consistency.
>
>Maybe "hyperopia creep"? "Far-sighted slip"?
>
>I can't resist: "the incredible shrinking eye"??
>
We just use "adverse hyperopia". Hope that suffices.

Paul Harris, O.D., F.C.O.V.D., F.A.C.B.O.
Director, Baltimore Academy for Behavioral Optometry

----- end of forwarded message -----

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- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by Date: [genetic/hereditary vs functional/occupational myopia](#)
 - Prev by thread: [Dr. Bill Stacy, skeptic](#)
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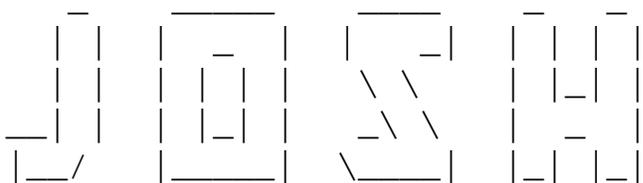
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genetic/hereditary vs functional/occupational myopia

- *Subject:* genetic/hereditary vs functional/occupational myopia
- *From:* jknox1@swarthmore.edu (josh knox)
- *Date:* Thu, 22 Feb 1996 15:47:59 -0500

Is there anyone on this list that thinks that genetic myopia can be counteracted through the Bates method and/or VT?

Love,



Life is suffering & pain to one not in touch with The Great Spirit/Universal ki (chi/qi) and his/her personal ki. We need to see/feel through it all & enjoy the beauty of being alive.

Have you washed your bowls yet?

Josh Knox
Swarthmore College
500 College Avenue
Swarthmore, PA 19081-1397
(610) 690-3940

=====

- Prev by Date: [Plus Lenses Create Farsightedness](#)
- Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
- Prev by thread: [Plus Lenses Create Farsightedness](#)
- Next by thread: [Laser surgery](#)
- Index(es):
 - [Date](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* [Beyond 20/20@Sunshine.net](#) (Beyond 20/20 Vision)
 - *Date:* Thu, 22 Feb 96 16:18 PST
-

stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov) wrote on Wed, 21 Feb 1996 11:04:47 -0600

Snipped

>But there is no stable progress and I've been doing this for
>six months. Antonia Orfield is probably the example to draw inspiration
>from, but to match her one will have to take seven years off. Sorry, not in
>the 1990s. snipped
> I am currently reconstructing every
>single bit of my myopic life, analyzing the reasons for increases in myopia,
>and devising plans to fight them in the future. And I shall probably up my
>glasses for the last time before I undergo PRK. But I admit, I am utterly
>reluctant to do it and am still wavering. But I have a parallel in my recent
>past where I increased power and had the most rewarding days EVER following
>years of foggy semi-existence. My current slump into myopia is related to an
>extraneous shock, which, regretfully, I was not mature enough to handle. As
>soon as I convince myself that I am able to handle higher power ('cause for
>a plus enthusiast there is a lot of unease of going counter my beliefs),
>I'll up my glasses.

I can really relate to what you are going through Stefan. You sound like one of my clients telling me their story. I humbly submit that you are at a very important step in the unfolding of your vision enhancement. If you will bear with me I will share some of my observations. Please understand that these are simply my perspectives that might be useful if not now in the future.

Improvement in vision first happens in our perceptions which is not measured in the eye but in our behavior as witnessed on the eye chart. To base success on the refractive changes as measured by the eye doctor is a myopic mind trap. The decreases in diopters is much slower than the

increases in perception as seen on the eye chart.
Visual acuity only improves as fast as one is ready to see. This means changing one's attitude or mind state first is a vital step in the _PROCESS_. It appears that you are experiencing anger and frustration at this delicate juncture of your vision improvement _journey_. Keep acknowledging these frustrations because it is the fuel that will fire up the later structural changes in your vision. My favorite saying is _Believing is Seeing_. I personally have witnessed -10.0's with astigmatism reverting to -5.00 without astigmatism as measured by an optometrist who didn't have access to the patients previous records. Also, I have a colleague who refracts -1.50 astigmatism on an auto refractor who is 48 years of age who has perfect 20/20 in spite of the physical eye still being astigmatically deformed.

Elena and I once again are in agreement. To improve vision is to be relaxed and calm. As a photogrpahic artist, when I look at a nature scene in a relaxed manner, I take a gorgeous photograph. When I try and take a good photograph and focus through my intellect, the picture is technically good but it lacks warmth and feeling. To see clearly is to feel. I offer you my support on your vision quest.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

"Use the light that is within to regain your natural clearness, sight"

Luo Tzu

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-
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- Prev by Date: [genetic/hereditary vs functional/occupational myopia](#)
- Next by Date: [Laser surgery](#)
- Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
- Next by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
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Laser surgery

- *Subject:* Laser surgery
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Thu, 22 Feb 1996 21:10:20 -0600
-

Mario Torres <mtorres@wsmr-relay2.arl.mil> wrote:

> I have about 60 pages of literature from the Excimer Laser Center, I
>can share important bits from it if there is interest. I would like to
>hear about any pros or cons that people in this group know about the
>laser (PRK) surgery.
>

Hi Mario,

Thanks for bringing up this topic. I consider myself quite knowledgeable about laser refractive surgery (this term encompasses much more than the layman's idea of PRK - such as other types of laser (e.g. infrared, holmium, neodymium-YAG, solid state, besides the most popular fluore-argone excimer at 193 nm) and different techniques (PRK, LASIK). I've followed nearly every article since the pioneering work of Stephen Trokel in 1983, and "live-followed" the animal trials, the blind eye trials, the partially sighted eye trials, the normal eye trials (FDA phases I, IIa, IIb, and III), until the final approval of the FDA last October. I also follow the financial performance of all manufacturers of excimer laser systems as well as major surgery providers. I advise a small cap growth fund which recently bought shares of Laser Vision Centers International (OTC:LVCI) (a surgery provider) on my recommendation, but other than that I have no vested interest in the industry.

I'd love to jump into this topic. However, there is another thread currently "outstanding" towards which I feel equally compelled to contribute. I'll be giving preference to latter for the time being.

And another issue. I don't know if this list has something like a mission-statement, e.g. VT only. Refractive surgery is not VT. But neither is ortho-K. Also, VT does not end with refractive surgery, it is a life-long

process if one wants to keep their vision in shape. PRK just carves your glasses on your cornea. So, if there is really interest, I'll be happy to add my comments.

Stefan

=====

-
- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by Date: [Plus Glasses](#)
 - Prev by thread: [genetic/hereditary vs functional/occupational myopia](#)
 - Next by thread: [Re: Laser surgery](#)
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Plus Glasses

- *Subject:* Plus Glasses
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Thu, 22 Feb 1996 22:41:58
-

Inspired by all the recent chat about plus glasses, i spent the \$10 at the drug store and got me a pair of +1.5. I am still not clear what the benefit is supposed to be. I still have the same blur but now it is magnified. So, like, is this it?

Also it struck me as odd that nearsighted people have to sit in the doctors chair, look thru really expensive equipment, pondering that ever present question - "is this better ... (flip) ... or is this ...(flip)?, while far sighted people can go straight to the pharmacy and do that really tricky work themselves! And also, while i'm on a soap box, why did these glasses cost me \$10, while my myopic glasses cost about \$200?

Any thoughts?

Linda

=====

-
- Prev by Date: [Laser surgery](#)
 - Next by Date: ["succeptible eyes."](#)
 - Prev by thread: [Re: Laser surgery](#)
 - Next by thread: [Re: Plus Glasses](#)
 - Index(es):
 - [Date](#)
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"susceptible eyes."

- *Subject:* "susceptible eyes."
 - *From:* jknox1@swarthmore.edu (josh knox)
 - *Date:* Thu, 22 Feb 1996 23:57:23 -0500
-

Elena <solusrex@soho.ios.com> writes:

>At 03:47 PM 2/22/96 -0500, josh knox wrote:

>

>>Is there anyone on this list that thinks that genetic myopia can be
>>counteracted through the Bates method and/or VT?

>>

>There's even someone on this list who thinks that sunburn can be
>counteracted by staying out of the sun and/or wearing sunscreen.

>

>The same person doubts the very notion of "genetic myopia."

>

>An excellent term was used by Julia the family physician in today's mail:
>"susceptible eyes." Fair skin is susceptible to sunburn. (?????) eyes are
>susceptible to myopia. The question marks stand for the kind of
>genetics/mind/brain/personality/events those susceptible eyes are attached to.

>

>Elena

what is the sunscreen for eyes that will not only counteract/balance the damage that would have been done to normally "susceptible" (to large amounts of eyestrain/eye-damage/tension) eyes, but then also counteract the damage done as a result of the greater susceptibility? Granted, it is possible to exist on this earth in a life that doesn't require lots of close work, but that isn't the life I want to live at the moment. It is possible, also to be born w/ a susceptibility so strong that no matter what spf you put on, you will get burned and/or it would be impractical to wear that degree of protection (limit your close work so severely). I need to see the chalkboard etc. I can't do that w/out glasses at the moment. I will continue to try too improve my eyesight through VT, but at the moment strain is being created b/c my eyes are fighting the perscription and maybe the perscription is pushing my eyes from their natural 20/20 state. It might be that my eyes (& I'm not alone), & I guess what I mean by "genetic myopia" is this, are going to be myopic even if I use them in the least

"susceptible eyes."

stressful way possible.

Anyways, I'm not giving up, just curious if there is this wall which cannot be crossed by some (possibly large # of) people.

Love,

Josh Knox
Swarthmore College
500 College Avenue
Swarthmore, PA 19081-1397
(610) 690-3940

Life is suffering & pain to one not in touch with The Great Spirit/Universal ki (chi/qi) and his/her personal ki. We need to see/feel through it all & enjoy the beauty of being alive.

Have you washed your bowls yet?

Dan Quote of the week:

"Mars is essentially in the same orbit... Mars is somewhat the same distance

from the Sun, which is very important. We have seen pictures where there are

canals, we believe, and water. If there is water, that means there is oxygen.

If oxygen, that means we can breathe."

-- Vice President Dan Quayle, 8/11/89

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-
- Prev by Date: [Plus Glasses](#)
 - Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Prev by thread: [Re: Plus Glasses](#)
 - Next by thread: [Re: "susceptible eyes."](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Fri, 23 Feb 1996 01:37:08 -0600
-

Dr. Kaplan at Beyond_20/20@Sunshine.net (Beyond 20/20 Vision) wrote:

>I can really relate to what you are going through Stefan.

<A lot snipped>

> I offer you my support on your vision quest.

Dr. Kaplan,

Thank you for the words of encouragement. I keep resisting to up my glasses. If only I knew for sure that permanent positive changes are possible, all the wait is worth it. Otherwise, for someone who has something of a hawk in oneself, the foggy anguish is too costly to bear.

Stefan

=====

-
- Prev by Date: ["susceptible eyes."](#)
 - Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Fri, 23 Feb 96 08:48:42 UT
-

What Dr. Kaplan is saying is absolutely 100000% correct.

When I stopped wearing my contact 5 weeks ago, I looked around me and said to myself: "Oh boy, it's gonna be tough getting used to this blur". But I was willing to give it a shot.

Now, I only wear my glasses when I'm working on the computer and rarely while watching TV.

Blur is no longer an issue. I'm not even bothered by it. I look around me and enjoy what I'm seeing. And contrary to what people think when I say that I'm a -2.5,-3.00 myope, I SEE things. I drive my car during the day without glasses and it's absolutely safe (in my case). My wife I went for a walk on the beach yesterday and I was amazed of relative clarity of my vision.

The eye exam will improve with time.

george

From: owner-i_see@indiana.edu on behalf of Beyond 20/20 Vision
Sent: Friday, 23 February, 1996 11:18
To: i_see@indiana.edu
Subject: RE: Re: To the sceptics: Results of the first month of VT (fwd)

Improvement in vision first happens in our perceptions which is not measured in the eye but in our behavior as witnessed on the eye chart. To base success on the refractive changes as measured by the eye doctor is a myopic mind trap. The decreases in diopters is much slower than the increases in perception as seen on the eye chart. Visual acuity only improves as fast as one is ready to see.

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-
- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by Date: [laser \(PRK\) surgery](#)
 - Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
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laser (PRK) surgery

- *Subject:* laser (PRK) surgery
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Fri, 23 Feb 1996 10:40:57 -0600 (CST)
-

On Thu, 22 Feb 1996, Mario Torres wrote:

> I am currently considering eye surgery myself. In particular I'm looking
> at having the PHOTOREFRACTIVE KERATECTOMY (PRK) otherwise know as the
> Excimer Laser surgery. I have talked with people at the the Maddox
> Excimer Laser Center (El Paso Texas) about it and they say that I am a
> good candidate for this surgery. I have talked to someone who had it done
> and she said that she was at a -9 and that now she is at 20/20. I do
> have to stay off my hard contact lenses for at least 3 months, so I guess
> this means that I have three months to think about.

>
> I have about 60 pages of literature from the Excimer Laser Center, I
> can share important bits from it if there is interest. I would like to
> hear about any pros or cons that people in this group know about the
> laser (PRK) surgery.

>
Yes, I am interested in what you have learned about PRK. I am using PCM to correct my myopia. I am studing Ortho-K and PCM and will continue to bring information about both to this list. I personally believe that Ortho-K or PCM should be used before surgery. These techniques achieve the same as surgery but take a while longer (and possibly more expensive). Since I have experience with PCM I can talk about my successes and failures.

I joined the i_see list to gain knowledge about different eye care and correction techniques. You are the first (since I have been on the list) that is willing to give your thoughts on the subject about what you expect from surgery. I would also like to hear what you had to go through on a personal level. What happens during and after the surgery...

Since few people on this list have had surgery or used Ortho-K or PCM, there is little personal experience with these techniques available. The people using these techniques don't need a support group. They use their doctor and his patients for support.

The VT and Bates techniques are outside the commercial vision treatment system. Support for these techniques outside of this list is rare. I believe that without the support this list gives to these people, this list would die. Also, these people would possibly discontinue these techniques in frustration, because of the length of time needed to achieve results. I have learned many things from this list and am grateful these people have gotten together. Insight can be achieved from this list immediately or over many weeks.

Another thing that has made this list successful is the importance sight has in each person's life. In contrast, dental problems are fixed and you continue your life without regard to your teeth until you have another problem. What if you could change the way you take care of your teeth and would not have to go to the dentist any longer. Or only have annual checkups. Simple techniques at home would prevent plak buildup, and no cavities... I would like to see a list on dental health care. Would there be enough interest to keep it going? One piece of information for you about dental health care, for those that do not know. You should, without fail, brush and floss your teeth before you go to bed! Once you brush your teeth *do not* eat or drink (except water) anything until morning. Following that advice will save you a lot of agony and expense. Well, this is not a dental group, enough said.

Rob Barnett

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- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by Date: [Re: Laser surgery](#)
 - Prev by thread: [Re: "susceptible eyes."](#)
 - Next by thread: [vision therapy](#)
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Re: Laser surgery

- *Subject:* Re: Laser surgery
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Fri, 23 Feb 1996 11:50:29 -0500
-

At 09:10 PM 2/22/96 -0600, Stefan Ivanov Stefanov wrote:

>And another issue. I don't know if this list has something like a
>mission-statement, e.g. VT only.

It probably shouldn't -- or else there should be separate lists for different kinds of myopia. But I haven't yet come across any comments on MHO that "myopia" is a blanket term as indefinite and non-specific as "fever" or "insanity." My two cents: VT is the only thing appropriate for some kinds of myopia, while PRK or ortho-K may be appropriate for other kinds... and I also predict that hormonal injections might prove necessary for yet another kind, psychotherapy for yet another, a combination of all of the above for yet another, and so on. But a dozen distinctly separate and different conditions masquerading under the common symptoms of blurred distance vision and the generic name of "myopia" is something yet to be discovered. So where we are now, I wouldn't go for surgery, or anything else that's invasive and irreversible. For several months, I've followed comments from post-PRK patients on sci.med.vision. They range from "the greatest thing I ever did for myself" to "if I knew in advance what it would be like I wouldn't do it" to "the biggest mistake of my life." Quite irrespective, as I observed, of the objective vision acuity achieved in each case. I think this may be more evidence in support of my idea: subjective satisfaction depends on whether the procedure just happened to be applied to the right or wrong case. And there's no way to be sure in advance which case you're going to be. If I had a control group of eyes on me I would probably try it myself.

Another concern: even if everything is perfect for a while... long-term effects? In 1987, I was scheduled to undergo RK in Moscow, in the clinic of prof. Fyodorov, the inventor of the modern (post-Japanese) RK method. They'd been doing it for at least ten years by that time, maybe more. I now bless my lucky stars for procrastinating and being indecisive as long-term

results of this mass butchery begin to surface.

Elena

=====

-
- Prev by Date: [laser \(PRK\) surgery](#)
 - Next by Date: [Laser surgery](#)
 - Prev by thread: [Laser surgery](#)
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Laser surgery

- *Subject:* Laser surgery
- *From:* Mark Hopgood/estec/ESAdev
- *Date:* 23 Feb 96 18:50:48

A guy I know had corrective surgery, but after 6 months his eyes have started to return to their myopic state.

Does anyone else have any experince of this?

=====

-
- Prev by Date: [Re: Laser surgery](#)
 - Next by Date: [Re: Plus Glasses](#)
 - Prev by thread: [Re: Laser surgery](#)
 - Next by thread: [RE: Laser surgery](#)
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Re: Plus Glasses

- *Subject:* Re: Plus Glasses
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Sat, 24 Feb 1996 15:03:11 +1100 (EST)
-

>_From: Linda

>

> And also, while i'm on a soap box, why did these glasses cost me \$10,
> while my myoptic glasses cost about \$200?
> Any thoughts?

capitalism.

Vic

=====

-
- Prev by Date: [Laser surgery](#)
 - Next by Date: [RE: Laser surgery](#)
 - Prev by thread: [Plus Glasses](#)
 - Next by thread: ["susceptible eyes."](#)
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RE: Laser surgery

- *Subject:* RE: Laser surgery
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sat, 24 Feb 96 06:51:54 UT
-

I would really like to hear what people have heard/seen/experienced... in relation to laser surgery.

Anyone cares to comment?

george

>From: owner-i_see@indiana.edu on behalf of Mark Hopgood/estec/ESAddev
>Sent: Saturday, 24 February, 1996 4:14
>To: i_see
>Subject: Laser surgery
>

>A guy I know had corrective surgery, but after 6 months his eyes have
>started to return to their myopic state.
>Does anyone else have any experince of this?

=====

-
- Prev by Date: [Re: Plus Glasses](#)
 - Next by Date: [Re: Laser surgery](#)
 - Prev by thread: [Laser surgery](#)
 - Next by thread: [Re: Laser surgery](#)
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Re: Laser surgery

- *Subject:* Re: Laser surgery
 - *From:* [Beyond 20/20@Sunshine.net](#) (Beyond 20/20 Vision)
 - *Date:* Sat, 24 Feb 96 18:21 PST
-

Mark Hopgood you wrote on 23 Feb 96 18:50:48

>A guy I know had corrective surgery, but after 6 months his eyes have started
>to return to their myopic state.

>Does anyone else have any experince of this?

In my book *The Power Behind Your Eyes*, I cite two cases I have personally interviewed after eximer laser surgery for nearsightedness. In one case, after the surgery, the man developed a floater that became so annoying that it affected his daily life. He became very depressed, lost his job and went into clinical depression. In the second case, a doctor developed a detachment of the retina and could no longer see patients. He has now filed a law suit against the ophthalmologist. In the third case, a woman I saw had -15.00 diopters in her glasses had a very successful surgical correction, and now wears a weak prescription for day time use. She is very happy.

I am photographing my clients corneas, who have the surgical procedures for correction of nearsightedness and placing it in their files to take out in a few years for comparison.

I report my examples and let others make their choices.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

"Use the light that is within to regain your natural clearness, sight"

Luo Tzu

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-
- Prev by Date: [RE: Laser surgery](#)
 - Next by Date: [Re: Laser surgery](#)
 - Prev by thread: [RE: Laser surgery](#)
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Re: Laser surgery

- *Subject:* Re: Laser surgery
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Sun, 25 Feb 1996 01:21:06 -0600
-

Elena <solusrex@soho.ios.com> wrote:

>Another concern: even if everything is perfect for a while... long-term
>effects? In 1987, I was scheduled to undergo RK in Moscow, in the clinic of
>prof. Fyodorov, the inventor of the modern (post-Japanese) RK method.
>They'd been doing it for at least ten years by that time, maybe more. I now
>bless my lucky stars for procrastinating and being indecisive as long-term
>results of this mass butchery begin to surface.
>

True. I would never undergo RK, even if they give me money for it. When I first heard of RK about 10 years ago I wondered when the cornea stops to flatten following the incisions. The fact: it may never do. THE benchmark study of RK is the PERK (Prospective Evaluation of Radial Keratotomy) study, carried in the US for about 12 years in the 1980s and early 90s. It found that a large proportion (43%) of eyes changed in the hyperopic direction by 1.00 D or more over the course of the study. Second, the structural strength of the cornea is forever weakened. There have been quite a few cases of cornea bursting after blunt traumas (a good review is in the Feb 96 issue of Arch Ophthalmol). Third, fluctuating acuity is also a concern. In sum, RK - forget it. I can't comprehend how on earth about 200-250,000 people have RK in the US each year.

PRK, in contrast, looks much safer. The corneal strength is not compromised. By virtue of the procedural method, there is no long-term hyperopic shift. But there may be a myopic one, this only time can tell. There is always some degree of regression due to stromal remodelling and that's why surgeons allow for it by "overcorrecting". Yet, the restoration of the epithelium and its anchoring to the anterior stroma does act like a blocking mechanism to excessive collagen build-up, i.e. regression. Well, I might be getting too technical here, although I have bearly scratched the surface.

Elena wrote:

>I've followed
>comments from post-PRK patients on sci.med.vision. They range from "the
>greatest thing I ever did for myself" to "if I knew in advance what it would
>be like I wouldn't do it" to "the biggest mistake of my life." Quite
>irrespective, as I observed, of the objective vision acuity achieved in each
>case. I think this may be more evidence in support of my idea: subjective
>satisfaction depends on whether the procedure just happened to be applied to
>the right or wrong case.

Agree. I would also ask WHY are they unhappy?

Satisfaction=reality-expectations. Patient satisfaction studies show that the main reason of dissatisfaction is Regression of Effect, i.e. reversing back to myopia (the reason being stromal wound healing). If a 20/800 myope has 20/20 vision for a month after PRK and then slips to 20/60, he or she may still be happy. A 20/100 myope, on the contrary, who undergoes PRK hoping to get rid of lenses forever and finds himself with 20/40 after surgery, may fall into depression. The exact pharmacologic manipulation of the corneal wound healing after PRK is currently a hot research issue and things are bound to get better.

Another aspect, WHEN did they have the procedure? Earlier PRKs were done with a smaller ablation diameter 4-5mm. At the same time the pupil's diameter in darkness is usually more than 5mm - about 5.5-6mm. Light coming into the eye thus gets refracted differently and night vision becomes a nightmare. I've spoken to a guy from Germany who had PRK with 5mm and who said that during the day he could see fine, but his night vision was "trashed" (his word). Current PRKs are usually done with 6mm, most lasers can ablate up to 7mm in diameter. I would urge everybody considering PRK to have their pupil diameter measured in darkness. If it happens to be 7mm or more, one should think twice about PRK.

PRK is not without risks, of course. Haze is often cited, but usually it clears within a few months (haze is caused by "SOS" behavior of specific cells, keratocytes, in the corneal stroma. They gradually "calm down"). My biggest concern is the loss of Best Corrected Visual Acuity. I am not willing to sacrifice *ANY* of my BCVA. Currently loss of 2 or more Snellen lines happens with about 5% of eyes. Data is scarce about the percentage of eyes losing one line (one line is considered within the "noise" of measurement), but is probably in the teens. I am extremely risk-averse in this situation, with my acceptance level being around 0.01% for loss of two lines. The primary reason for loss of BCVA is the inducement of irregular corneal astigmatism, which, in turn, is most often caused by unhomogeneity in the laser beam. No ophthalmologist will tell you this. Enter the specifics of different laser systems, maintenance procedures, beam characteristics, etc. A limited number of companies offer choice of equipment, few patients make an informed decision. I am no guru myself, so don't ask me whose laser is best; but I'll research the issue thoroughly when time for my PRK comes. Homogeneity may differ from machine to machine, depending on calibration.

Solid-state lasers (they use crystal to generate the laser) offer a much more homogenous beam, but they are still not in wide use.

So far, most PRK stories that I've heard have been positive, including by myopes in the -8-9D range. I continue to prefer PRK over the much touted LASIK. But it should be clear that although VT does not end with refractive surgery, the latter is a betrayal towards VT. Pure VT faithfuls should not taint their life with refractive surgery.

Disclaimer: I've offered the above in good faith but I am not a doctor and will not bear any responsibility for action or inaction taken in connection with the above statements. Consult an authorized medical professional for your vision care problems.

(Sorry, fact of life)

Stefan

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-
- Prev by Date: [Re: Laser surgery](#)
 - Next by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Prev by thread: [Re: Laser surgery](#)
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RE: Re: To the sceptics: Results of the first month of VT (fwd)

- *Subject:* RE: Re: To the sceptics: Results of the first month of VT (fwd)
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Sun, 25 Feb 1996 12:14:56 -0500
-

At 08:48 AM 2/23/96 UT, "George Tohme" <PolySoft@msn.com> wrote:

>contarry to what people think when I say that I'm
>a -2.5,-3.00 myope, I SEE things. I drive my car during the day without
>glasses and It's absolutely safe (in my case).

I have nightmares about a member of this group getting into an accident on account of becoming as adventurous with driving as with other activities. I'm all for adventure and exploration -- but driving is the only thing I feel like leaving out of this until/unless I have at least a permanent, reliable, unfluctuating 20/40 with whatever I use (weaker glasses or the new, improved bare eyes). I would strongly urge others to follow suit. You don't want any additional risks in situations like encountering a pizza delivery boy who loses a bonus unless he delivers it on time and runs a red light at 60 mph (true story that cost my previous car its life and nearly cost me mine... but I did have a split second to react, something I might not be able to do if I saw him this split second later.)

And George -- congrats on your success!

Elena

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- Prev by Date: [Re: Laser surgery](#)

- Next by Date: [vision therapy](#)
- Prev by thread: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
- Next by thread: [Dr. Bill Stacy, skeptic](#)
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vision therapy

- *Subject:* vision therapy
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
 - *Date:* Sun, 25 Feb 1996 12:36:49 -0800
-

Hello! I am new to the mailing list and would be interested in hearing from people who have had results from their VT. I would like to know what kind of results you have experienced, how long it took for you to have results and what exercises or relaxation techniques have worked best for you. I have just started VT and don't really know what to expect but I am quite excited about the prospects. I think I probably need a reality check so I don't get discouraged if I don't see any immediate results.

I also have a few other questions. I would be interested in knowing what percentage of myopes have allergies or food sensitivities. This may sound a little odd but a few weeks ago there was some talk on your list about protein deficiency maybe being linked to myopia. In addition to being a myope I also know that I have both allergies (food sensitivities) and protein deficiency. I see the latter two as going hand in hand. Often (I'd say in all cases) we develop allergies because of our inability to properly digest protein, usually because of a lack of enzymes in our system. This in turn becomes a cycle in that without properly absorbing (or digesting) the proteins that we eat, we cannot produce the enzymes that we need to digest them...and so it continues. In my own little analysis, I was speculating that if indeed we as myopes tend to crave carbohydrates instead of proteins, maybe it is because our digestive system is in such a state that we can better deal with carbohydrates. Just a thought. Have any studies been done on this subject?

Was it here that I read that myopes also tend to be low in salts? Something else I have been diagnosed as having. Of course these are things that I am in the process of correcting hoping that it might facilitate my quest for better vision, and improve my health of course.

One last comment, bags or dark circles under the eyes are very often caused by food allergies. If they are dark circles that never seem to disappear, it would be my suspicion that they are caused by a food that you are eating

on a daily basis (ie milk or wheat). I think it was George who was inquiring about this subject.

I look forward to hearing any words of encouragement about vision therapy.

Carla Wilson

carla wilson
school district 52

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- Prev by Date: [RE: Re: To the sceptics: Results of the first month of VT \(fwd\)](#)
 - Next by Date: [Re: "succeptible eyes."](#)
 - Prev by thread: [laser \(PRK\) surgery](#)
 - Next by thread: [What causes "eyebags"? Q & A](#)
 - Index(es):
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Re: "succeptible eyes."

- *Subject:* Re: "succeptible eyes."
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Sun, 25 Feb 1996 19:44:25 -0600
-

jknox1@swarthmore.edu (josh knox):

>Anyways, I'm not giving up, just curious if there is this wall which cannot
>be crossed by some (possibly large # of) people.

I'm certainly not interested in any walls.
There is no absolute knowlegde. Since it apriori
excludes experiences which are not easily repeatable,
demonstrable to others, or communicable, scientific
skepticism can never claim to be a method that leads
to complete truth. It is useful indeed, but partial.
Fortunately, VT is demonstrable.

(Sorry, I just like to reflect on paradigms.)

Mark

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- Prev by Date: [vision therapy](#)
 - Next by Date: [What causes "eyebags"? Q & A](#)
 - Prev by thread: ["succeptible eyes."](#)
 - Next by thread: [laser \(PRK\) surgery](#)
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What causes "eyebags"? Q & A

- *Subject:* What causes "eyebags"? Q & A
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 25 Feb 1996 23:18:06 -0500 (EST)
-

----- Forwarded message -----

Date: Tue, 20 Feb 96 07:03:33 UT
From: George Tohme <PolySoft@msn.com>
To: I_SEE <i_see@indiana.edu>
Subject: Eyebags

Hello,

could someone explain to me the function of the area of the face below the lower eyelids?

Why does it turn black/purple... and become swollen? any suggested remedies?

many thanks

george

----- Forwarded message -----

Date: Wed, 21 Feb 1996 09:29:33 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: I SEE <i_see@indiana.edu>
Subject: RE: Eyebags

kcris@gate.net wrote:
> kidneys george kidneys.

George Tohme:

> can you elaborate? They seem to get darker after I spend long nights reading
> or working on the computer.

Well here is a different explanation, which I got from a book called "Eye Strain" by V. Brumer. It seems appropriate. Brumer was a Manchester optician who believed in the "plus lenses good -- minus lenses bad" theory. His book is on how eye strain, or as he calls it "uncontrolled visual functioning" takes its toll on the eyes. According to Brumer, excessive near work and minus lenses are both prime causes of eye strain. He recommends plus lenses for schoolchildren as a means to prevent myopia as well as other "depredations". He also says eye strain is the ultimate cause of every other eye disease. Anyway, here is what he has to say about dark bags under the eyes.

The cosmetic depredations caused by eye-strain can range from mild to very severe forms. In its mildest form it is exemplified by the discoloration of the tissues immediately underneath the eye. These discolorations are commonly termed black shadows and in their most intense form they can, indeed, be very black. It is a symptom of the excessive energy demands of the eye, whereby the immediate surrounding tissues are robbed of their due share. The explanations hitherto put forward for these manifestations are evidence that they have not yet been properly understood. Kidney disfunction, undernourishment, worry, lack of sleep, menstruation and disturbances of the reproductive organs have all been enumerated as likely causes.

No attempt has been made to explain why these symptoms should make their appearance immediately around the eyes. Why, for example, should not worry and lack of sleep induce acute discoloration of other parts of the face, such as the upper lips, the chin or the forehead? Quite obviously because these symptoms are of local significance. That the medical profession has not yet realised a proper valuation of these symptoms is evidenced by a general practitioner writing in the /British Medical Journal/ of October 16, 1937. He describes the case of a young woman recovering from a bad general breakdown and the appearance of black shadows under the eyes. The shadows vary in make-up as a causation was dismissed after a lengthy period of observation. The doctor was inviting suggestions for getting rid of intensity, being palest after a good night's sleep. The incidence of the shadows.

This is obviously dated; you can ask around on sci.med.vision to see if any better theories have come up. By the way, George, if you or anyone else in the UK could help me find the person who now owns the publishing rights to this book "Eye Strain" I would greatly appreciate it. I'd like to make large portions of it available on the web. The book was published by "Victor Optical Company", St. Helens -- Lancashire in 1953.

--Alex <aeulenbe@indiana.edu>

----- Forwarded message -----
Date: Fri, 23 Feb 1996 23:01:50 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: I SEE <i_see@indiana.edu>
Subject: Correction: George is from Australia!

On Thu, 22 Feb 1996, George Tohme wrote:

> Alex,
>
> I'm actually in Australia not the UK. I will ask around to see if I can find
> anything about the book.
>
> Many thanks for the info.
>
> George

>
> *****
> >This is obviously dated; you can ask around on sci.med.vision to see if
> >any better theories have come up. By the way, George, if you or anyone
> >else in the UK could help me find the person who now owns the publishing
> >rights to this book "Eye Strain" I would greatly appreciate it. I'd like
> >to make large portions of it available on the web. The book was published
> >by "Victor Optical Company", St. Helens -- Lancashire in 1953.

> >--Alex <aeulenbe@indiana.edu>
>
>
>

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- Prev by Date: [Re: "susceptible eyes."](#)
 - Next by Date: [New Members](#)
 - Prev by thread: [vision therapy](#)
 - Next by thread: [New Members](#)
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New Members

- *Subject:* New Members
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 25 Feb 1996 23:20:57 -0500 (EST)
-

----- Forwarded message -----
Date: Thu, 22 Feb 1996 15:11:35 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: I SEE <i_see@indiana.edu>
Subject: "Family Physician" treats her myopia

This letter to me was posted on sci.med.vision. I hope Julie joins the "I SEE" list!

--Alex

----- Forwarded message -----
From: jralls7959@aol.com (JRalls7959)
Newsgroups: sci.med.vision
Subject: Re: Acuity can be improved
Date: 21 Feb 1996 08:35:55 -0500

Dear Alex,

From what I have read in my spare time, there is a lot more that we don't know than we do know, whether we are doctors, M.D.s, or not. I see in my reading and in my patients much data that conflicts with the generally accepted paradigm, at least in the U.S., that myopia is structural.

I can't remember any of my own obese patients ever loosing 100 lbs, though I've met many who needed to. I'm sure all my obese patients could loose the weight though if they stuck with the lifestyle changes necessary for success.

From what I've read on the epidemiology, myopia is a condition of use/abuse, close up work in succceptible eyes. It can't be a genetic normal biological variant and increase so rapidly over two to three

generations. If it's like obesity, then it will take a very dedicated person with severe myopia to make the necessary lifestyle changes to reverse it. I see no long term studies controlling all variables proving that vision therapy does not work. I've read many showing vision training, biofeedback, reading glasses etc, do work short term. I've tried these changes myself and have had some success. When I stick with the program, my vision improves, I even had it objectively measured by a behavioral optometrist who found a decrease in my myopia of about one diopter. But of course, she was not an M.D. and therefore was not scientifically trained with multiple choice and true false quizzes and sleep deprivation training during her residency so she was obviously biased and confused. So I went to lens crafters and had a non-biased person measure and confirm the same improvement.

At times I can see 20/20 so I know however unscientific this knowing is, that at least briefly, the focusing mechanism of my eye can overcome its excessive length. This is fun but also a little upsetting after wearing glasses for 25 years and seriously considering eye surgery. None of my physicians ever mentioned vision training as an option. Basically, I'd like to say that I appreciate your comments. I think each person should feel free to look over the information for themselves and not just let a specialist do their thinking for them.

Sincerely,

A functional myope and family physician
julie

----- end of forwarded message -----

----- Forwarded message -----

Date: Thu, 22 Feb 96 14:02:16 MST

From: Mario Torres <mtorres@wsmr-relay2.arl.mil>

To: i_see@indiana.edu

Subject: "Family Physician" treats her myopia

> I can't remember any of my own obese patients ever loosing 100 lbs,
> though I've met many who needed to. I'm sure all my obese patients could
> loose the weight though if they stuck with the lifestyle changes necessary
> for success.

Excellent point! I wonder if this is how obese people feel: Becuase of my everyday and demanding close work (I'm a software engineer), I feel like there is now way that I can stop wearing my glasses or contacts, I'm too dependent on them.

> At times I can see 20/20 so I know however unscientific this knowing
> is, that at least briefly, the focusing mechanism of my eye can overcome
> its excessive length. This is fun but also a little upsetting after
> wearing glasses for 25 years and seriously considering eye surgery. None

I am currently considering eye surgery myself. In particular I'm looking at having the PHOTOREFRACTIVE KERATECTOMY (PRK) otherwise know as the Excimer Laser surgery. I have talked with people at the the Maddox Excimer Laser Center (El Paso Texas) about it and they say that I am a good candidate for this surgery. I have talked to someone who had it done and she said that she was at a -9 and that now she is at 20/20. I do have to stay off my hard contact lenses for at least 3 months, so I guess this means that I have three months to think about.

> of my physicians ever mentioned vision training as an option. Basically,
> I'd like to say that I appreciate your comments. I think each person
> should feel free to look over the information for themselves and not just
> let a specialist do their thinking for them.

Wow, I must admit that I'm impressed about a specialist admitting to the fact that they are not gods or know-it-alls ;)

>
> Sincerely,
> A functional myope and family physician
> julie

I have about 60 pages of literature from the Excimer Laser Center, I can share important bits from it if there is interest. I would like to hear about any pros or cons that people in this group know about the laser (PRK) surgery.

Thanks in advance,
Mario Torres

----- Forwarded message -----
Date: Thu, 22 Feb 1996 21:02:27 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: I SEE <i_see@indiana.edu>
Subject: What is 'VT'?

> Date: Thu, 22 Feb 1996 20:26:22 -0500 (EST)

> From: "Halpern - Edythe C." <ehalpern@umd5.umd.edu>
> Subject: What is 'VT'?

> I recently subscribed to this mailing list and have been wondering what
> the term 'VT', mentioned occasionally here, means. I was hoping that a
> posting would come along with an explanation, but I have not seen any so
> far. So, for this new subscriber, could someone post an explanation.

Edythe, the "V" stands for "vision" or "visual", and the "T" stands for
"training" or "therapy". I think the reason people use the abbreviation
is because they can't agree on which words to use!

By the way, this abbreviation originates from the optometric profession.
Ophthalmologists tend to use the word "orthoptics". Most "normal" people
would simply say "eye exercises" in place of all these expressions but for
one reason or another most eye doctors in the business try to avoid this
expression because of what they think are bad connotations. Bates often
used the term "eyesight education" or "re-education" because his method
emphasized the mental side of sight, particularly imagination and memory.

--Alex

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- Prev by Date: [What causes "eyebags"? Q & A](#)
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One more new member!

- *Subject:* One more new member!
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 25 Feb 1996 23:22:00 -0500 (EST)
-

----- Forwarded message -----

Date: Sun, 25 Feb 1996 12:36:49 -0800
From: carla wilson <carlwils@cln.etc.bc.ca>
To: i_see@indiana.edu
Subject: vision therapy

Hello! I am new to the mailing list and would be interested in hearing from people who have had results from their VT. I would like to now what kind of results you have experienced, how long it took for you to have results and what exercises or relaxation techniques have worked best for you. I have just started VT and don't really know what to expect but I am quite excited about the prospects. I think I probably need a reality check so I don't get discouraged if I don't see any immediate results.

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I look forward to hearing any words of encouragement about vision therapy.

Carla Wilson

carla wilson
school district 52

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- Prev by Date: [New Members](#)
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No Subject

- *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Mon, 26 Feb 1996 15:01:24 +0000 (GMT)
-

>
> Plus lenses, Dr. Harris attests, when worn by non-myopes, can create more
> farsightedness -- the flip side of "plus lenses for myopia." However,
> both behavioral optometrist Harris and traditional "skeptical"
> optometrist Bill Stacy agree that hyperopia never becomes as
> "pathological" as myopia often does.
>
> The following two posts were taken from the sci.med.vision newsgroup.
>
> --Alex
>
>

Plus lenses create more far-sightedness in non-myopes?
I don't fully follow what Dr H is getting at below, but allow me
to recount my experience (as a non-myopic amblyope):

With my "good" eye, I have always had excellent distance vision without
glasses. (I stopped wearing my prescribed (strongly plus) glasses at
age about 16, mostly out of vanity, but also as even my eye doctors
said they would do no more good after about this age).
However, in my mid-40s, I finally gave in to the idea that I must be
by now presbyopic, since reading small print by anything other than good
daylight was becoming painful to impossible, and using a VDU was getting
more and more stressful. However, at this time, my distance vision with
my "good" eye was subjectively as good as it had ever been.

About 12-18 months ago, I started wearing drug-store reading glasses
to help with the above situations (+1 or +1.5). I must admit that
in some cases, I was too lazy to take them off and put them in the case,
and sometimes would find myself wearing them to get about the house, or
get about my office building. Whether it was the latter behaviour or
just using the plus lenses at all, I am sure that my distance vision

suffered as a result; perhaps not permanently, but definitely for some time after taking the reading glasses off. e.g. I found I was screwing my eyes up to recognise people in the distance that I never used to have any problems with.

My own "theory" about this is that while the reading glasses are great for giving your (presbyopic) eyes a break, i.e. by essentially doing the focusing for them, they also allow them to get very lazy, and I suspect this is why they appear to affect distance vision after prolonged use. (I'm using "lazy" in the colloquial sense, not in the "lazy eye" sense). In summary, my feeling is (as my gut feeling always was before ever trying them) that reading glasses, unless used only for the minimum, can do harm to your "natural" eyesight (despite what the ads for them say). You must not - as I did - start to depend on them totally. I am now trying to wean myself off them gradually, and will be trying to go back to the path of VT (in a general sense - I am not convinced about any one method, I have to say).

This may not have much to do with Dr Harris and his theories, since I guess in the general case, he is not talking about presbyopic eyes, but I pass it on for what it is worth.

Mike.Ellwood@rl.ac.uk

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- Prev by Date: [One more new member!](#)
 - Next by Date: [Re: Laser surgery; To discuss or not to?](#)
 - Prev by thread: [One more new member!](#)
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Re: Laser surgery; To discuss or not to?

- *Subject:* Re: Laser surgery; To discuss or not to?
 - *From:* Mario Torres <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Mon, 26 Feb 96 8:32:39 MST
-

> And another issue. I don't know if this list has something like a
> mission-statement, e.g. VT only. Refractive surgery is not VT. But neither
> is ortho-K. Also, VT does not end with refractive surgery, it is a life-long
> process if one wants to keep their vision in shape. PRK just carves your
> glasses on your cornea. So, if there is really interest, I'll be happy to
> add my comments.

>
> Stefan

Good point. I guess it would be up to the moderator (Alex) and the rest of the subscribers. I would think that its okay to discuss as an alternative to VT and weigh the pros and cons accordingly. Certainly with that in mind, before we engage into the debatables, we must present the facts that we have on hand. As of now PRK surgery is a much more expensive and perhaps less emotionally rewarding alternative to VT. I am also trying to dig for some unadvertised side-effects or consequences of PRK, I'm a bit leary of the literature given by the PRK clinic and I wonder if its not a bit biassed.

I will wait a bit for more feed-back to see if we should post here or else we can create our own email exchange. There are a couple of other people who want to know more about it.

Mario

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-
- Prev by Date: [No Subject](#)

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Re: Laser surgery

- *Subject:* Re: Laser surgery
 - *From:* Mario Torres <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Mon, 26 Feb 96 8:47:50 MST
-

> Another concern: even if everything is perfect for a while... long-term
> effects? In 1987, I was scheduled to undergo RK in Moscow, in the clinic of
> prof. Fyodorov, the inventor of the modern (post-Japanese) RK method.
> They'd been doing it for at least ten years by that time, maybe more. I now
> bless my lucky stars for procrastinating and being indecisive as long-term
> results of this mass butchery begin to surface.
>
> Elena
>

Yes Elena this is exactly my concern, what are the long term effects? Its hard to swallow that so far there are "NONE" published or presented by anyone. Its one of the feelings like if its too good to be true. I guess the best way to find out is to get feed back from people who have had it done. I just recalled that one of my cousins who now studies in Rome had it done in Mexico a few years back. I have to admit he was one of those initial brave souls, then he said that it was great and that he was glasses free, wow! I will write and post how long ago it was since his surgery and what his comments are now.

Hasta la vista,

Mario

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- Prev by Date: [Re: Laser surgery; To discuss or not to?](#)
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Re: Laser surgery

- *Subject:* Re: Laser surgery
 - *From:* Mario Torres <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Mon, 26 Feb 96 8:51:00 MST
-

>
> A guy I know had corrective surgery, but after 6 months his eyes have started
> to return to their myopic state.
> Does anyone else have any experince of this?

Can you get any more information from this guy? Like what kind of surgery it was? How long did it take to heal? How does he know myopia is returning? To what degree? What was the myopia in terms of diopters before surgery? and after?

Thanks in advance,

Mario

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-
- Prev by Date: [Re: Laser surgery](#)
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Re: Eyestrain and position of glasses on nose

- *Subject:* Re: Eyestrain and position of glasses on nose
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Mon, 26 Feb 1996 13:04:45 -0800 (PST)
-

Mark:

If you are a myope, then pulling your glasses further away from your eyes makes the glasses less minus, so you are getting better. If you are a hyperope, just the opposite.

Herb Black

On 26 Feb 1996, Mark Hopgood/estec/ESAdev wrote:

```
> Hello, can anyone help me?
>
> I've been trying to improve my eyesight with various techniques and feel a lot
> more confident about leaving my glasses off.
>
> My problem is that when I wear my glasses normally, they strain my eyes.
> When i pull my glasses on to the end of my nose, everything is comfortable
> again.
>
> Does this mean that my eyesight is improving?
>
>
>
```

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- Prev by Date: [Re: Laser surgery](#)
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Surgical knife vs. laser surgery

- *Subject:* Surgical knife vs. laser surgery
 - *From:* John Stabile <d018133c@dcfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 26 Feb 1996 17:15:12 -0500 (EST)
-

I've heard that there is a method where this surgery is done by cutting with surgical knives as well as the method using laser. I know in Ecuador and Columbia it can be performed with surgical knives, supposedly with good success. Is there any difference in the results of these different methods of surgery--either short or long term? Has any study been made on these differences?

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- Prev by Date: [Re: Eyestrain and position of glasses on nose](#)
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Eyestrain and position of glasses on nose

- *Subject:* Eyestrain and position of glasses on nose
 - *From:* Mark Hopgood/estec/ESAdev
 - *Date:* 26 Feb 96 17:37:23
-

Hello, can anyone help me?

I've been trying to improve my eyesight with various techniques and feel a lot more confident about leaving my glasses off.

My problem is that when I wear my glasses normally, they strain my eyes. When i pull my glasses on to the end of my nose, everything is comfortable again.

Does this mean that my eyesight is improving?

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- Prev by Date: [Surgical knife vs. laser surgery](#)
 - Next by Date: [PRK - Too good to be true?](#)
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PRK - Too good to be true?

- *Subject:* PRK - Too good to be true?
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Mon, 26 Feb 1996 22:32:04 -0600
-

Somebody suggested that PRK was too good to be true. (I've been purging my mail boxes lately, and appologize for not recalling the name).

I want to strongly oppose this too-good-to-be-true attitude. It denies (or at least is slow to accept) scientific progress and usually underlyes a non-inventive mindset. History is full of examples of similar resistance, from the automobile (this thing cannot work), to the airplane (this thing cannot fly), to today's article in the Wall Street Journal ("Persistent Inventor Markets a Molecule", p.B1). I do not mean to say, as previously stated on the list, that a certain dose of scientific scepticism is not beneficial.

I maintain a fairly sizable database of people who have had refractive surgery, mainly PRK. The vast majority of them (98%) are very satisfied. I contact these people on a regular basis to follow their progress. Just two examples (and they are typical, not chosen for flashy commercial purposes):

a) A 38 year-old lady underwent PRK bilaterally approximately four months ago. Was about -8.0 D in both eyes before surgery. She now sees 20/25 and 20/30, her vision is pretty stable, has virtually no haze, and she feels like reborn. I met her on the Internet, and we have a very good 'net relationship. I completely trust her and touch base with her frequently.

b) A man in his late twenties had PRK one year ago. Was -3.0 D before surgery. He now sees 20/15 and 20/20 and has no complaints. "I see road signs before anybody else in the car", he told me when I called him earlier this evening. (He was one of my still "unexplored" references. I feel perfectly OK cold-calling such people as we all share a common pain. He lives in Detroit.) On the question about pupil size vs ablation diameter he said the doctor had told him that people with blue eyes and blond hair on general have larger pupils and should be more careful when deciding to have PRK. Presently I have no data to support or refute this observation.

Stefan

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- Prev by Date: [**Eyestrain and position of glasses on nose**](#)
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PRK - Long term complications

- *Subject:* PRK - Long term complications
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Mon, 26 Feb 1996 23:14:17 -0600
-

Of course, nothing can reveal long-term complications of PRK except time or clairvoyancy. But some basic intuition is usually helpful (sceptics will say that people's intuitions differ and only hard facts matter - well, I can't refute this argument, but even scientific hypothesis testing starts with intuition).

The following are four major areas of concern regarding possible long-term complications after PRK:

1. Stability of refraction. Acuity is considered generally stable after two-four months, but may fluctuate up to two years. Gradual regression into myopia is not improbable, but so far I haven't seen a longer-term study on this (and I am closely following the leading ophthalmic journals). I am not referring to the initial regression which is "normal", but to long-term creeping regression.

2. Potential keratoconus. The thinning of the cornea and the irreversible destruction of Bowman's layer makes the cornea more susceptible to bulging due to the intraocular pressure. Certain experiments have concluded that there is no risk for keratoconus provided the central depth of the ablation is less than 150 micrometers. You can calculate the central depth of your potential correction using the following approximating formula:

$$\text{Central Depth} = (D*d*d)/3 ,$$

where D is the attempted correction in diopters, and d is the ablation diameter in millimeters. The result is in micrometers. You may assume d=6 mm. The formula yields an error of about 0.5-1.5 micrometers as compared to exact values. The total thickness of the human cornea is about 500-520 micrometers.

3. Ultraviolet irradiation. Reduced corneal thickness poses a risk for increased UV irradiation the results of which are hard to predict.

4. Persistent haze. Some of the haze may not clear. This may be annoying even if the person sees 20/20.

Stefan

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Laser Therapy

- *Subject:* Laser Therapy
 - *From:* "Linda" <lle@comox.island.net>
 - *Date:* Tue, 27 Feb 1996 14:35:44
-

When i looked into laser therapy about 5 years ago i was told that, in Canada, it was not possible to have this procedure done since i was over 30 and had more then a -5 prescription.

When i asked about it, i was told that some studies had shown that people over 30 tend to revert rather quickly to their myopic states after the operation. I also learned that removing as much tissue as would be required to correct over -5 would be dangerous to the future of my eyeball.

Since i didn't meet either of their conditions, i turned to VT and spent the \$6,000 on a car. I didn't look into the matter any further so i'm afraid i can't quote the sources of these studies. Perhaps some Canadian opthamology organization would know more.

Linda Lee

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Vision Freedom

- *Subject:* Vision Freedom
 - *From:* "Linda" <llee@comox.island.net>
 - *Date:* Tue, 27 Feb 1996 14:47:30
-

I expect that many of us received a mailing from Brian Severinson telling us about his product 'Vision Freedom'? Does anyone know anything about these glasses?

I would appreciate hearing what anybody knows, although if they are a complete waste of time, please be gentle because i have already sent him my money -- i like to think of myself as open minded but perhaps i am just a sucker after all!

I even sprang the extra 4 bucks for the rush delivery so my hot little packet is probably already on its way. He guarantees results within 6 - 8 weeks or money back. As a person who has been using VT methods for over 4 years, i'm willing to give it a try.

I'll let you know what i find out. If you didn't get a note from him, the web address is:

<http://www.sisna.com/vision>

Linda Lee

- Prev by Date: [Laser Therapy](#)
- Next by Date: [Description of PhotoRefractive Keratectomy \(PRK\)?](#)
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Description of PhotoRefractive Keratectomy (PRK)?

- *Subject:* Description of PhotoRefractive Keratectomy (PRK)?
 - *From:* Mario Torres <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Tue, 27 Feb 96 15:54:08 MST
-

Following is what I've copied so far from the information given to me by a clinic in El Paso Texas. I've included some of my comments within brackets {}. I will latter post more details about PRK. This will serve as a basic introduction to the more clinical details to follow latter.

Mario

What is a PhotoRefractive Keratectomy (PRK)?
(Some of the basics)

Excerpts from Patient Information Document No. 711168
Summit Technology, Inc.

PRK is a surgical treatment for nearsightedness in which an excimer laser flattens the front surface of the cornea by removing small amounts of tissue.

WHAT IS AN EXCIMER LASER?

A laser is an instrument that can produce and control a powerful beam of light. Laser light can be directed and controlled more precisely than normal light, and it can be delivered in extremely brief, intense pulses.

The excimer laser produces a beam of ultraviolet light in pulses that last only a few billionths of a second. Each pulse removes a microscopic amount of tissue by evaporating it, producing very little heat and usually leaves underlying tissue almost the same.

HOW IS PRK PERFORMED?

A specially-trained eye doctor uses the beam from the computerized laser to remove small amounts of corneal tissue, precisely reshaping the cornea.

PRK has been studied for six years before approval in the U.S. It uses a computerized laser to correct myopia (nearsightedness). The excimer laser is well suited for corneal reshaping, because the removal of just tiny amounts of tissue can produce the results you need to correct your nearsightedness.

Prior to PRK, some drops are placed on the eye to numb it. Use of the laser beam lasts about 15-40 seconds. The laser removes a small portion of the surface tissue to reshape the cornea. This treatment is performed on one eye at a time. The second eye can be treated if all goes well and vision stabilizes without complications or adverse reactions. PRK of the second eye can be done 3 months after the first eye. {Actually I've heard the second eye can be done as early as a week or two after the first eye}

After this treatment, most people report that they no longer need to wear glasses or contact lenses. In the clinical trials, 66% of people could see 20/20 or better after their vision was corrected, and greater than 90% of people could see 20/40 or better, reporting that they could function normally and even drive without glasses or contact lenses. The remaining people experienced an improvement in vision without glasses or contact lenses but may still need to wear glasses or contact lenses for some tasks. PRK does not eliminate the need for reading glasses. In some patients, reading glasses may be required after treatment even if they were not worn before treatment. Vision may take a few months to clear up and stabilize.

ARE YOU A GOOD CANDIDATE FOR PRK?

Anyone who is considering PRK should:

- Be 21 years of age or older
- Have healthy eyes which are free from retinal problems, corneal scars, and any eye disease.
- Have mild to moderate myopia within the range of treatment: -1.5 to -7.0 diopters of correction with low astigmatism of (≤ 1.5 diopters).
{ Though this is as advertised because of FDA restrictions, I've talked to someone who had the surgery done and she had -9.0 diopter }
- Be fully informed about the risks and benefits of PRK as compared to other available treatments for myopia.

- Know that health insurance companies do not cover this, they consider it cosmetic surgery.

{How convenient! And dental braces are not?}

The most common risks associated with PRK include glare, halo, and haze.

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FW: Laser surgery

- *Subject:* FW: Laser surgery
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 27 Feb 96 23:33:55 UT
-

This is a copy of a message that I received from Sid on Laser Surgery.

George

From: Sid Gudes
Sent: Sunday, 25 February, 1996 4:58
To: George Tohme
Subject: RE: Laser surgery

At 06:51 AM 2/24/96 UT, you wrote:

>I would really like to hear what people have heard/seen/experienced... in
>relation to laser surgery.

>
>Anyone cares to comment?

Almost all of what I've heard is negative; after 6 months to a year the eyes start shifting and your vision is blurry again. This happened to a friend of mine; she didn't want to wear glasses, and is now walking around in a blurry world because she'll be damned if she's going to put glasses on again after paying for the operation!

IMHO, the failure of laser surgery shows that their model is wrong. They're going on the assumption that the eyeball is genetically too long (or too short) and if you just alter the cornea to refract light differently, you'll adjust for the length and all will be OK.

They aren't addressing any of the models that say eyeball length is dynamic, can change over time based on physical, mental, emotional, nutritonal, etc. criteria, and therefore laser surgery is not going to work for more than a few months.

They're going along with their model, and saying more along the lines of

"Well, we just don't know exactly how to reshape the cornea, but with better lasers we'll get it right..." The concept that their model is wrong would probably send them into shock. (Plus laser surgery generates big bucks, so there's more incentive to turn a blind eye. :-)

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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- Prev by Date: [Description of PhotoRefractive Keratectomy \(PRK\)?](#)
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Re: FW: Laser surgery

- *Subject:* Re: FW: Laser surgery
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Wed, 28 Feb 1996 11:18:52 -0600
-

George Tohme <PolySoft@msn.com> posted this forward from Sid Gudes:

>Almost all of what I've heard is negative; after 6 months to a year the eyes
>start shifting and your vision is blurry again. This happened to a friend
>of mine; she didn't want to wear glasses, and is now walking around in a
>blurry world because she'll be damned if she's going to put glasses on again
>after paying for the operation!

First, there is absolutely nothing wrong in wearing glasses after PRK. The perfectionist expectations of perfect, unwavering vision following the surgery border on naivety. Don't forget, PRK just carves your prescription on the cornea. After PRK you'll be always going around with your 20/20 (or whatever the result turns out to be) vision and we know what happens if you constantly wear your full prescription. Plus lenses should be emphasized even stronger, esp. in the first months after surgery.

Second, and much more importantly, the person's "propensity to myopia" (previously referred to as "susceptibility to myopia") must change. This is an exciting topic and I'll post about it later.

>IMHO, the failure of laser surgery shows that their model is wrong. They're
>going on the assumption that the eyeball is genetically too long (or too
>short) and if you just alter the cornea to refract light differently, you'll
>adjust for the length and all will be OK.

Genetically???? See my previous paragraph.

>They aren't addressing any of the models that say eyeball length is dynamic,
>can change over time based on physical, mental, emotional, nutritional, etc.
>criteria, and therefore laser surgery is not going to work for more than a
>few months.

The propensity to myopia is to blame, not laser surgery.

Stefan

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PRK some more details

- *Subject:* PRK some more details
 - *From:* Torres Mario <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Wed, 28 Feb 1996 13:46:33 -0700 (MST)
-

Stefan makes good points when he defends the new technologies being used to restore sight. It is indeed true that more often than not people tend to be very apprehensive when it comes to new ideas and procedures which latter on become the norm. Is this the case for PRK (laser surgery)? Is PRK the best, or at least straight forward, cure for myopia?

PRK is a fairly new procedure approved just last year by the United States' FDA, and the results are very encouraging and exciting for many. Following I share a few more details on what I have learned about PRK. I have to admit that upon reading this (and writting for posting) I have been fascinated by the detail and complexity of what is being done and achieved. As an engineer I have a good deal of appreciation for the thoroughness of the studies and research that evolved to produce PRK surgery. Read it and though you may begin to wonder if this is science fiction recall that this type of surgery is now being performed on thousands of persons each day. It has been estimated that as many as a quarter million people undergo some form of photorefractive surgery to heal their eyesight. (Humm... I wonder which stocks are related to this? ;)

Enjoy,

Mario A. Torres

Detailed Description of PRK
(PhotoRefractive Keratectomy)
Excerpt from an Informational Brochure
by Bobby Maddox, M.D.

Photorefractive keratectomy (also referred to as wide area ablation, corneal reprofiling, corneal sculpting, and laser

keratomelieusis) is the process of using the Excimer Laser to reshape the cornea in an effort to effect a change in the refractive characteristic of the eye and thereby correct or lessen myopia, (nearsightedness) hyperopia (farsightedness) and/or astigmatism. Using the Argon-Flouride Excimer Laser to accomplish photorefractive keractectomy is a dramatic departure from existing procedures such as radial keratotomy...

In PRK for myopia, the cornea is reshaped by the Excimer Laser without being cut or incised, normally effecting a change in the refractive properties of the cornea. The Excimer Laser uses photoablation, or high-powered pulsed ultraviolet radiation (light energy or photons) to remove tissue with an extremely high degree of precision. The excimer Laser is a unique computerized 193 NM Argon-Flouride laser which can reshape the front surface of the eye (cornea), acting at the atomic and molecular level, in as little as 20 seconds, without creating significant thermal damage to surrounding tissue. This special characteristic allows the Excimer Laser to be referred to as a "cold" laser. ("Cold" is a relative term, in that other lasers produce larger amounts of heat and thermal damage than does the Excimer Laser.) \

In an area of the central cornea, about the diameter of a drinking straw, 25 billion million photons (packets of light energy) per pulse shower down in a parallel fashion onto the cornea, photoablating, or removing, .25 microns of tissue with each laser pulse. [One micron equals one one-thousandth of a millimeter (1/1,000).] One cell (10 microns has to be hit or pulsed 40 times in order to be completely photoablated at .25 microns per pulse. The number of pulses needed to correct the myopia depends on the amount of myopia and the ablation zone size. Usually from 3% to 15% of the central corneal tissue is utilized for corneal reshaping for myopic corrections from -1.00 to -7.00

[An explanation of the size of a micron: The average single human cell is approximately 10 microns in height. The diameter of a single human hair is approximately 50 microns, and the thickness of the central cornea (the front surface of the eye) is a little over 500 microns (half a millimeter). Therefore, only one-tenth of a cell is penetrated by the excimer photons when penetrating one micron.]

Since each photon has energy equivalent to 6.4 electron volts, and the energy required to hold the protein atoms together in corneal tissue is only 3 electron volts, these molecular bonds holding protein molecules together in the cornea are broken, and molecules and atoms of tissue fly away from the cornea, .25 micron layer by .25 micron layer, at supersonic speeds. (This effect is referred to as the "plume of photoablated tissue." The laser's aperture (mechanical iris)simultaneously expands in a stepped fashion, until the desired optical zone and optical correction are achieved. Each pulse of 25

billion million photons acts only on those atoms of protein that are bonded together in an are of about 5 or 6 mm or larger, .25 microns in depth, or 1/40th of a single cell. (One cell is only 10 microns.) Each laser pulse last approximately 10 nanoseconds, which is 10 billionths of a second, at 10 pulses per second.

{ Next time we'll describe how Refractive correction is achieved by stepped photoablation with the Excimer Laser. }

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Summit announces plans for national campaign

- *Subject:* Summit announces plans for national campaign
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Wed, 28 Feb 1996 15:51:59 -0600
-

At around noon (EST) today Summit Technology, a Waltham, MA - based leading manufacturer of excimer laser systems for the correction of refractive errors announced its plans for a nationwide PRK promotion campaign. It also announced the opening of its first Summit Vision Center - in the Minneapolis/St. Paul metropolitan area (actually scheduled to open March 4). During the next three months Summit tentatively plans to open 18 additional centers across the USA (I have a list of these, if anyone is interested I can post it). These centers are the "spoke" part of its "hub and spoke" service system (much like the airlines). Some of the hubs - at leading medical institutions like Stanford Univ Medical Center, George Washington Univ Med Ctr - are already operating.

The promotion campaign is scheduled to air nationally around mid-April (it's been already running in selected markets since Jan 29). There will be a toll free number for a free brochure and everybody will be given the address of the nearest Summit Center and will be entitled to a free eye exam to determine eligibility for PRK. I already have the number (I called Summit last November) and will post it if there's interest (would've done so even now but don't have it handy. I posted it to sci.med.vision last year).

The company says that so far phone calls have exceeded expectations. A couple of warnings. Summit is closing its UK operations which it says were useful "beta sites" (???) and last week the founder and most dedicated person behind Summit, Dr. David F. Muller, sold all his shares (150,000).

Summit Technology is the only company cleared by the FDA to sell its device for laser vision correction. The Summit Vision Centers are entirely owned and operated by the company. It also sells lasers to other surgery providers (like Mario's El Paso company). I have no commercial interest in Summit.

Stefan Stefanov

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PRK some more details (fwd)

- *Subject:* PRK some more details (fwd)
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Thu, 29 Feb 1996 12:45:44 +0000 (GMT)
-

hm...apprehensive is right - scares the whatnot out of me..

Mike.Ellwood@rl.ac.uk

Forwarded message:

> Date: Wed, 28 Feb 1996 13:46:33 -0700 (MST)
> From: Torres Mario <mtorres@wsmr-relay2.arl.mil>
> To: i_see@indiana.edu
> Subject: PRK some more details

>
> Stefan makes good points when he defends the new technologies being used
> to restore sight. It is indeed true that more often than not people tend
> to be very apprehensive when it comes to new ideas and procedures which
> latter on become the norm. Is this the case for PRK (laser surgery)? Is
> PRK the best, or at least straight forward, cure for myopia?

> <snip>

> Mario A. Torres

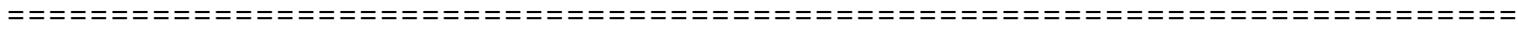
> -----

>
> Detailed Description of PRK
> (PhotoRefractive Keratectomy)
> Excerpt from an Informational Brochure
> by Bobby Maddox, M.D.

><snip>

> { Next time we'll describe how Refractive correction is achieved by
> stepped photoablation with the Excimer Laser. }

>
>
>



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Exercise: Shifting

- *Subject:* Exercise: Shifting
- *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- *Date:* Thu, 29 Feb 1996 10:42:09 -0500 (EST)

Shifting is an exercise that has not been given the attention I believe it should be, probably because it seems to emphasize the extraocular muscles or the imagination, and "everyone knows" all functional focusing problems reside in the ciliary muscles. Nonetheless, I find the effects quite significant.

The procedure is simple. Direct your gaze at a point for a second and then shift your gaze to a point some distance away, a point that is in your visual field. When this happens, you should see a swing in the direction opposite to that in which your gaze shifted.

Let's take shifting on a letter as a concrete example. Suppose you're looking at the letter H. First you look at the tip of the left post (the asterisks delineate the center of your field of vision):

```

      *
    * | * |
      *----|
      |    |
  
```

And then you look at the top of the right post:

```

          *
        | * | *
        |----*
        |    |
  
```

When you do this, you should see the H swing to the left. This is only logical since the center of your field of vision remains in the same

place, while the image relative to it moves.

However that many people have developed the habit of staring, which is "grabbing on" to one detail of a picture and not letting the eye shift smoothly and quickly from one point of the scene to the next. As a result, instead of swinging in the opposite direction as it should, the image actually swings in the SAME direction, or a completely unrelated direction, or goes blurry.

The goal of the shifting exercise is to be able to shift your center of vision from any one point in your visual field to the another quickly and efficiently. The closer the points are that you can correctly shift between, the better your detail vision will become. But if you start out at points that are too close together in your visual field, this may cause discomfort and even poorer vision. So start out by shifting between two rather distant points, such as the corners of your thumbnail held at arm's length or closer, or the corners of a window on a distant building (of course any two real points become further apart the closer they are to your eye, and vice versa). Bates recommended shifting on various sized letters of the eye chart from various distances.

When you shift, do move your head from left to right as necessary. This is an exercise of shifting visual attention, not of moving the extraocular muscles per se. Perhaps a better way of saying this is that shifting trains all the muscles of vision, including the muscles in the neck. They are all coordinated. You may not realize this, but your extraocular muscles are actually "tuned" to your neck muscles so that when you move your head in one direction, your eyes automatically shift in the opposite direction. This is shifting, yes, in an absolute sense. But relative to the image at the center of each eye's retina, you're still remaining fixed on one point. What we want to train with the "shifting" exercise is the complete coordination of retina, extraocular muscles, and head muscles. Again, by directing your gaze with your head -- "panning" as they say in cinematography -- especially when shifting between two relatively distant objects, you are not compromising the value of the exercise.

How long should your shifts be, and how long should you pause at each point? This depends on how well you can shift at the distance at which you are shifting. If you are myopic, you may be able to shift better at the near point (or with your glasses on) than at the distance (without glasses). You should shift as quickly as possible from on point to the next without straining your eyes or jerking your head. I have found that shifting by the tick of the clock -- one second per shift is a comfortable rate, but depending on the distance, it may take more or less time for you to "center in" on your point of

destination.

Be sure to try out all these variations:

- 1) With right eye covered
- 2) With left eye covered
- 3) With both eyes closed (no kidding! Try shifting in your imagination what you have been looking at with your eye; this benefits your real-world shifting)
- 4) In three dimensions (also called "zooming")
- 5) Shifting with eyes only
- 6) Shifting with the neck
- 7) Shifting with the torso

--Alex

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PRK - cure for myopia?

- *Subject:* PRK - cure for myopia?
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Thu, 29 Feb 1996 12:12:30 -0600
-

Torres Mario <mtorres@wsmr-relay2.arl.mil> wrote:

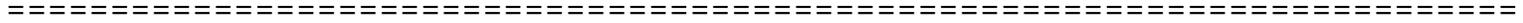
>Is PRK the best, or at least straight forward, cure for myopia?

Is PRK actually a cure for myopia? Gosh, I don't know. I am tempted to say it's not, because, again, like the case with lenses, it just corrects for refractive error. But what will **any** real cure do if not correct for error? Then the important question becomes **How?**.

Myopia is damn so multifactorial. Is the cause only in the mind (as Elena has also suggested)? It's not that simple. My answer is that the cause for myopia is **close** to what you think it is. "Close" because there is the unconscious which supposedly you can't entirely look into. But then one out of four people in the US is myopic; this figure is about 70-80% in South-East Asia. Myopia afflicts people from all walks of life, including sophisticated "mental types" as well as outright simplistic unthinking persons. The latter just don their glasses (or lenses) every morning and don't even think about their myopia. What is the cause for **their** myopia? I can be hardly sold on it being emotions. It's simply near work (in this 20th century).

So for those who think myopia is in their mind, the cause for myopia **is** in their mind. For those who don't think about myopia, the cause for myopia is out of their mind. Assuming that most people on this list are of the mental type, I should say that PRK is not likely to be a "cure" UNLESS the person is so satisfied (subjectively) with the result that it elevates him to new heights of vitality and he/she embraces life in all its exuberance wondering how on earth he'd let himself writhe in the clench of myopia and vowing never to lapse into it again. Such a stance, btw, should stop an otherwise non-malignant myopia from progressing.

Stefan Stefanov



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Summit leaves UK - info?

- *Subject:* Summit leaves UK - info?
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Fri, 1 Mar 1996 13:04:31 +0000 (GMT)
-

Forwarded message:

```
> Date: Thu, 29 Feb 1996 21:35:20 -0600
> From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
> Subject: Summit leaves UK - info?
```

[...]

```
> Hey Mike (and everybody from the UK on the list),
>
> Do you know why Summit Technology is pulling out of the UK? They had PRK
> centers there under the name New Image.
>
> Stefan
```

Sorry I have no idea.

A bit spooky about them using little old UK as a "beta test site".
Even IBM aren't that arrogant...

Mike.Ellwood@rl.ac.uk

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Re: PRK - cure for myopia?

- *Subject:* Re: PRK - cure for myopia?
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Fri, 1 Mar 1996 10:34:03 -0500
-

At 12:12 PM 2/29/96 -0600, Stefan Ivanov Stefanov wrote:

>

>Is PRK actually a cure for myopia? Gosh, I don't know. I am tempted to say
>it's not, because, again, like the case with lenses, it just corrects for
>refractive error. But what will **any** real cure do if not correct for error?
>Then the important question becomes **How?**

That's the problem with a helluva lot of medical conditions, by no means limited to ophthalmic ones. There's hardly anything chronic that modern (or maybe any -- but all we know is modern) medical intervention is successful in curing. At best, it can take care of some of the symptoms for some time in some people. At its worst, it generates scores of iatrogenic (doctor-made) conditions (some researchers suggest that the ratio is presently 1:3 in developed countries -- that is, one iatrogenic condition for every three natural diseases). I've been gathering some interesting statistics... The death rate in patients who undergo heart bypass surgery is about three times that of patients who have refused a suggested bypass. In members of the latter group who undertake lifestyle and dietary changes, it drops still further. I suspect that emergency medical interventions have shaped themselves to be a lot more efficient than any interventions into chronic conditions simply because in emergency cases, there's direct feedback (the patient lives or dies, for instance, depending on the treatment administered); besides, doctors gain nothing from keeping an emergency patient sick forever. I'm not paranoid enough to suggest conspiracies everywhere -- but logically, isn't an inherent conflict of interests involved in a hypothetical situation where a chronic condition sufferer comes to a doctor, gets a cure, gets well... and never comes again? And never pays again? Just wondering...

>

>Myopia is damn so multifactorial. Is the cause only in the mind (as Elena
>has also suggested)? It's not that simple.

I'll take credit for "multifactorial," Stefan, 'cause that's what I've been

talking about all along. I refuse to take credit for "only in the mind" part. Why would I delve into neurochemistry and neuroendocrinology if I were the proponent of the "only in the mind" view? I would just aummmm away...

I don't know if "holistic" is still a bad word -- if it is let's assume I'm just using it in its simple vocabulary meaning, derived from "whole" -- but I think it's the only approach to myopia with full success potential.

> My answer is that the cause for
>myopia is *close* to what you think it is.

Good answer. Includes the iatrogenic aspect too, btw. Myopia is not only close to what you think it is: it is also close to what your doctor thinks it is. If you trust your doctor, his/her professional opinion becomes a suggestion, a self-fulfilling prophecy. In my case (I always revert to "my case" not because I'm generally this self-centered but because it's something I really really know... better than any doctor knows any case unless he/she studied it from within), the suggestion was powerful because I was 13, the doctor was a friend of the family, and I didn't have a grain of information in my mind that could possibly grow into a clear crystal of doubt. This is what she said: "Your myopia will progress till you're about 18. Then, if you're lucky, it will mostly stop progressing, or it might progress very slowly. But right now, you can't do anything about it -- just wait for it to play itself out. And btw try to avoid wearing glasses whenever you can."

The phrasing was so final -- not a "maybe" and only one "if" -- that my hopes and choices were cut off at the bud. The only thing I could do, the only loophole left, was this "lucky" part: I wished myself luck and never got "malignant," destructive myopia that most people with this high an error have to deal with. If the doctor had said something to the effect of, "well, your grandmother is half-blind from myopia complications, so your genetic prognosis is hopeless, so brace yourself for the worst scenario," God only knows what I would be dealing with right now.

It's not all in the mind -- it's not all in the eye -- from my experience, it's everywhere. Since PRK is not something that can get "everywhere," has ample potential for iatrogenesis of new problems, and so on, it is, in my opinion, neither better nor worse than any other symptomatic treatment (like glasses) and is plagued by the same problems. Of course there's this aesthetic fascination with high-tech paraphernalia... but I would be a lot more impressed with a high-tech street sign a myope can see at night... as would George in Sydney, from what he's telling me.

Elena

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- [Mahatma Ghandi](#)
 - *From:* jknox1@swarthmore.edu (josh knox)
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 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
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- **Artistic distortion**
 - *From:* Elena <solusrex@soho.ios.com>
- **Chromatic aberration**
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
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 - *From:* Sid Gudes <cougar@roadrunner.com>
- **Re: choice of computer monitor**
 - *From:* dcmjune@pc.jaring.my (Matanjun)
- **Distant Viewing to Prevent Myopia**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Bilberry**
 - *From:* Mike Sivack <sivack@arl.mil>
- **Re: Help needed for choice of computer monitor**
 - *From:* dave ducello <dducello@JSD_Server.dli.mt.gov>
- **clear flashes?**
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
- **Patching for better vision**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Patching for better vision**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Confronting a Skeptic**
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucl.indiana.edu>
- **Re: Patching for better vision**
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
- **Carla Wilson's clear flashes**
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
- **What is Patching?**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **RE: Distant Viewing to Prevent Myopia**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **Re: Confronting a Skeptic**
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
- **Patching for better vision**
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>

- [Hypnosis & Myopia](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [Re: Bilberry](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
- [Re: Hypnosis & Myopia](#)
 - *From:* "Linda Lee" <llee@comox.island.net>
- [Bilberry](#)
 - *From:* Elena <solusrex@soho.ios.com>
- [Re: Hypnosis & Myopia](#)
 - *From:* owner-i_see@indiana.edu
- [Re: Hypnosis & Myopia](#)
 - *From:* Torres Mario <mtorres@wsmr-relay2.arl.mil>
- [Re: Bilberry](#)
 - *From:* kope@primenet.com (LeRoy Kopisch)
- [Re: Bilberry](#)
 - *From:* Sid Gudes <cougar@roadrunner.com>
- [Re: Bilberry](#)
 - *From:* Mike Sivack <sivack@arl.mil>
- [Bilberry](#)
 - *From:* Kellie Elizabeth Cass <KELLIECASS@DELPHI.COM>
- [Re: Bilberry](#)
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- [Need help.](#)
 - *From:* nemesis7@ix.netcom.com (William A. Redding)
- [Re: Need help.](#)
 - *From:* Elena <solusrex@soho.ios.com>
- [RE: Bilberry](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [RE: Hypnosis & Myopia](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [Re: Hypnosis & Myopia](#)
 - *From:* mat@tekbases.metrica.com (Marco A. Terry)
- [Hypnosis & Myopia](#)
 - *From:* "P.G. Middleton" <cabr90@iona.strath.ac.uk>
- [Thanks Betty, Herb and Elena](#)
 - *From:* nemesis7@ix.netcom.com (William A. Redding)
- [Results of the second month](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [RE: Bilberry](#)
 - *From:* kope@primenet.com (LeRoy Kopisch)
- [Most print is too big for your eyes!](#)

- *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [LeRoy's Case](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Eye Exercise: Near-Far shifting](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [RE: Vision Freedom](#)
 - *From:* "Linda Lee" <llee@comox.island.net>
- [RE: Hypnosis & Myopia](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [Re: Results of the second month, George's](#)
 - *From:* "Linda Lee" <llee@comox.island.net>
- [Linda's Improvement](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Bob's Plus Lens experience](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Accomodation exercise with pinhole glasses](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [RE: Results of the second month, George's](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [Re: Linda's Improvement](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- [Re: Most print is too big for your eyes!](#)
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
- [\(Fwd\) Re: Linda's Improvement](#)
 - *From:* "Linda Lee" <llee@comox.island.net>
- [Mark's Notes on Vision Improvement](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [Re: Linda's Improvement](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- [Re: Linda's Improvement](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [Re: Mark's Notes on Vision Improvement](#)
 - *From:* Elena <solusrex@soho.ios.com>
- [Re: Most print is too big for your eyes!](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Re: Hypnosis & Myopia](#)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- [Vision Freedom](#)
 - *From:* Centralis@aol.com
- [Reading in the light of the monkey experiment](#)

- *From:* Elena <solusrex@soho.ios.com>
- [**Confessions of a Myope**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Re: Most print is too big for your eyes!**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Re: Most print is too big for your eyes!**](#)
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- [**A suitable case for treatment?**](#)
 - *From:* Steev Clark <steev@darkside.demon.co.uk>
- [**Low Cost Screen Magnifier**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Presbyopia Discussion**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Who cares - laser**](#)
 - *From:* Gruesome Joe <73302.2453@compuserve.com>
- [**PRK on I SEE**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Re: Presbyopia Discussion**](#)
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- [**Stefan and PRK**](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- [**VT?**](#)
 - *From:* "[|=|]" <phate@lubricant.free.org>
- [**Re: your mail**](#)
 - *From:* "[|=|]" <phate@lubricant.free.org>
- [**Re laser PRK - author thx and reposts**](#)
 - *From:* Gruesome Joe <73302.2453@compuserve.com>
- [**Re: Lazy Eyes**](#)
 - *From:* "Linda Lee" <llee@comox.island.net>
- [**RE: A suitable case for treatment?**](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [**Re: Vision Freedom**](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- [**Re: VT**](#)
 - *From:* mat@tekbases.metricka.com (Marco A. Terry)
- [**Re: Lazy Eyes**](#)
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
- [**Re: Lazy Eyes**](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [**Staring out windows. . .**](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- **Re: Lazy Eyes**
 - *From:* Elena <solusrex@soho.ios.com>
- **Staring out windows. . .**
 - *From:* bbenowit@telescience.com (Barry D Benowitz)
- **my case, con't**
 - *From:* VMGREEN@VETMED.VETMED.MISSOURI.EDU
- **Scholl's "Hypnovision"**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **Bill's Bet is Still On!**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Vision Freedom**
 - *From:* "[|=|]" <phate@lubricant.free.org>
- **Plus Lens Therapy**
 - *From:* "[|=|]" <phate@lubricant.free.org>
- **Skepticism?**
 - *From:* "[|=|]" <phate@lubricant.free.org>
- **A thought: Doing exercises with glasses**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **No Subject**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Bill's Bet is Still On!**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **Look! A comet!**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Scholl's "Hypnovision"**
 - *From:* Eugene <phate@lubricant.free.org>
- **Re: Look! A comet!**
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- **Re: Plus Lens Therapy.**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Look! A comet!**
 - *From:* mat@tekbase.metrica.com (Marco A. Terry)
- **Re: Look! A comet!**
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- **Why do I see better in the morning?**
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- **RE: A thought: Doing exercises with glasses**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **Re: Plus Lens Therapy.**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- **Re: Plus Lens Therapy.**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Look! A comet!**
 - *From:* dcmjune@pc.jaring.my
- **Re: Why do I see better in the morning?**
 - *From:* Eugene <phate@lubricant.free.org>
- **Re: Plus Lens Therapy.**
 - *From:* Eugene <phate@lubricant.free.org>
- **Re: Plus Lens Therapy.**
 - *From:* Eugene <phate@lubricant.free.org>
- **Re: Plus Lens Therapy.**
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
- **Role of iris in accommodation**
 - *From:* Elena <solusrex@soho.ios.com>

Mail converted by [MHonArc](#) 2.1.0

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My case

- *Subject:* My case
 - *From:* Ted <vmgreen@VETMED.VETMED.MISSOURI.EDU>
 - *Date:* Fri, 1 Mar 1996 11:23:07 CST
-

Greetings from a "lurker".....I found your list about a month ago and read the archives and other material, then joined recently. The comments, charts, exercises, and especially the support have all been very helpful. There have been questions and threads posted that I think that I can contribute to, so here goes. Elena and others, I hope this is helpful.

I've worn glasses for myopia since my teens, and found them very restrictive, so in 1970 began wearing contacts. All went well until about 5 years ago when I began having occasional episodes of conjunctivitis in my left eye. This progressed to more frequent bouts, and then to painful iritis/uveitis in 1993. (By this time I also needed +2 lenses over the contacts to read effectively.) I was seen by professionals twice during flareups and treated aggressively with mydriatics and steroid therapy. I was advised that the contacts "had nothing to do with it". I then discovered independently that I was allergic to thimerosal in the wetting solutions and went to thimerosal free products. This helped but the "red eye" continued at approximately weekly intervals, and finally I could not tolerate a contact in my left eye at all. I took it out for good, but continued to wear a contact in the right eye. About then (Summer 1993) I learned of Wm. Bates' work and found his book "Better Eyesight Without Glasses", read it and put his methods into practice. At that time my current script was LV -5.0 and RV -6.25, with no astigmatism in either eye. The first few days/weeks without the left contact were difficult, but manageable. I began keeping records on my left eye, as suggested; when I began I could not read ordinary 10pt type further than 8" from my naked eye. Using Alex's recently posted formula:

1 meter / distance from eye to read clearly = approximate (-) diopters
I had fairly good agreement with my script. 8" equals -4.92 diopters.

A summary of my progress:

month	read 10pt type	read diamond pt.type
Jul 1993	8" -5.0 script	ND
Feb 1994	11" -3.5 est.	5"-10"

Mar	1994	14" -2.8 est.	5"-14"
Apr	1994	15" -2.6 est.	5"-13"
May	1994	16" -2.5 est.	5"-13"
Jun	1994	15" -2.6 est.	5"-13"
Aug	1994	17" -2.3 est.	ND
Jan	1995	20" -2.0 est.	4"-12"
Feb	1996	22" -1.8 est.	5"-17"

I haven't been measuring the acuity regularly in the right eye as I felt that the lens compromises any evaluations. But I have some observations. Throughout 1994 to present, my reading distances with that eye have varied between 12" to 13". Diamond pt consistently around 4" to 11". There are some subjective comments that I can make as well. When I started I resolved not to wear contacts at all (right eye) unless at work or driving. My naked vision initially was bizarre at best. My three rail fence on the farm appeared to have 4 and sometimes 5 rails, if I could see them at all. I couldn't identify my 2 oxen individually at more than a few hundred feet. I sometimes misjudged my footing. The moon appeared to be a brilliant multi-moon raspberry. But much of that has changed. I can now make out individual strands of barbed wire at 50+ yards. I can ID my team at 200 yards. I seldom misjudge my footing on rough ground. I can read the red numerals on the bedroom digital clock at night at 12 feet most of the time. Perhaps, though, one of the most interesting phenomena has been that while viewing tv in the evening my left eye has improved but not clear vision at 12 feet, but my naked RIGHT eye after a few minutes relaxation has near perfect vision at that distance. And during the day around the farm I often realize now that my "uncorrected" vision is very good. I read comfortably without plus lenses with my left eye alone...my right eye is "tuned out". Another significant change is obvious on the highway at night (I DON'T DRIVE AT NIGHT ANYMORE!, my wife is very supportive). At first I had lost visual fusion between the eyes at distance, so that the sharp (right eye) tail-lights, headlights, appeared to separate from the very blurred (left eye) images. Lately this has changed as I have apparently reached a new plateau. Now those lights stay fused, appearing as sharp centers with a halo. At the same time during daylight I am now able to read street and traffic signs with minimal difficulty. My all-the-time "baseline" vision in my left eye, without conscious blinking or palming, is clearly improving. Also no more "red eye"!

If there is interest I can go further into some of the things that I have done/experienced. I hope that all this is of some interest and encouragement to I-SEEers. Best regards,

Ted

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Bilberry for better night vision

- *Subject:* Bilberry for better night vision
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 2 Mar 1996 21:20:39 -0500 (EST)
-

An recent article from sci.med.vision...

----- start of forwarded message -----

From: domonkos@access.digex.net

Newsgroups: sci.med.vision

Subject: Re: BILBERRY HERB FOR EYES?

Date: 1 Mar 1996 15:33:02 GMT

Organization: Express Access Online Communications, USA

I'm only aware of it's help in increasing night vision at the retinal level (not by dilation). I take 2 capsules of extract every day, have been now since January. It was less than 2 weeks before I noticed a significant improvement. I'm an amateur astronomer and I have now found that taking 2 capsules 1 hour before I start my telescope viewing has a tremendous effect on my night vision.

Andy

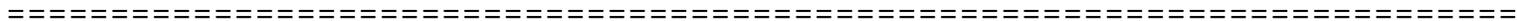
In article <4h5ckr\$p57@cloner3.netcom.com>, jimdoug@ix.netcom.com says...

>

>If the film covering the eye is damaged by cold sore virus
>and needs re-generation will Bilberry be of help and how
>should it be used? Know of anything else to help? It has
>affected the vision...blurry, and am told it needs repair.
>Any help appreciated. Various drops and steroids have been
>tried by the doctor but is getting no better. Thanks, Jim

>

----- end of forwarded message -----



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Dominant Eye

- *Subject:* Dominant Eye
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 3 Mar 96 02:56:48 UT
-

Could someone help me in :

- 1- determining which of my eyes is dominant
- 2- what I should do to make both eyes equal

thanks
george

=====

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Cataract operations

- *Subject:* Cataract operations
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 3 Mar 96 03:04:23 UT
-

A friend had a cataract opeartion in one eye about a year ago. Her eye looks quite dark in the centre (to me it seems as if the pupil is wide open) and her vision became etremely bad after the operation which the doctor has labelled `_unsuccessful_` which, according to him, is possible.

My questions are:

1-are cataract operations known to fail?

2-could one person have another opeartion to fix a previously unsuccessful one?

thanks
george

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Re: Dominant Eye

- *Subject:* Re: Dominant Eye
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Sat, 2 Mar 1996 21:42:05 -0800 (PST)
-

George :

1. Cut a 1" hole in a small piece of paper. Find a small target on the wall several feet away. Hold the paper with the hole in it with both hands in front of your face at arms length. Site the target through the hole. Then bring the paper slowly up to your face. Close one eye then the other and determine which eye is looking through the hole at the target or get a friend to look at you to determine it. This is your "dominant" eye.
2. See a behavioral optometrist who can prescribe vision therapy for you. This can balance out your visual system.

I was left-eyed and right-handed (cross dominant) which some psychologists suggest may contribute to anxiety, uncoordination, and other problems. A psychologist told me the only solution was to change to being left-handed in everything I did! Then I discovered a behavioral optometrist who said I was indeed cross-dominant, but that instead of trying to change my handedness, I could change my "eyedness" (my word)! So I did VT for about a year and sure enough, I was balanced- sometimes left-eyed, sometimes right-eyed. And my binocular vision, depth perception, coordination, etc, etc, improved a lot.

Herb Black

On Sun, 3 Mar 1996, George Tohme wrote:

> Could someone help me in :
>
> 1- determining which of my eyes is dominant
> 2- what I should do to make both eyes equal
>
> thanks

> george

>

>

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Re: Dominant Eye

- *Subject:* Re: Dominant Eye
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Sun, 3 Mar 1996 09:11:06 -0500
-

At 02:56 AM 3/3/96 UT, "George Tohme" <PolySoft@msn.com> wrote:

>Could someone help me in :

>

>1- determining which of my eyes is dominant

>2- what I should do to make both eyes equal

>

I can only help with the fast and easy part -- answer to No.1. Cup your hands, leaving only a very small opening between your little fingers, bring the "cup" to your face and look through the opening. Choose a point directly in front of you -- it should be the only thing you can see through the opening. Then, without changing your position, try closing one eye and looking at this point with the other one. The eye with which you can still see this point when you close your other one is your dominant eye.

"Dominant" may or may not mean the eye that sees better (people with perfect vision also have a dominant eye, as well as people with about equal refractive errors in both eyes) -- it's the eye that focuses first. I'm curious to find out whether in those whose acuity is different in different eyes, the one that sees better is also invariably the dominant one.

Elena

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Re: Dominant Eye

- *Subject:* Re: Dominant Eye
 - *From:* michael c brady <mbrady@indiana.edu>
 - *Date:* Sun, 3 Mar 1996 12:53:20 -0500 (EST)
-

I also am cross dominant (right handed and left eyed). But I've never associated it with contributing to anxiety or with being uncoordinated and problematic. In fact, I thought that I had an advantage in baseball because "I" was a little closer to the pitcher when I batted. (could see "more" of the ball as it was coming). I also shoot a good game of billiards. Have there been studies on cross-dominance (I imagine there have) that would interest me? I haven't thought much about it before but now I wonder what it means to be cross dominant. Are my hemispheres interacting properly? Which of my hemispheres is "dominant"? Does this increase my odds of getting some kind of funky brain disease/deterioration as an old man?

I also am interested in what kind of vision therapy is employed to change "eyedness". And why is changing eyes maybe easier than changing hands (and limbs)?

On Sat, 2 Mar 1996, Herbert T. Black wrote:

```
> ..... I was left-eyed and right-handed (cross dominant) which some
> psychologists suggest may contribute to anxiety, uncoordination, and other
> problems. A psychologist told me the only solution was to change to
> being left-handed in everything I did! Then I discovered a behavioral
> optometrist who said I was indeed cross-dominant, but that instead of
> trying to change my handedness, I could change my "eyedness" (my word)!
> So I did VT for about a year and sure enough, I was balanced- sometimes
> left-eyed, sometimes right-eyed. And my binocular vision, depth
> perception, coordination, etc, etc, improved a lot. ....
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Re: Dominant Eye

- *Subject:* Re: Dominant Eye
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Sun, 3 Mar 1996 11:28:34 -0800 (PST)
-

On Sun, 3 Mar 1996, michael c brady wrote:

> I also am cross dominant (right handed and left eyed). But I've never
> associated it with contributing to anxiety or with being uncoordinated and
> problematic. In fact, I thought that I had an advantage in baseball
[snip].

Michael;

You ask excellent questions that I cannot answer right now. It is an area that I was curious about because of my own experiences and the conflicting answers I got from different professionals. I am in the process of learning more about all this, but being only a lowly second year Optometry student, I haven't taken all the courses here yet on these topics. I did work as a vision therapist for a couple of years though (part-time) and have seen people's visual systems balance out and they often become more centered and coordinated (usually kids). But, as in your case, things are never nice and tidy in human nervous systems- they are just too complex. So if and when I learn more, I will get back to you. It seems though, that if you have never had any problems from your cross-dominance, that for you it is highly adaptive.

Herb

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Re: Dominant Eye

- *Subject:* Re: Dominant Eye
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Sun, 3 Mar 1996 15:24:58 -0500
-

At 12:53 PM 3/3/96 -0500, michael c brady <mbrady@indiana.edu> wrote:
>I also am cross dominant (right handed and left eyed). But I've never
>associated it with contributing to anxiety or with being uncoordinated and
>problematic. In fact, I thought that I had an advantage in baseball
>because "I" was a little closer to the pitcher when I batted. (could see
>"more" of the ball as it was coming). I also shoot a good game of
>billiards. Have there been studies on cross-dominance (I imagine there
>have) that would interest me?

Yes, there have been studies targeting vision-related aspects of sports performance. Far as I know, cross-dominance (the term is actually contra-lateral dominance) is an advantage in many sports (like baseball and tennis), a hindrance in some (car racing?), and an irrelevance in some other (swimming?). My own contra-lateral dominance is probably acquired (I suffered a serious trauma to my left arm as a child and ignored my left hand for several months afterwards). As for the rest of the cited psychological profile: I don't see any connection with anxiety; I'm problematic only when I deliberately choose to be problematic; and I'm very well-coordinated. However, I do remember that getting back my coordination (after healing the trauma) was a matter of hard work. In particular, I would get dangerously confused in body-inverted positions when I just started my training in gymnastics. (I later quit for unrelated reasons altogether -- grew up too tall to have any future -- the best gymnasts are shorties, and the very best are midgets).

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Mahatma Ghandi

- *Subject:* Mahatma Ghandi
 - *From:* jknox1@swarthmore.edu (josh knox)
 - *Date:* Sun, 3 Mar 1996 21:04:39 -0500
-

1) I think we'd all agree Ghandi had attained a very high level of spiritual achievement, along w/ that coming the usual powers of insight, observation (& maybe even occasional omnipotence), right?

2) Ghandi wore glasses, yes?

3) If he wore glasses & he was so enlightened, what's the problem w/ wearing glasses?

this said (in well meant dialectical style) I've been thinking about the analogy between glasses and caffeine, they both enable you to push your body, but they sure as hell are doin some awful stuff to your body.

Anyone have any tips about how to cut down on glasses-wearing time inside that time period in which good distance vision is needed (the front row is still too far away from the board in a required class, etc.)?

(W/ my best attempt yet at the best this world has to offer . . .)

W/ Universal Selfless Love,

Josh Knox
Swarthmore College
500 College Avenue
Swarthmore, PA 19081-1397
(610) 690-3940

--The Philosopher--

Life is suffering & pain when out of touch with The Great Spirit/Universal ki and your personal ki. Feel through it all with right effort, striving for an ordered soul. Enjoy the beauty of being alive and the power of universal love/loving-kindness in this moment.

Have you washed your bowls yet?

--The Realist--

Work through the "meaninglessness;" just get out and do those activities that you need to do and those that are most meaningful to you mindfully (doing things for themselves sigue Aristotle) and stop thinking so hard about so many abstract and dillusory emotions. Then we can get back in touch first with our "center" and then the universal "center." This notion of centeredness is, after all, pretty darn close to what both Plato and Aristotle were talking about with their notions of a correctly ordered soul.

Have you mindfully done what needs to be done?

--Dan Quote of the week--

"A low voter turnout is an indication of fewer people going to the polls."

-- Vice President Dan Quayle

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Good Vision at the Computer

- *Subject:* Good Vision at the Computer
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 3 Mar 1996 22:24:12 -0500 (EST)
-

On Sun, 3 Mar 1996, someone wrote me:

```
> Say, being a vision guy, do you know of, or have, a web page where bleary
> eyed surfers can get a few simple tips about how to protect their eyesight
> when staring at a monitor? Sort of a one-stop, Computer Watchers Eyecare
> page? Some do's and don'ts and warning signs, etc?
```

Well, we've got bits and pieces of that at the I_SEE page. For starters, try the I_SEE mailing list archives...

http://silver.ucs.indiana.edu/~aeulenbe/i_see/maillinglist.html#archives

And look under "environmental influences on vision -- computers and eye strain"

There's some general advice.

One thing I'd recommend is getting a monitor screen filter with electromagnetic field block. I got mine for \$30.

Another thing I'd recommend is a "plus add" -- basically reading glasses for your computer. See under "popular topics -- plus lens therapy" in the archives for details.

The following site has still more information. There's also the following page, written by optometrist Larry Bickford.

http://www.west.net/~eyecare/computers_and_eyestrain.html

I'd take his advice about getting the "full correction for astigmatism" with a grain of salt, since I believe astigmatism is ultimately a muscular problem, and "correcting" it with glasses reinforces that problem. Same for specially tinted glasses -- light sensitivity may be a

symptom of a nutritional deficit.

The following is an excellent book on the subject, a print version of just what you're looking for. It also goes into the "taboo" subject of eye exercises which can help reduce astigmatism.

```
| AUTHOR: Sussman, Martin A., 1951-  
| TITLE: Total health at the computer :  
|         how to be pain free & relieve the symptoms of computer stress  
|         syndrome ... /  
| PLACE: Barrytown, NY :  
| PUBLISHER: Station Hill Press,  
| YEAR: 1993
```

--Alex

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-
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Mahatma Ghandi (fwd)

- *Subject:* Mahatma Ghandi (fwd)
 - *From:* Vic - Deus Ex Machina <root@spook.cia.com.au>
 - *Date:* Mon, 4 Mar 1996 14:40:18 +1100 (EST)
-

>
> 1)I think we'd all agree Ghandi had attained a very high level of spiritual
> achievement, along w/ that coming the usual powers of insight, observation
> (& maybe even occasional omnipotence), right?
> 2)Ghandi wore glasses, yes?
> 3)If he wore glasses & he was so enlightened, what's the problem w/ wearing
> glasses?

there is nothing wrong with wearing glasses. but some people dont like
to. some people wish the scientific community would get its finger out
and find a solution to the cause and not a band aid for the problem.

> Anyone have any tips about how to cut down on glasses-wearing time inside
> that time period in which good distance vision is needed (the front row is
> still to far away from the board in a required class, etc.)?

patience.

Vic

!!! What's wrong with McDonald's?, now you can judge for yourself..
!! Uncensored and unstoppable on the WWW: <http://www.McSpotlight.org/>
! (Spread the word, please add these 3 lines to your signature file)

=====

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Re: Dominant Eye

- *Subject:* Re: Dominant Eye
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Mon, 04 Mar 1996 08:07:34 -0600
-

michael c brady wrote:

>I also am cross dominant (right handed and left eyed). But I've never
>associated it with contributing to anxiety or with being uncoordinated and
>problematic. In fact, I thought that I had an advantage in baseball
>because "I" was a little closer to the pitcher when I batted. (could see
>"more" of the ball as it was coming). I also shoot a good game of
>billiards.

..
> I also am interested in what kind of vision therapy is employed to
>change "eyedness".

I am also cross dominant in the same way. I have also felt it to be advantageous in some mysterious way. I'm naturally good at shooting rifles (which I haven't done since I was a teenager) and playing pool. I was not so great at archery however, because my archery instructor in college insisted that I shoot left handed. Someday, I'm going to test my theory that I can shoot arrows better right handed in spite of my cross dominance.

A complication is that I do put effort into functioning with my left hand leading to a bit more ambidexterity.

The essential question for me is what is wrong with cross-dominance? Does it really indicate or cause problems or is it just an inherited or acquired adaptive mechanism that has little bearing upon one's functioning in the world?

Mark
mjones@pencom.com

=====

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my case

- *Subject:* my case
 - *From:* Ted <vmgreen@VETMED.VETMED.MISSOURI.EDU>
 - *Date:* Mon, 4 Mar 1996 14:09:30 CST
-

Regarding my personal experiences with vision self-help, Mario wrote:
".....it would be very helpful/encouraging to many of us if you gave an outline of what your daily "therapy" consisted of. You've given a fairly good description of your progress, maybe you can describe your steps or approach."

First my disclaimer...the basis for most of what I have done is found in Wm. Bates' book. I have no special training, nor have I had professional help, therefore these comments should be viewed as anecdotal only. First of all let me say that I have great faith in one's body to heal itself if the insult is removed. I have always believed that my myopia was not genetic, but induced. I just didn't know how, or how to go about reversing the process. The Bates' book gave me a place to start. The concept that relaxation was the key was a revelation for me. My very first tries at palming convinced me that my eyes were still capable of good vision. This was extremely important to me. I began by making eye charts on my computer and posting one where it could be viewed from 4 feet and another at 10 feet. All my initial efforts were at the 4 foot distance, as 10 feet was too distant. By having these charts in my workplace I could take frequent opportunities to sit back for a moment, palm and use them. What was most helpful? Initially "edging" the letters to get good sharp albeit fleeting vision at 4 feet. But I still had a tendency to strain to see individual letters, so I made a target on the computer consisting of a 2.25 inch jet black bullseye printed on white paper with a 1.5 mm thick crosshairs emanating from the bullseye. I use this at 10 feet by edging the bullseye to sharpen the black disk and the crosshairs. Then I drop my gaze to the chart directly below it. There was immediate improvement. Also, the realization that RELAXING the eye was helpful, allowing me to learn to consciously control that aspect of seeing. Gradually over many months I learned to blink frequently and more naturally to accomplish an immediate sharpening of vision w/o palming. When reading at my desk or at the computer I am very cognizant of the distance from the text, and never allow myself to drift closer (I keep a yardstick within reach). And I always try to maintain the maximum distance that I can read the material. This distance has slowly increased over the months. If the text begins to become difficult to read, I look away, close my eyes momentarily, then begin again at a comfortable distance, and slowly ease the text back out

to the maximum distance I can handle. Lately, when at the computer I frequently look over to the chart beside the window, sharpen that image and then spend a couple minutes looking out at the grounds and activities across the road. I find that this is a great way to get sharper vision at the distance effortlessly. My goal is to get all the relaxed far vision in that I can for retraining w/o any strain. When using the eyecharts with palming or blinking, I have learned to close my eyes while the image is still very sharp and rest them for a moment before opening them and continuing. This seems to let me immediately recover that sharper focus easily. If it "slips", that is if I can't sharpen the image or if I begin to experience strain, I stop and palm for several minutes, then resume. I only do this for 5 minutes or less at one time, but several times daily. All of this is aimed at maintaining relaxation of the muscles of the eye. And as I have said previously, I take advantage of every opportunity to not wear lenses at all.

There is one observation that I have made in my own situation of a habit

that I believe was important in damaging my vision, and that I am actively trying to correct. I have always been a avid reader and am in a reading-intensive profession, and I have found that I read faster by being closer to the text, especially columnated text. When very close-up I can see whole lines at once, and can read very rapidly. But with strain and at the expense of sharp focus and eye movement; that is I tended to stare and gulp text. I seemed to be using peripheral vision to read. I think that this habit was a root cause of many of my problems, including multiple images. Try this for yourselves.... come close to the screen and see how much text on a line you can read...now move back and see that your eyes must track, and focus on individual words to read them. Much healthier. And I believe that this habit even carried over into things like driving. Staring fixedly down the interstate is not nearly as good exercise for eyes as letting your eyes dart all about near and far reading signs, license plates, lettering on vans, etc. And so my "techniques" have centered on using my eyes much more naturally, consciously relaxing them and avoiding strain, and avoiding corrective lenses as much as is practicable.

In regard to questions regarding lifestyle changes, diet etc that I have made, there aren't any really significant things to point to. I have attempted to adopt a healthier diet, that includes less coffee and even more fresh greens and salads. But my diet has been well balanced all along, I believe. And I haven't quit doing artwork or recreational reading, I just give more attention to good visual habits.

Finally, I must state that the exercises I recently picked up on this list have been rewarding already. Especially the techniques of near-far shifting on my thumbs, and using my yardstick to practice focussing/fusion up and down the scale. I appreciate all the interest my posting generated, and hope to learn much more from you all. Best regards,

Ted

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Clear Flash?

- *Subject:* Clear Flash?
 - *From:* Torres Mario <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Mon, 4 Mar 1996 13:45:49 -0700 (MST)
-

While I have posted about PRK (laser surgery) and considering it for the future and last recourse, I have been dedicating myself a good deal more at practicing good VT to try and see better. I know that in order for VT to work I must give it my best and believe in it. I think that I am finally in this frame of mind.

For all those of you who have experienced improvements, I ask that you be the judge of what I consider to be my first clear flash. (Actually this may be my second, but the first I dismissed it a while back)

In the book by Jaccob Libberman titled "Take off your Glasses and See", I read about what he calls the wobble on images that we see without our glasses. This wobble is most evident when blinking and looking at light sources. After a blink you will see the light (after a bit of practice) blur decrease and then increase again. The point of this exercise is to get the wobble to decrease the size of the blur (as accomplished by squinting) and not allow it to increase.

Well, one night I had my bedroom lights dimmed and I looked at the reflected light images in the mirror and I practiced this exercise for a while. Without realizing it I dozed off for a few minutes, then I was awakened by my wife as she entered the room. At this instant I opened my eyes and the first thing I saw was the image of the lights in the mirror, these images then cleared up completely like never before. The large blurr decreased very fast until it was gone and only the clear image remained. I must have freaked out because a couple of seconds latter, the image blurred up again gradually and I could not stop it from doing so. I was both excited and then dissapointed. Does this sound like a clear flash? Or am I simply becoming succceptable to all the positive thinking that I've been reading about here? I guess if the latter is true, there

is nothing wrong with it.

I have been wearing my old glasses and that night I had worn my newest (strongest) glasses and then when I took them off my eyes felt very, very strained. As if the muscles on them had been stretched and were now stuck. Certainly, this gives credit to what everyone has been saying all along about what glasses do to your eye muscles.

Thanks in advance, all comments are welcomed.

Mario

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Re: Dominant Eye

- *Subject:* Re: Dominant Eye
 - *From:* bbenowit@telesciences.com (Barry D Benowitz)
 - *Date:* Mon, 4 Mar 96 16:24 EST
-

>>>> "Mark" == Mark Jones <mjones@auscsmp.sps.mot.com> writes:

Mark> The essential question for me is what is wrong with cross-dominance?
Mark> Does it really indicate or cause problems or is it just an inherited
Mark> or acquired adaptive mechanism that has little bearing upon one's
Mark> functioning in the world?

Why does there have to be anything "wrong" with cross-dominance? As long as you are aware of your dominance it should be OK. A problem I suffer from I never know which hand, foot, or eye to use in a given situation and have to constantly think about it. If this does not sound like you, than you are fine.

FWIW, some of the greatest left-handed hitters (of baseballs) have turned out to be left-handed and right-eyed. This allowed them to bat from the left side of the plate with the ball in full view of the dominant right eye. Note that in this instance, dominant is meant to be the eye that gives you true position in space, not the one that shifts in the test.

Back to Lurking.....

--

Barry D. Benowitz - FAQ maintainer for alt.lefthanders

Email:b.benowitz@telesciences.com

Phone:+1 609 866 1000 x354

Snail:Securicor Telesciences Inc, 351 New Albany Rd, Moorestown, NJ, 08057-1177

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Re: Good Vision at the Computer

- *Subject:* Re: Good Vision at the Computer
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Mon, 4 Mar 96 15:35 PST
-

New Technology, Familiar Problems - Managing Computer and Video Eyestrain

The use of computers and videos is a relatively recent phenomenon and the associated problems of eye strain are now being documented. The kinds of eye challenges we are being exposed to are new. The same eye strain symptoms, however, have been around since the invention of the printing press and the industrial revolution. The use of computers tends to magnify these symptoms, because of the greater demands upon the eye physiology. This commentary will point out a way for you to relax and stimulate your eyes to avoid unnecessary strain and abuse.

The first step is to understand the kinds of symptoms you might experience when you are not paying enough attention to your eyes while looking at a screen. Blurred vision is the primary symptom, which can either be at a faraway distance or while looking up close at a screen or book. Blurred vision could be called a problem. I propose that blurred vision is a gift. When you are driving down the freeway and your generator red light comes on, it is a call for you to do something. In the car, your first line of defence is to pull over to a garage and get your car checked out. For your eyes, it means you are probably overfocusing. Blurry vision, and all the other associated symptoms, are a reminder that you need to do something different with your eyes.

When you have blurry vision, it means you need to change your focus. Here is an effective exercise. Place your thumb in front of your eyes, in line with a distant object. While you look directly at your thumb, notice how much more in focus your thumb appears to be, relative to an object in the distance behind your thumb, at which you are not directly looking. If you are very observant, you may even see two objects the same in the distance. Then zoom your focus to the distant object, and observe how blurry your thumb appears, relative to the faraway object.

Are you breathing while playing this vision "game"? It is normal to find many individuals holding their breath while concentrating on a particular task. While zooming and looking at your thumb, breathe in, then look out and breathe out. Move your thumb to different distances, and experiment with your breathing. Breathe in while zooming out to the distant object and breathe out when you zoom in to the thumb. How do you feel when you zoom? Does your thumb or the distant object appear any clearer or more blurry? Zooming promotes a quick focusing of the eye muscles and reduces blurriness.

Enjoy!

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

"Is it possible to love those who love us and love those who hate us? "

David Icke

Join me for an exciting 10 day retreat holiday and adventure and in Vision Improvement July 12th to 21st, 1996 in Western Canada! Or come to France for a 7 day Vision Improvement Quest August 30th to September, 6th , 1996. E-mail your snail-mail address for a brochure.

-
Why not visit our INNSIGHT Centre near Vancouver B.C. for a Vision Retreat?

Voice (604) 885-7118
Fax (604) 885-0608

- =====
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Vision Freedom

- *Subject:* Vision Freedom
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 5 Mar 96 11:51:06 UT
-

Brian Severson asked me to take a look at his web site:

<http://www.sisna.com/vision> because he said he's got something that will help me with my dominant eye.

So I did. Downloaded all the stuff about his vision product kit. Sounds great, but does it work? I'm not trying to put down his product or undermine his credibility or anything like that. In fact, I respect entrepreneurial spirit and good products.

What I would like to do is ask the members of this list to take a look, comment and if anyone knows or heard something about Brian's product to come forward and share the information with us.

And if Brian is around I would like him to give more info on how the product actually work (I'm not interested in trade secret) just more helpful information not just "it's a breakthrough kinda product".

george

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Artistic distortion

- *Subject:* Artistic distortion
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Tue, 5 Mar 1996 19:46:38 -0500
-

This Saturday, I accidentally came across a visual image that has transformed itself into another bit of understanding, close to what Dr. Kaplan mentioned a while back, not as a doctor but as a photographer: the way looking through glasses creates an artistic distortion of the world, in addition to everything else. I was present (in an unofficial capacity) at the portfolio review of the prospective students applying to Mason Gross art school at Rutgers. Mostly the works exhibited were just what they could be expected to be -- students' art of varying degrees of talent and skill. But one Chinese girl's works were strikingly mature and original. One of her paintings showed, in intricate perspective, two hands holding glasses, and the reflection in the mirror of a girl's face caught in the process of putting them on. Most of the face in the mirror is seen by the observer through the (minus!!) lenses of the glasses -- smaller, as if constricted, "pinched" in space -- and only one Oriental eye, young and sad as though facing the karma itself, is seen above the lenses, large and clear. The mirror seems to be about to crack, to fall apart in a kaleidoscope of disjointed impressions. The act of putting the glasses on is seen as an act of self-directed violence, or at least violation. It was really astounding to realize that a single artistic image can give as clear an insight into the heart of the matter as a library of explanations.

Elena

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Chromatic aberration

- *Subject:* Chromatic aberration
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Tue, 05 Mar 1996 22:27:17 -0600
-

The following message was posted simultaneously to I_SEE and sci.med.vision as well as on sci.optics about a week ago. The message was temporarily stopped on I_SEE for some answers to accumulate from the newsgroups. I am now forwarding it (in quotes within the first reply) plus the two answers I received. Additional info welcomed.

Stefan Stefanov

Return-path: <alkotz@mmm.com>
Date: Wed, 28 Feb 1996 13:00:27 -0600
From: alkotz@mmm.com (Art L. Kotz)
Subject: Re: Refractive index and chromatic aberration
To: Stefan Stefanov <stefansi@ctrvax.Vanderbilt.Edu>
Organization: 3M
References: <4h0d2u\$9m0@news.vanderbilt.edu>

In article <4h0d2u\$9m0@news.vanderbilt.edu>, Stefan Stefanov <stefansi@ctrvax.vanderbilt.edu> wrote:

> Does anyone know at what refractive index of spectacle glasses
> chromatic aberration becomes noticeable? Is this also a function of
> dioptric power? Lens material?
>
> As a specific case I am interested in -5.50 D and an index of 1.6.

Chromatic aberration is due to variation in index of refraction with wavelength (dispersion). If the index were constant with wavelength, you would not have any chromatic aberration. You need the Abbe number of the lens materials or some other way to describe the dispersion of the material.

I think that answers the first and third questions. In answer to the other question, yes dioptric power does affect it (higher refractive power => larger deviations due to dispersion).

Art Kotz <alkotz@mmm.com>

Return-path: <paul.hannan@gsfc.nasa.gov>
Date: Wed, 28 Feb 1996 12:38:13 -0600 (CST)
Date-warning: Date header was inserted by ctrvax.Vanderbilt.Edu
From: paul.hannan@gsfc.nasa.gov (Paul Hannan)
Subject: Chromatic aberration
To: stefansi@ctrvax.Vanderbilt.Edu
X-URL: nntp://news.gsfc.nasa.gov:119/sci.optics/17492

Stefan:

I have similar spectacles. I definitely notice chromatic shifts of blue light. I asked the optician when I bought the lenses - she denied that anyone ever complained about it. Truth is, everyone who gets high index notices it; we just decide to live with it.

Unless you demand perfect color balance (for work or hobbies) you will probably get used to it.

I had a different problem too. There are several kinds of high-index plastic; don't accept polyacrylate (acrylic); be sure to get polycarbonate. Acrylic has "orange peel" - bubbles which cloud the lens.

Regards;
Paul Hannan

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Help needed for choice of computer monitor

- *Subject:* Help needed for choice of computer monitor
 - *From:* xu@tko.oulu.fi (Zelin Xu)
 - *Date:* Thu, 7 Mar 1996 11:33:09 +0200
-

Hello every expert:

I am a reseacher working with computer over 8 hours a day.
And I got very bad short-sight(-7) when I was very young.

Now I am going to buy a home computer. My son will be
very interested in the education software, and he might have
slight short-sight now. I hope I can protect his eye from deeper
short-sighted as me.

My question is:

What type of monitor is best in protect eye sight? I guess the
monitor of notebook computer (especially active matrix(TFT)) have
no magnetic and electric field compared to most of the CRT monitor,
so that it might be the best one.

Does any expert or experienced person can give any suggestion on
this topic? I have read some articles in the archieve of I_SEE,
but no direct answer.

Many thanks for your kind help!

Xu, Zelin

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Re: Help needed for choice of computer monitor

- *Subject:* Re: Help needed for choice of computer monitor
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Thu, 7 Mar 1996 09:13:00 -0700
-

At 11:33 AM 3/7/96 +0200, you wrote:

>Hello every expert:

>

>I am a reseacher working with computer over 8 hours a day.

>And I got very bad short-sight(-7) when I was very young.

>

>Now I am going to buy a home computer. My son will be
>very interested in the education software, and he might have
>slight short-sight now. I hope I can protect his eye from deeper
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>this topic? I have read some articles in the archieve of I_SEE,
>but no direct answer.

>

>Many thanks for your kind help!

>

>Xu, Zelin

William Bates did a lot of research in this area and found that spending some time looking off in the distance occasionally was best for preventing myopia. Constant focus at the near "trained" the eye to only focus at the near, which made far viewing impossible and hence led to glasses. (This is a bit of an oversimplification...)

You might want to get a computerized alarm clock so that every half hour or so it reminds him to look out the window for a few minutes at something far away. You might want to look up Bates's book (don't remember the title) or Janet Goodrich's "Natural Vision Improvement". This method apparently met with quite a bit of success in the 1930s and 1940s (if I'm recalling my dates correctly) in elementary schools, but fell out of favor (probably because the teachers didn't want the kids "wasting their time" looking off into the distance :-).

HTH,

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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Re: choice of computer monitor

- *Subject:* Re: choice of computer monitor
 - *From:* dcmjune@pc.jaring.my (Matanjun)
 - *Date:* Fri, 8 Mar 1996 22:06:29 +0800 (MYT)
-

>Date: Thu, 7 Mar 1996 11:33:09 +0200
>From: xu@tks.oulu.fi (Zelin Xu)
>To: i_see@indiana.edu
>Subject: Help needed for choice of computer monitor
>X-Sun-Charset: US-ASCII
>Sender: owner-i_see@indiana.edu
>Precedence: bulk
>
>Hello every expert:
>
>
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>And I got very bad short-sight(-7) when I was very young.
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>Does any expert or experienced person can give any suggestion on
>this topic? I have read some articles in the archieve of I_SEE,
>but no direct answer.
>
>
>Many thanks for your kind help!
>

>
>Xu, Zelin
>

I am no expert, at least not in V.I., but the following suggestions may be useful:

1. Ensure that the monitor you get/ use is a low radiation one; study and compare the technical specifications of the monitors of the available products on the market.
2. Get a monitor screen protector (protector for your eyes rather than the screen)..Glare Guard may be a suitable choice.
3. According to the Bates theory, staring and close work can be particularly strenuous to the eyes..teach your child/ & yourself to periodically (every 5- 10 minutes say) look away from the screen and look at some distant object (after a while it should become a natural relaxing habit)..and do not allow him to use the computer for too long at a time..maximum of 30 minutes should be the very limit; children, unfortunately, are particularly prone to staring.

David.

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-
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Distant Viewing to Prevent Myopia

- *Subject:* Distant Viewing to Prevent Myopia
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Fri, 8 Mar 1996 10:31:04 -0500 (EST)
-

On Thu, 7 Mar 1996, Sid Gudes wrote:

```
> William Bates did a lot of research in this area and found that spending
> some time looking off in the distance occasionally was best for preventing
> myopia.  Constant focus at the near "trained" the eye to only focus at the
> near, which made far viewing impossible and hence led to glasses.  (This is
> a bit of an oversimplification...)
```

Re-complexifying Sid's oversimplification, Bates said that "spending time looking off in the distance occasionally" would help prevent myopia ONLY if the object one looked at was small and familiar. Small (in terms of retinal image of course; ie. a sailboat could be "small" if far enough away), because the eye must be forced to focus correctly. If you look at a large object, you don't need the same precision. And familiar, because unfamiliar distant objects induce myopia. In other words, just because you're looking into the distance doesn't mean you're FOCUSING for the distance. And focusing for the distance is what counts. Bates recommended keeping a memorized eye chart on the wall, as the best type of distant object. You could always tell how well your eyes are focused by reading the smallest letters you can. You know what the letters should look like: perfectly black and distinct. If you just "look off into the distance" you can't know whether you're eyes are truly focused for the distance.

Still, looking out the window has its appeal. In keeping with Bates's dictum regarding regarding small, familiar objects, I would suggest looking at the twigs or leaves (depending on the season) or needles on the trees. Or the mortar between bricks in a building.

--Alex

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Bilberry

- *Subject:* Bilberry
 - *From:* Mike Sivack <sivack@arl.mil>
 - *Date:* Fri, 8 Mar 96 11:18:20 EST
-

Hi,

I received in the mail an advertisement for Bilberry capsules from a company called BIOENERGY NUTRUMENTS. Each bottle has 60 capsules of 60mg per capsule for \$13.49 a bottle. They state that they use the form of Bilberry Vaccinium myrtillus (the European form of blueberry). Has anyone heard of or have experience with this company? Is this the right form of bilberry to use? How does the price seem? What about the dosage? Thanks for any help anyone can provide.

Thanks
Mike Sivack

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Re: Help needed for choice of computer monitor

- *Subject:* Re: Help needed for choice of computer monitor
 - *From:* dave ducello <dducello@JSD_Server.dli.mt.gov>
 - *Date:* Fri, 08 Mar 1996 09:23:05 -0800
-

To all,

I apologize for the length of this posting, but I think this issue needs much more attention in the computer industry, education arena, and home.

We have only begun to see the negative effects on our children's eyesight from long hours in front of tiny, fuzzy, wavy, cheap computer monitors.

The sad thing is it doesn't have to be that way anymore. When computers first came out we didn't have much choice...now we do, so there's no excuse.

Enough soap boxing. My direct response follows.

Thanks for hearing me out.

Dave Ducello

```
> xu, zelin wrote:
> >Hello every expert:
> >
> >I am a reseacher working with computer over 8 hours a day.
> >And I got very bad short-sight(-7) when I was very young.
> >
> >Now I am going to buy a home computer. My son will be
> >very interested in the education software, and he might have
> >slight short-sight now. I hope I can protect his eye from deeper
> >short-sighted as me.
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```

> >What type of monitor is best in protect eye sight? I guess the
> >monitor of notebook computer (especially active matrix(TFT)) have
> >no magnetic and electric field compared to most of the CRT monitor,
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> >Does any expert or experienced person can give any suggestion on
> >this topic? I have read some articles in the archieve of I_SEE,
> >but no direct answer.
> >
> >Many thanks for your kind help!
> >
> >Xu, Zelin
>

I'm not sure i can claim to be an expert on the subject but here are some thoughts for your consideration. I too am a researcher with very short sight (-7.50). I've been using computers extensively since the first ones came out in the early 80's. Because of my eye conditions I've always been looking for what works best. Here are some of the things I've found.

Don't use a monitor with a screen smaller than 17 inches. It should have a .28 or smaller dot pitch. It should have controls for adjusting the picture size, location on screen, brightness, and contrast. The brand name isn't really that important. I've seen some off brand screens that were much better than some of the more expensive name brand screens.

A big consideration is the amount of flicker the monitor displays. You can check this out by looking at a windows screen with a white background. The flicker will look like horizontal waves flowing from top to bottom of the screen. If the screen has much flicker it will definitely drive your eyes crazy. For some reason us folks with high short sight tend to be more effected by this flicker. You may see a flicker that others don't see. No matter, If you see the flicker it's there...look for a different monitor. There are one's available that do not flicker. And don't let some salesman tell you "it will go away after the monitor breaks in". It won't go away, it only gets worse as the monitor gets older.

The most important thing is to try the monitor out before you buy it. I know this isn't always possible, but if you can it will save you a lot of headaches (literally).

Another related item is the video card that runs the monitor. The video card and the monitor work as a team. Get a good high quality video card. Get the card with at least 2meg of video ram. Also look for one that has software that lets you make changes to it's setup easily. You would

be amazed at the difference in readability that a small change in font size or type can make.

I've always considered the monitor to be one of the most important parts of a computer system. After all, if you can't stand to look at the monitor you won't get much use out of the computer. Not to mention the damage to your eyes. Generally, the bigger the monitor the farther you can sit from it and still read it easily. And I think all will agree that it's much better if you don't have to sit to closely to the monitor.

How much to spend? In the United States you should be able to get an acceptable monitor for between 700 and 1000 dollars. A good video card will be about 250 dollars. Keep in mind prices are very volatile so shop around. Whew, that's almost as much the the computer cost! Yup, but what are your eyes really worth to you.

Then there is the question of ergonomics, room lighting, viewing distance to monitor etc. But I think i've gone on long enough for this time.

I commend you for asking these questions. I haven't given you many technical specs to go by because how well you get along with your monitor is a very subjective thing.

Good luck in your search.

Dave Ducello
dducello@jsd.dli.mt.gov

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clear flashes?

- *Subject:* clear flashes?
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
 - *Date:* Fri, 8 Mar 1996 21:57:50 -0800
-

As I said in my last posting, I am new to vision therapy. I cannot say that I have had clear flashes, just clearer flashes. Is this possible? Also, my flashes or clearer moments are not really flashes that last seconds. I can usually hold it longer than that, through blinking and everything. It is more like my eyes are making a greater effort to focus or the focusing muscle is working harder. Does this sound familiar to anyone? I often experience this after patching. I don't yet patch for long periods of time, I am still getting used to it and am working up my wearing time. So far the longest has been two hours. I find this quite remarkable. I'd appreciate any comments.

Carla

carla wilson
school district 52

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Patching for better vision

- *Subject:* Patching for better vision
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 9 Mar 1996 10:55:45 -0500 (EST)
-

Carla Wilson posted that after patching, she experiences a period of clearer vision that is marked by a feeling that her "eyes are making a greater effort to focus or the focusing muscle is working harder."

My experience in patching has been that the patched eye feels far more RELAXED and renewed. The difference between the patched and the unpatched eye after I take the patch off is remarkable. The patched eye is the one that improves, not the one that has been "working". In fact, comparing the eyes can be quite distressing. The other day, I used a patch and plus lenses for an hour while working at the computer terminal. When I took the set off, my previously patched eye saw things so much more vividly than the other, that by comparison, the vision in the previously unpatched eye seemed positively cloudy! The effect wore off after a few minutes.

Note that this experience goes counter the standard treatment for amblyopia ("lazy eye"), where the "lazy" eye -- the one that is supposed to improve -- is the one NOT patched. This is not to say that the standard method of treatment for lazy eye is wrong, but that patching may have different effects for different kinds of eyes.

--Alex

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>
> Carla
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>
> carla wilson
> school district 52
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>

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Patching for better vision

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 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 9 Mar 1996 10:55:45 -0500 (EST)
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--Alex

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Confronting a Skeptic

- *Subject:* Confronting a Skeptic
 - *From:* Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
 - *Date:* Sat, 9 Mar 1996 12:31:23 -0500
-

I posted the the following article to sci.med.vision, misc.health.alternative, and alt.self-improve... "Re: Eye Exercise"

- - - - -

In article <31368477.2B83@chelsea.ios.com>, Mark Simko <msimko@chelsea.ios.com> wrote:
>There is perhaps a seed of truth to the argument that correction breeds
>dependency.

Yes, that wearing glasses makes one see worse without them (or even with them) is a truism that comes up every so often even in optical journals.

For quotations and references, see...

http://silver.ucs.indiana.edu/~aeulenbe/i_see/against_glasses.html

Despite the ubiquity of this anecdotal observation, I am not aware of a single controlled study to find out if this is actually true. Are the eye scientists afraid of the truth, or what?

>However, by dissuading a -2.00 myope from getting glasses at
>least for occasional wear, you are encouraging people to limit ther
>sphere of cognition.

First of all, I am only telling people that others have learned to see better with a weaker prescription, or none at all. And I let them know the techniques that they say worked for them. In fact, many people have reported success with exactly what you are describing -- part time wear of glasses.

Secondly, seeing better without glasses, or with a weakened prescription,

far from limiting there sphere of cognition, rather seems to open up a new awareness to light, form, and color. In eye-reeducation, one must become MORE attentive to one's surroundings, not less.

This theme is constantly coming up on the I SEE mailing list.

For a sample of what I'm talking about, see the letter in the January 1996 archives at:

http://silver.ucs.indiana.edu/~aeulenbe/i_see/archive/Jan/0036.html

> There's too much out there to be missed. Sometimes
>it's life dependant. I personally prefer to have 20/20 vision while
>driving, while New York State only requires 20/40 in one eye! If you
>want to live in a cave, then GOD BLESS!

If you have constructed your life such that you will die without 20/20 vision RIGHT NOW, then well, I guess you're right, you "need" glasses.

However, for a myope (or presbyope or astigmat) to reject glasses does not necessarily mean living in a cave. In many cases, it means coming out of a glass cage, coming to terms with your true visual strenghts and weaknesses, and finally DOING SOMETHING about it.

Let me be perfectly clear. I'm not saying it's immoral to wear glasses, just that if you want to improve your vision without them, you can.

For more on the subject of better eyesight without glasses, see:

International Society for the Enhancement of Eyesight

http://silver.ucs.indiana.edu/~aeulenbe/i_see

--Alex

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Re: Patching for better vision

- *Subject:* Re: Patching for better vision
 - *From:* stefansi@ctrvox.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Sat, 09 Mar 1996 15:42:06 -0600
-

Alex Eulenberg <aeulenbe@indiana.edu> wrote:

>My experience in patching has been that the patched eye feels far more
>RELAXED and renewed. [...] The patched eye is the one
>that improves, not the one that has been "working". [...] The effect wore
off >after a few minutes.

I completely agree with Alex as I have the exact same experience. But the quick wearing off of the effect is what "troubles" me. 'Cause what patching does is relieve the cilliary muscle(s) so that the lens bounces back from a likely contracted state. So patching has a great preventive effect, in acting towards not allowing a contracted lens to impart some of its "plight" to the axis. But I don't see how patching can help in permanently improving vision.

Each day I get up in the morning greeting the sun and confident that I shall see better this day. Alas, I only need to step out of home to realize that what my mind thinks is not what my body does (in this case). I take it with indifference (a credit to Aldus Huxley, not that I glorify him). Based on my previous successful handling of power increases (i.e. through constant plus lens therapy I did not allow a decrease in acuity) I tell to myself that if my eyes don't get better by themselves, I'll up the power. I feel completely relaxed most of the time. The result so far (after nearly six months) - statistically insignificant. I concur with the notion that the refractive state of the eye is dynamic. There are two questions to this, though. First, is this dynamics both ways? And second, to what extent? I am fairly sceptic on both. On the first, yes, temporary turning into permanent if you don't counteract in time (on the worsening side), and almost always only temporary (on the improving side). On the second, infinite on the worsening side, little (2.0D max and mostly temporary) on the improving side. Btw, it is well known that with aging some eyes tend to become less myopic. Antonia Orfield's reportedly

successful 7-year vision quest may well have coincided with this process (I think she was in her late thirties/early forties during that time).

Stefan Stefanov

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Carla Wilson's clear flashes

- *Subject:* Carla Wilson's clear flashes
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
 - *Date:* Sat, 9 Mar 1996 17:12:32 -0800
-

Alex,

In reply to your questions, I hope this information is of help and maybe clarifies what I explained in my last posting:

I am nearsighted, about -6.5 in one eye and about -7 in the other. I have been wearing glasses/ contacts for about the past 15 years. I have been wearing them 100% of the time for the last 10 years. I am told that I have a slight astigmatism, but not enough to bother correcting. I have never noticed it as it only affects my far vision slightly.

I am a teacher (French immersion and ESL).

When I said that my eyes are making a greater effort to focus, there is no strain involved. It is honestly as if my eyes are focusing. Sometimes an image will be a little blurry at first but after a couple of seconds gradually come into focus. The feeling in my eyes is a little different, but not in a bad sense. I would liken the experience to what one maybe undergoes during physiotherapy where one is regaining control or strengthening a specific muscle. I would say that my eyes feel more relaxed than at other times. That's about it.

Carla

>Carla, can you provide the following information:

>

>Your glasses prescription (if any) -- nearsighted or farsighted?

>astigmatic? bifocal?

>

>How long you have been wearing it

>

>Your profession

>

>What you mean by "It is more like my eyes are making a greater effort to
>focus or the focusing muscle is working harder" -- please give us your
>subjective experience. Is it feeling of power and strength, or a feeling of
>strain? Do your eyes feel more or less comfortable during your periods of
>clear vision?

>

>Thanks!

>

>--Alex

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What is Patching?

- *Subject:* What is Patching?
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 9 Mar 1996 22:31:10 -0500 (EST)
-

On Sun, 10 Mar 96 11:01:14 HKT,
Ashwin Panjabi <ashwin@asiaonline.net> asked:

> What is patching anyway?

Patching means covering an eye with a patch. The optometric term is "occlusion". Patching's most widely-known and accepted use is as treatment for lazy eye, where the good eye is patched, and the "lazy" eye forced to work. Bates, however, recommended covering the eyes (with the hands, though) as a way to help rest and therefore improve the vision in the COVERED eye. There are many possible reasons why a patch is helpful therapeutically, and there are some instances in which wearing a patch is detrimental (e.g. covering an amblyopic or "lazy" eye full-time). When in doubt, consult an eye care practitioner about the safety of your using a patch.

One book that heavily emphasizes the use of the patch is "Eye Power" by Ann Hoopes. Another is "Seeing Without Glasses", which mentions a special kind of patch, called a "binasal occludor" which is worn on the nose and eliminates the need to converge the eyes for single vision. I have found that the "binasal occludor", while absolutely ridiculous looking, can be very beneficial in improving 3D perception (once it's taken off).

For previous posts concerning the uses of a patch, search for "patch" in the following archives...

- Principles
- Palming
- Plus Lens Therapy
- Misc. Techniques and Exercises

at:

http://silver.ucs.indiana.edu/~aeulenbe/i_see/maillinglist.html#archives

--Alex

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- Prev by Date: [Carla Wilson's clear flashes](#)
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RE: Distant Viewing to Prevent Myopia

- *Subject:* RE: Distant Viewing to Prevent Myopia
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 10 Mar 96 14:08:28 UT
-

Looking at the mortar between the bricks in a building is a good way to measure how relaxed your eyes are.

I find that I can see to horizontal lines of mortar blurred but quite easily. As to the vertical ones, they're more difficult to see (of course it depends on how far the building is) but will come into focus when the eyes become more relaxed.

george

=====

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Re: Confronting a Skeptic

- *Subject:* Re: Confronting a Skeptic
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Mon, 11 Mar 1996 11:12:14 +0000 (GMT)
-

Forwarded message:

```
> Date: Sat, 9 Mar 1996 12:31:23 -0500
> From: Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>
> To: i_see@indiana.edu
> Subject: Confronting a Skeptic
>
> I posted the the following article to sci.med.vision,
> misc.health.alternative, and alt.self-improve... "Re: Eye Exercise"
>
> - - - - -
>
> In article <31368477.2B83@chelsea.ios.com>,
> Mark Simko <msimko@chelsea.ios.com> wrote:
> >There is perhaps a seed of truth to the argument that correction breeds
> >dependancy.
>
> Yes, that wearing glasses makes one see worse without them (or even with
> them) is a truism that comes up every so often even in optical journals.
>
><snip>
>
> Secondly, seeing better without glasses, or with a weakened prescription,
> far from limiting there sphere of cognition, rather seems to open up a new
> awareness to light, form, and color. In eye-reeducation, one must become
> MORE attentive to one's surroundings, not less.
>
> This theme is constantly coming up on the I SEE mailing list.
>
```

There is a very practical side to this, as well as the philosophical one. Since I started using reading glasses over the last 18 months or so, (having been glasses-free since I gave them up at 16 or so),

I have found that in spite of all the care I seem to take, they always end up getting scratched. As well as that there is the constant need to keep the things clean and smear-free, etc. I sometimes find myself taking them off to get a clearer view of the world, even if optically I am having a slightly harder time of it by so doing. I think I would rather put all the time and resources it seems to take to keeping my glasses in running order into getting my eyes back into better condition.

Mike.Ellwood@rl.ac.uk

("Hey, we're all myopes in this list, right?er wrong.")

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Patching for better vision

- *Subject:* Patching for better vision
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Mon, 11 Mar 1996 11:24:35 +0000 (GMT)
-

Forwarded message:

> Date: Sat, 9 Mar 1996 10:55:45 -0500 (EST)
> From: Alex Eulenberg <aeulenze@indiana.edu>
> To: i-see@indiana.edu
> Subject: Patching for better vision

>
> Carla Wilson posted that after patching, she experiences a period of
> clearer vision that is marked by a feeling that her "eyes are making a
> greater effort to focus or the focusing muscle is working harder."

>
> My experience in patching has been that the patched eye feels far more
> RELAXED and renewed. The difference between the patched and the unpatched
> eye after I take the patch off is remarkable. The patched eye is the one
> that improves, not the one that has been "working". In fact, comparing the
> eyes can be quite distressing. The other day, I used a patch and plus
> lenses for an hour while working at the computer terminal. When I took the
> set off, my previously patched eye saw things so much more vividly than
> the other, that by comparison, the vision in the previously unpatched eye
> seemed positively cloudy! The effect wore off after a few minutes.

>
> Note that this experience goes counter the standard treatment for
> amblyopia ("lazy eye"), where the "lazy" eye -- the one that is supposed to
> improve -- is the one NOT patched. This is not to say that the standard
> method of treatment for lazy eye is wrong, but that patching may have

It's not to say it's right either. As far as I can tell, it never worked
for me, but I was very young at the time, and can hardly remember details.
(I suppose it's possible that the treatment made my condition less bad,
without actually "curing" it).

Having tried it again as an adult (i.e. patching my "good" eye), the
effect is approximately:

Lazy eye: It appears that the brain begins to relearn to use this eye to some extent. In my case, because my eyes are out of alignment, this tends to cause double vision, and so the brain tries to suppress the image again. Result: confusion and possible strain.

Good eye: Because it has been patched, relaxed and rested (as Alex says above), the image that it offers is much clearer, sharper, vivid etc, contrasting with the indistinct image offered by the lazy eye. This tends to reinforce the suppression of the image offered by the lazy eye.

Conclusion: It's sort of back to square one; I don't think it works. I don't think it can ever work. I have yet to meet anyone for whom it worked.

Mike.Ellwood@rl.ac.uk

(presbyopic amblyope, and friendly skeptic towards VT).

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Hypnosis & Myopia

- *Subject:* Hypnosis & Myopia
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 12 Mar 96 02:33:45 UT
-

Does anyone know of any work involving hypnosis as a way to reduce myopia?

I just remember reading something about that but I can't remember where or what.

george

=====

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Re: Bilberry

- *Subject:* Re: Bilberry
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
 - *Date:* Mon, 11 Mar 1996 22:46:37 -0600
-

>Hi ,
>
> I received in the mail an advertisement for Bilberry capsules from a
>company called BIOENERGY NUTRUEENTS. Each bottle has 60 capsules of 60mg
>per capsule for \$13.49 a bottle. They state that they use the form of
>Bilberry Vaccinium myrtillus (the European form of blueberry). Has
>anyone heard of or have experience with this company? Is this the
>right form of bilberry to use? How does the price seem? What about the
>dosage? Thanks for any help anyone can provide.
>

Sorry for the belated response. I hope this can be of some help.

I have a brochure about Bilberry capsules from a company called Natrix International, LLC (based in Boulder, CO). They offer "Bilberry 2020 Optometric Nutrition Formula" from Advanced+Botanics (A+V is probably another company).

Natrix claims that their bilberry is processed by Indena, a leading European nutraceutical firm. I didn't order because I had bought multivitamins in the meantime. You could call Natrix at 1-800-586-7771 and compare prices and dosage.

Stefan Stefanov

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Re: Hypnosis & Myopia

- *Subject:* Re: Hypnosis & Myopia
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Tue, 12 Mar 1996 00:29:22
-

George,

a couple of years ago, i signed up for a series of six hypnosis sessions. My goal was to reduce my myopia, or at least understand it better.

The therapist didn't have an understanding of VT but she was willing to give in a try as she had worked with other alternative healing models. At one point, she did ask me to go back to the moment i decided to become myopic and i did give her an answer. I have no idea if my answer was accurate - it didn't feel like it was - nor was there any great insight achieved from 'knowing'.

My own experience was not valuable to me and i won't undergo hypnosis again. I personally had no results from it. It was interesting tho as i had never been under before. I found it very much like meditation but i didn't have to take myself down. If you haven't tried meditation, you might want to give that a whirl. It is very relaxing and free. I may have had improvement when i began meditating but it's difficult to say because i started VT at about the same time.

Good luck.

Linda Lee

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Bilberry

- *Subject:* Bilberry
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Tue, 12 Mar 1996 09:20:57 -0500
-

Does anyone know if bilberry leaf (as opposed to fruit) is good for the eyes? I think it was discussed a while ago but I seem to have missed the outcome of the discussion. I have ordered a pound of dried leaves for \$17.95 via a local health food store (I can find out the name of the company) and have to say that, one, it's a LOT (will probably last me for many months), two, it's the real thing (I used to gather wild bilberry in Belarus and Lithuania and steep fresh leaves for tea, so my palate can readily recognize it), and finally, the tea is delicious. But I don't know if what it's supposed to do for the eyes can be derived from the leaves. Please enlighten.

Elena

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Re: Hypnosis & Myopia

- *Subject:* Re: Hypnosis & Myopia
 - *From:* owner-i_see@indiana.edu
 - *Date:* Tue, 12 Mar 1996 09:32:20 -0500 (EST)
-

on their last msg, George Tohme said:

>
> Does anyone know of any work involving hypnosis as a way to reduce myopia?
>
> I just remember reading something about that but I can't remember where or
> what.
>
> george
>
>
>

I have read of a few cases regarding hyp & myopia. In the first case a lady had had a traumatic experience as a girl (car accident and she saw someone die or something to that effect) and she developed myopia. In the second case I read a reference of myopia (certain cases) being caused by tight ciliary muscles, hypnosis was used to relax such muscles....

l8er...

Marco Terry
Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

Backup not found:
A)bort, R)etry, M)assive heart failure?

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Re: Hypnosis & Myopia

- *Subject:* Re: Hypnosis & Myopia
 - *From:* Torres Mario <mtorres@wsmr-relay2.arl.mil>
 - *Date:* Tue, 12 Mar 1996 08:29:44 -0700 (MST)
-

On Tue, 12 Mar 1996, George Tohme wrote:

```
> Does anyone know of any work involving hypnosis as a way to reduce myopia?  
>  
> I just remember reading something about that but I can't remember where or  
> what.
```

Very good question George. I was wondering this myself. If myopia is a stress/emotional/psychological/mostly-in-your-head induced disorder of our visual system, then I would guess that hypnosis should work. Of course there's the other ifs, "if you believe in hypnosis", "if you believe your myopia is curable", "if you know a hypnotist that knows what they are doing regarding VT", etc.

I second his question.

Mario

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Re: Bilberry

- *Subject:* Re: Bilberry
 - *From:* kope@primenet.com (LeRoy Kopisch)
 - *Date:* Tue, 12 Mar 1996 08:32:51 -0700 (MST)
-

At 11:18 AM 3/8/96 EST, Mike Sivack wrote:

>

>Hi,

>

> I received in the mail an advertisement for Bilberry capsules from a
>company called BIOENERGY NUTRUEENTS. Each bottle has 60 capsules of 60mg
>per capsule for \$13.49 a bottle. They state that they use the form of
>Bilberry Vaccinium myrtillus (the European form of blueberry). Has
>anyone heard of or have experience with this company? Is this the
>right form of bilberry to use? How does the price seem? What about the
>dosage? Thanks for any help anyone can provide.

>

>

>Thanks

>Mike Sivack

>

Mike...I have been buying Bilberry from two different sources who are considerably cheaper than the one you are quoting...

I and my wife have now been taking bilberry for 6 or 7 months with very satisfactory results. I might state that it seems that all of the bilberry available is of the myrtillis type so this statement is no big deal... There appears to be two types available, the powdered berry and the dried extract type. We started out on the dried berry type with good success, then I found a source of the extract type at about the same price so we are now on it. Which is best?, we have found very little difference, but since most of the reported research was done on the extract type, I plan on staying for a time on this type..

The difference in the quantity of the capsules at first bothered me, since the powdered berry type usually contains around 360 mgs while the dried extract type are around 60 mgs...Then it finally dawned on me that they were probably equivalent in the key component that they both stress..

We started out taking three caps a day, and have now cut back to two, with and occasional failure of even this amount. It seems that we are sustaining the beneficial effect that we first discovered.

The following two vitamin suppliers are the most reasonable that I have found:

BRONSON Vitamins and Herbs
1945 Craig Road, PO 46903
St. Louis, MO 63146-6903
For Call in Orders: 1-800-235-3200

They have the extract type which lists at \$9.43 for 100 caps of 60 mg.

Puritan's Pride
1233 Montauk Highway
PO Box 9001
Oakdale, NY 11769-9001
For Call in Orders 1-800-645-1030

They have the powdered berry type which at present with a special sale going on lists for: 5 bottles for \$56.00 for 100 caps of 375 mgs..

The very real problem that I have with all this material is that there is no Agency that oversees the gathering and preparation of these herbs, which means that we are depending to the hype put out by the suppliers which I have never found to be too reassuring..But for now I am feeling good about the results so I wont be too critical..But I am keeping a very close lookout for any undesirable side effects which may become noticable..

Hope this answers your question.. Roy Kopisch

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Re: Bilberry

- *Subject:* Re: Bilberry
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Tue, 12 Mar 1996 08:50:50 -0700
-

At 09:20 AM 3/12/96 -0500, you wrote:

>Does anyone know if bilberry leaf (as opposed to fruit) is good for the
>eyes? I think it was discussed a while ago but I seem to have missed the
>outcome of the discussion. I have ordered a pound of dried leaves for
>\$17.95 via a local health food store (I can find out the name of the
>company) and have to say that, one, it's a LOT (will probably last me for
>many months), two, it's the real thing (I used to gather wild bilberry in
>Belarus and Lithuania and steep fresh leaves for tea, so my palate can
>readily recognize it), and finally, the tea is delicious. But I don't know
>if what it's supposed to do for the eyes can be derived from the leaves.
>Please enlighten.

I seem to recall that the components for helping the eyes are in the fruit.
The leaves are indicated for treating blood sugar imbalances (eg. diabetes)
and some other conditions, although you have to monitor dosage carefully.
Try doing a Lycos search for bilberry, I did that a couple of months ago and
got some really good information on bilberries (almost more than I wanted to
know!).

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

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Re: Bilberry

- *Subject:* Re: Bilberry
 - *From:* Mike Sivack <sivack@arl.mil>
 - *Date:* Tue, 12 Mar 96 14:10:22 EST
-

I would like to publicly thank the people who have responded to my questions on Bilberry (Stefan and LeRoy).

Thanks
Mike Sivack

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Bilberry

- *Subject:* Bilberry
 - *From:* Kellie Elizabeth Cass <KELLIECASS@DELPHI.COM>
 - *Date:* Tue, 12 Mar 1996 19:35:09 -0500 (EST)
-

On 12-MAR-1996 09:58:51.5 solusrex said
N bilberry leaf [tea] ... delicious. But I don't know
N if what it's supposed to do for the eyes can be
N derived from the leaves. Please enlighten.

I don't KNOW the answer but I do remember reading here that
you get the same benefits as from the capsules. And I agree
that the tea is yummy.

Kellie

`[1;32;40mRainbow V 1.19.4 for Delphi - Registered

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Re: Bilberry

- *Subject:* Re: Bilberry
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Tue, 12 Mar 1996 21:07:04 -0800 (PST)
-

Could someone please tell me if they know of an herbal, nutritional, homeopathic, or other natural remedy for pigmentary dispersion syndrome? I realize that this has nothing to do with myopia reduction, but I do think it has to do with vision. The pros at my optometry school here say there is nothing to do be done for this and I just found out I have it. It leads to glaucoma in 10% of cases and my IOP's have risen to a near borderline level in the last year, so I would lime to do something if possible. Any info would be appreciated.

Herb Black

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Need help.

- *Subject:* Need help.
 - *From:* nemesis7@ix.netcom.com (William A. Redding)
 - *Date:* Wed, 13 Mar 1996 05:47:24 -0800
-

Yesterday, a three demensional bubble, about half the size of a pea developed in my right eye. The bubble is clear except the edge on one side is black.

The bubble is not in my central vision -- but about 3/8th of an inch above it and to the right.

The bubble does not float, it follows my visioin.

Does anyone have an idea what that may be?

Apprrciate any response.

Bill Redding

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Re: Need help.

- *Subject:* Re: Need help.
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Wed, 13 Mar 1996 11:44:04 -0500
-

At 05:47 AM 3/13/96 -0800, you wrote:

>Yesterday, a three dimensional bubble, about half the
>size of a pea developed in my right eye. The bubble is
>clear except the edge on one side is black.
>The bubble is not in my central vision -- but about 3/8th
>of an inch above it and to the right.
>The bubble does not float, it follows my visioin.
>Does anyone have an idea what that may be?
>Apprreciate any response.
>

Bill,

go see an ophthalmologist (preferably a retina specialist) PRONTO. May be nothing, may be retinal detachment -- if the latter, the earlier it's caught, the more successful is the treatment. (Early may mean within hours of the event). Again, may be nothing... but sounds like a good reason to find out ASAP.

Elena

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Re: Need help.

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RE: Bilberry

- *Subject:* RE: Bilberry
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 14 Mar 96 05:00:19 UT
-

Hi LeRoy,

>>>I and my wife have now been taking bilberry for 6 or 7 months with very satisfactory results. <<<

Could you elaborate more on the meaning of satisfactory results. What were you expecting from Bilberry and how did you measure/feel the results.

thanks
george

=====

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RE: Hypnosis & Myopia

- *Subject:* RE: Hypnosis & Myopia
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 14 Mar 96 05:01:01 UT
-

I think that myopia is GREATLY affected by the brain especially during intensive VT ie. during exercises, relaxation and not wearing glasses.

So that was why I thought about Hypnosis (I'm actually studying Psychology but have not tackled hypnosis).

1- I do believe that hypnosis is real and is usable during therapy ie. not some mystical power that some people possess.

2- I do believe that myopia IS curable. I actually have no doubt about that.

3- I do not know a hypnotist but I'm looking for one.

Whatever I find I will posted on the list.

george

=====

-
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 - Next by Date: [Re: Hypnosis & Myopia](#)
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Re: Hypnosis & Myopia

- *Subject:* Re: Hypnosis & Myopia
 - *From:* mat@tekbases.com (Marco A. Terry)
 - *Date:* Thu, 14 Mar 1996 09:37:56 -0500 (EST)
-

on their last msg, George Tohme said:

>
> I think that myopia is GREATLY affected by the brain especially during
> intensive VT ie. during exercises, relaxation and not wearing glasses.
>
> So that was why I thought about Hypnosis (I'm actually studying Psychology but
> have not tackled hypnosis).
>
> 1- I do believe that hypnosis is real and is usable during therapy ie. not
> some mystical power that some people possess.

George - Hypnosis is a real effect in which the mind is very relaxed and open for suggestion - there is nothing mystical about it. The question is whether one is a good subject for it.

later...

Marco Terry
Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

Backup not found:
A)bort, R)etry, M)assive heart failure?

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Hypnosis & Myopia

- *Subject:* Hypnosis & Myopia
 - *From:* "P.G. Middleton" <cabr90@iona.strath.ac.uk>
 - *Date:* 14 Mar 1996 15:12:29 -0500
-

>So that was why I thought about Hypnosis (I'm actually studying Psychology but
>have not tackled hypnosis)....

On this subject, you might like to check out the NLP (Neuro-Linguistic Programming) book "Frogs into Princes", by Bandler & Grinder (psychology section in bookshops).

Basically, NLP says that you can re-create any 'states' (configuration of muscle position, etc) you've had in the past, and since you once were in a 'state' where your eyesight was good, you should be able to access it again. At one point in the book, this is mentioned, and a story recounted in which a patient was asked to remember his childhood and, upon returning to the present, told to retain the physical state of the eye as it was when he could see properly.

Good results: his eyesight became excellent immediately, although it later gradually returned to it's old myopic state. This, I suppose, might be due to him still using his eyes in the old, squinty, unrelaxed way he always did, rather than maintaining them in the relaxed state.

....and, hey, twenty years of hard-learned myopia is a real wrench to give up, isn't it?

Anyway, worth checking out I reckon...

Paul.

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- Prev by Date: [Re: Hypnosis & Myopia](#)
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Thanks Betty, Herb and Elena

- *Subject:* Thanks Betty, Herb and Elena
 - *From:* nemesis7@ix.netcom.com (William A. Redding)
 - *Date:* Fri, 15 Mar 1996 16:42:30 -0800
-

I went to an ophthalmologist and learned that the three dimensional bubble is a vitreous gel which should go away in about three weeks. If not I'm to return.

Thanks much for your help.

Bill Redding

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Results of the second month

- *Subject:* Results of the second month
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sat, 16 Mar 96 06:09:35 UT
-

Hi,

this morning I went to see my optometrist for my monthly eye exam. The results were not what I expected there was no improvement nor deterioration from last months.

So, here's what it looks like:

18/1/96	L: -3.00	R:-3.75
18/2/96	L:-2.50	R:-3.00
16/3/96	L:-2.50	R:-3.00

My current prescription glasses are still: L:-1.75, R:-2.00

I don't think that today's results are accurate for three reasons:

- 1- The test was at 8:30AM which I think is too early for my eyes
- 2- I did not sleep well during the night
- 3- I can see a difference in my vision: I can read signs on buildings that I could not read before

My eyes performance was sort of 'shaky' because I could not consistently see with -2.25, -2.75 which is what I expected the results to be.

I asked him for a VERY weak prescription for computer work because I don't need all the extra power of the above prescription. So now I have an extra pair of L:-0.75, R:-1.00.

Next time I will have the exam at around midday and make sure I get enough sleep the night before.

Many thanks to all of you for your support.

george

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-
- Prev by Date: [Thanks Betty, Herb and Elena](#)
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RE: Bilberry

- *Subject:* RE: Bilberry
 - *From:* kope@primenet.com (LeRoy Kopisch)
 - *Date:* Sat, 16 Mar 1996 10:46:55 -0700 (MST)
-

At 05:00 AM 3/14/96 UT, George Tohme wrote:

>Hi LeRoy,

>

>>>>I and my wife have now been taking bilberry for 6 or 7 months with
>very satisfactory results. <<<

>

>Could you elaborate more on the meaning of satisfactory results. What were you
>expecting from Bilberry and how did you measure/feel the results.

>

>thanks

>george

>

>

Hi George.....

You asked as to what I had expected from the Bilberry? I had very little expectation but a lot of hope. For 17 years I have been fighting a terrible vision problem which started with the installation of two highly experimental interocular lens in my eyes 18 years ago. These were of the strip type with two points on each end and were implanted into the flesh within the eyeball and cannot be removed and replaced without major surgery, which after the pain of installing them I refuse to do.

Both lens have irregularities that distort or block my vision in spots.. I have tried every thing that I thought would improve my vision so that life would be more normal again... I have been able to protect fairly well the basic mechanism of the eyes but trying to improve my vision has been a constant fight...and up to now I have found very little help.

Even though nothing is going to correct the interoccs, Bilberry has provided me enough vision improvement that I am happy so far with the results...

I am going to paste at the start a post I made to Kellie Cass on 8 Sept 1995, which will prepare the ground for an up to date assessment. This I had to copy from Alex's fabulous Home Page library since I had not kept a copy of it. I have edited it slightly to get rid of some of the extraneous information.....

INSERT-----

>From owner-i_see@indiana.edu Fri Sep 8 15:31:13 EST 1995

Date: Fri, 8 Sep 1995 12:32:54 -0700

From: kope@primenet.com (LeRoy Kopisch)

Kellie Elizabeth Cass wrote:

> N Does anyone know where can I purchase Bilbery? Does it come in a
> N tea? Jam? err?

>

>I keep hearing that bilberry leaf tea is great for eye care and
>the best form of bilberry. But no health food store I can find
>sells it! There are lots of pills and capsules but they are very
>expensive and I hear the tea is much better.

>

>.

Kellie

Your comments on bilberry tea intrigue me. I have never considered the tea, probably because I have never seen it advertised.. My wife and I are taking the 375 mg capsules, which the bottle states may be opened into a glass of warm water to make a tea. But the capsules are so easy to take, why go to the trouble.. From this labelling I assume I am taking the crushed leaf type.. I am checking around to see if I can find the extract type as it seems most of the medical research has been done using the extract. I am finding it very difficult to find out any trustworthy facts on the bilberry that is available. The recent report made available here, written by Paul Bergner, stated that one type of leaf had a detrimental effect on the liver. The type that I trust the herb sellers are putting out is the "Vaccinium Myrtillus" or more commonly referred to as V Myrtillis.. This Type appears to be the only type that has been researched..

You are right that it is rather expensive, as the first bottle I bought at the local vitamin dispensary, that I am on the least precarious belief level with, cost me twenty dollars for 90 capsules. I have since found a catalog sales outfit that during a special sales period, allowed me to get them for ten dollars per 100 capsules. We started taking bilberry about two months ago with very satisfactory results.. and now plan on giving it at least a 6 month trial. We started by taking 3 capsules a day for about a month, then noticed as researchers have noted that we were both

feeling the diuretic effect of the bilberry so we have cut back to 2 a day and seem to be getting the effects we wanted on our eyesight..

As for concrete results; I had my regular eye exam about a month after we started the bilberry. I have an exam every four months because of a 15 year battle with glaucoma. I got the lowest pressure reading on both eyes, that I have recorded over the past 3 years. Not by much, but the lowest reading in three years and I was shocked because the only thing I was doing differently was the bilberry.. I had the tech double check since I have had wrong results before, But he duplicated the first results so for the time being I have to assume they were accurate. The next check a couple of months from now will be the clincher, I hope. My wife who has no glaucoma problems went for her normal yearly checkup and asked for a new prescription so she could get her old glasses replaced.. When the the lady that was measuring up her eyes for a fit of the new glasses, looked at the data, she acted very surprised and blurted out "Your eyes have improved since the test you had 2 years ago". Eyes of people your age don't improve but deteriorate a little year to year. (Our age is a secret, but we did both retire a number of years ago.)

Our personal observations are; I am not wearing my glasses around the house, which I have had to do for many years. I use a set of reading glasses occasionally, but find some times I can read comfortably without them. This is a new and novel experience. I have set up an eye chart here in our computer room, which allows us to make random checks, and my wife has noticed that her eye that does not have an interoc in it, but does have a developing cataract, is reading the chart better.. I don't know whether this can be ascribed to improvement in the cataract or to improvement in vision intensity.. Time must pass before we know.. Hope this rather lengthy letter may allay some of your apprehension and prove to be of some help to you

That was written 6 months ago and at that time we had been taking the bilberry for 2 months, so now I can comment on 8 months of bilberry use.....

First,, it did not help my eye pressure. I have had two routine checks since then and they have shown a rising trend. I am just a tad concerned about this as the last pressures were around 25 in both eyes and that is about 3 points higher than I normally will average. If I find that the next

pressure shows a continuing rise I will stop the bilberry and see if that was the cause..(I am also being more faithful with eye drops twice a day).

The visual improvement which I noted is still present, but at about the same level as it was at the end of two months.. This improvement depends on a continuing use of the berry because a few day lapse and the deterioration becomes noticable..Sometimes the vision effect is even more transitory and only lasts a few hours ... But the improvement is actual. I have quit wearing my glasses when I am out doors.. Not that my vision is good, but it is better than we were able to do with corrective lens.. My last eye exam I insisted on taking without glasses, after telling a very disapproving eye intern that I no longer used the glasses.. My left eye checked a 20/30 and the right eye a 20/70..Thats not too good, but it is not bad compared to what I have put up with the past 15 years.. I feel better about driving than before and it is nice to not have those glasses hanging on my nose which they did for the last 60 years.. One of these days I will break down and get a new prescription to see if a further improvement can be made..

Now my reading vision remains good, although I have bad days that required me to reach for the magnifiers.. It seems strange that I can read the smallest print on the reading eye chart that they hand me but newspaper print sometimes is difficult to make out clearly..

My wife continues to find the original improvement, but she is most excited about her improved night vision.. She does some night driving which I do not and she gets quite excited at times how well she sees during this night time driving... She has had no further eye exams so actual data of improvement is not available....

Now a comment about my daughters experience..She was complaining in her E mail about how tired her eyes were after hours of staring at a 14 inch monitor at work.. I sent her a couple of bottles of Bilberry and enclosed some literature, since she never believes me... She would occasionally mention that she felt the bilberry was helping..I wasnt sure but what she wasn't just being polite about it. Until a letter came wanting to know where she could order some bilberry. She had ran out and within a few days her old problems were back and she noticed that her driving vision was not as good. .

George I wish it was possible to say positively that bilberry is the end all, but practically all my data is subjective and not measureable.. I am happy though at this point with what the bilberry is doing...But still on guard against undesirable or potentially dangerous side effects...

Regards, LeRoy Kopisch, Sun Lakes, AZ

And Alex, if you happened to have read along with us down this far, My sincere congrats to you for one of the finest Home pages I've seen.

aka Ole Roy

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Most print is too big for your eyes!

- *Subject:* Most print is too big for your eyes!
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 16 Mar 1996 18:49:11 -0500 (EST)
-

Reading, the way it is typically done, is a very poor activity for the practice of acuity, even near acuity. The standard for 20 feet (the "20/20" row) is a letter 9mm tall. So what would constitute the same acuity standard for the near point? This is easy to calculate: "relative size" is proportional to distance. Assume a reading distance of 1 foot. Since this is 1/20th the distance of that to the wall chart, the corresponding standard is 1/20th of 9 mm or less than a half a millimeter(!), for the size of a letter at 1 foot!

That's right, the letter on the 20-line of your eye chart produces the same size image on your retina, when viewed from 20 feet, as does a 0.45mm image when viewed from 1 foot. Incredible! I think this is about the size of type on microfiches.

Does this sound a little small for you as a standard type size? Well, maybe it would make more sense if we had a 2-foot, instead of 1 foot standard.

So what if you hold your text at 2 feet? Well if you double the distance, you're doubling the size of the standard but twice a size less than half a millimeter is still less than a millimeter! Can you imagine reading millimeter-size type at 2 feet?

Well, OK. Maybe it is too much to demand 100% acuity for all of our reading. Let's reduce our 2-foot acuity standard by a half, that is, double the size of the letters: 2mm type for 2 foot reading. Let this sink in: If you read at 2 feet, which would never be considered "abnormally close", reading a 2mm type size is using HALF the normal visual ability, in other words "20/40" vision. However, typical type is about 3mm tall for the smallest lower case letters. Thus reading requires only "20/60" vision IF done at 2 feet. Someone who reads at a distance of one foot, then -- not too uncommon -- is only exercising their acuity at a level of "20/120"

vision, or one sixth the "normal" capacity!

Thus we see that limiting one's primary visual input to reading books not only means underutilizing one's powers of distance vision acuity in particular, it means underutilizing one's powers of acuity in general.

There is no reason to think that reading smaller letters should cause strain or myopia. The finest of fine print can be viewed from a reasonable reading distance given an eye with normal acuity. On the contrary, reading fine print gets one in the habit of attending to fine detail.

These considerations have much to bear on the idea that reading leads to myopia. Is it really through over-exertion of the ciliary muscle? Or is it more about a loss of appetite for acuity?

More later.

--Alex

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LeRoy's Case

- *Subject:* LeRoy's Case
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 16 Mar 1996 21:01:23 -0500 (EST)
-

On Sat, 16 Mar 1996, LeRoy Kopisch wrote:

> For 17 years I have been fighting
> a terrible vision problem which started with the installation of two
> highly experimental interocular lens in my eyes 18 years ago. These
> were of the strip type with two points on each end and were implanted
> into the flesh within the eyeball and cannot be removed and replaced
> without major surgery, which after the pain of installing them I
> refuse to do.

OK. Your lenses have been removed. So according to the standard theory of how the eye works, your eyes should not be able to adjust to distant objects at all, since it is supposedly the lens that changes during accommodation.

> Our personal observations are; I am not wearing my glasses
> around the house, which I have had to do for many years.
> I use a set of reading glasses occasionally, but find some
> times I can read comfortably without them. This is a new and
> novel experience.

Yes, as a matter of fact, your experience is contradicting the textbooks.

> I have quit wearing my glasses when I am out doors.. Not that my vision
> is good, but it is better than we were able to do with corrective lens.. My
> last eye exam I insisted on taking without glasses, after telling a very
> disapproving eye intern that I no longer used the glasses..

Now perhaps you know why the intern was so disapproving. How dare you break a law of optics!

> My left
> eye checked a 20/30 and the right eye a 20/70..Thats not too good, but

> it is not bad compared to what I have put up with the past 15 years..
> I feel better about driving than before and it is nice to not have those
> glasses hanging on my nose which they did for the last 60 years..

60 years! As I said, it is against the laws in the optics books for you to be able to see clearly at various distances without glasses. You're supposed to have no power of accommodation, first of all because you're over 40 (you're supposed to need reading glasses or bifocals), and second of all your lenses have been removed, for crying out loud!

> One of these days I will break down and get a new prescription to
> see if a further improvement can be made..

>
> Now my reading vision remains good, although I have bad days that
> required me to reach for the magnifiers.. It seems strange that I can read
> the smallest print on the reading eye chart that they hand me but
> newspaper print sometimes is difficult to make out clearly..

Now is the newspaper print difficult to make out because it's small (thus challenging your retinal sensitivity), or because it's close (thus challenging your power of close-focusing)? You can check this by comparing your ability to read small print up close versus your ability to read the "small" (although larger by absolute measurement) letters on the distant eye chart. "Relative size" is proportional to distance, so it's very easy to calculate. For example, a 3mm object viewed at 2 feet requires the same resolving power of the eye as a 30mm object viewed at 20 feet (both measurements increase by a factor of 10).

This may be for several reasons. First of all, if you look with each eye separately, it takes less mental control than if you use both eyes at the same time: when you use both eyes at the same time, you must constantly keep them in alignment. Usually, they test one eye at a time. Secondly, even if you can manage to align your eyes for the binocular close vision test, your eyes may tire and go blurry after a long stint of reading, or when you are otherwise fatigued. Exactly what "tires" I'm not prepared to say. It could be the retina becoming devitalized, or astigmatism caused an uneven pull of the fatigued extraocular muscles, or both, or even sluggish circulation causing a cloudy buildup in the humors of the eye. What I do know is that often, simply resting the eyes by closing them for a few minutes will bring back some clarity and especially intensity of color whenever my vision degrades. "Trying to focus on a distant object" for the purpose of relaxing the muscles of accommodation may help, in certain instances, but if you "try" too hard, this can cause even more eye strain. In the case of someone whose lenses are removed, of course, your muscles of accommodation aren't "supposed" to be a factor anyway.

So suppose you have determined that the a close up object is in general more blurry than a distant object of the same relative size, indicating

that the blur is the result of a failure to shift focus, and not a result of a general "low resolution" of your retina. In this case, close vision practice should be of benefit. However, you say that you have artificial lenses, and removing the lens is supposed to eliminate the ability to focus completely. According to the textbooks, you should no more be able to focus your eyes than a Captain Hook would be able to clap his hands. However, this is just what they teach in the textbooks. See my next post for details on a way to improve one's ability to shift focus from far to near.

--Alex

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Eye Exercise: Near-Far shifting

- *Subject:* Eye Exercise: Near-Far shifting
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 16 Mar 1996 21:10:20 -0500 (EST)
-

Here is a practice routine `_anyone_` can use to improve their focusing ability. It is method found in William Bates's classic "Better Eyesight Without Glasses".

Materials:

- 1) Newspaper (or other source of fine print)
- 2) Snellen Eye chart. If you don't have one, you can download one from...

http://silver.ucs.indiana.edu/~aeulenbe/i_see/eyecharts.html

Method:

Practice first on one eye, then the other, then both together. If closing one eye is uncomfortable, you may find it easier to place one hand over the eye. A "professional" patch is available for about \$3.00 at the drug store. A bargain, I must say.

- a) Hold up a newspaper so that both the letters on it and the eye chart in the distance are in your field of vision.
- b) Direct your attention to a letter in the newspaper.
- c) Now look at the same letter on the eye chart. Notice that the letter on the newspaper becomes less distinct, while the letter on the chart becomes more distinct.
- d) Now look back at the letter on the newspaper. Notice that it becomes more distinct, while the letter on the chart becomes less distinct.

NOTE: As you shift focus from the easier-to-see letter to the harder-to-see letter, keep the image of the clear, black, letter in mind. Imagine that you are actually seeing this letter instead of the letter at the other distance.

If this is done successfully, the vision for both letters will improve. If you experience strain while doing this...

a) Take a break by closing and covering your eyes (palming). As you do this, imagine the letter that you have been practicing on as if it were perfectly black and distinct. If this is done successfully, your actual vision will improve also. However, if imagination proves difficult, simply let your mind wander and see whatever comes to mind.

b) Vary the distances of the newspaper and the eye chart to your eyes, and vary the size of the letters you look at.

--Alex

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RE: Vision Freedom

- *Subject:* RE: Vision Freedom
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Sat, 16 Mar 1996 22:08:02
-

To the I_See group:

About 10 days ago, i received my Vision Freedom kit from Brian Severson and have been following the plan for 8 days. I thought the group might like to know of my progress.

It seems to be working. I am spending at least 2 hours a day doing the one reading exercise, so far without the plus glasses. My vision is about -5.5 in both eyes so i have enough difficulty reading close up without adding the extra burden of the plus glasses. I gather they are to be used when i can read print beyond arm's length.

The results i have achieved so far are:

Originally the distance from my nose to the book was 17 cm and now i can focus print up to 26 cm away. I don't know if a 9 cm (3.5 inch) increase is significant but i consider any improvement important.

My distance vision is not so easy to measure. With -5.5, it is not really possible to focus even on the largest letter on a chart at 20 feet, or even at 10 feet. I do know that my vision through my 50/20 transition glasses has improved. I can now see at about 15/10. My own estimate is that i have improved by about -.75 diopters.

I feel that the program is working for me. I found the booklet easy to understand and his explanation for recovery is simple -- if you encourage your eyes to autofocus (i.e. don't make the effort impossible) and do it often enough, the muscles will strengthen sufficiently to change the shape of the eye. I don't find the 2 hours daily exercise excessive, but then i work at home and reading is a big part of what i do anyway. He mentions that people often get headaches when they start but i haven't.

I know that one of the most important ingredients in any recovery process whether it is physical or psychological is to have a plausible explanation. I don't know if this is medically possible or not, but it makes sense to me so i plan to stick with it.

I'll let you know what happens. I usually test myself on Saturday so i'll keep you all informed.

Linda Lee

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RE: Hypnosis & Myopia

- *Subject:* RE: Hypnosis & Myopia
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 17 Mar 96 06:51:22 UT
-

Excellent, that's EXACTLY what I'm looking for!!!!

I have not thought about NLP because the stuff that I read about it confused the hell out of me. My first exposure to NLP was reading and listening to Anthony Robins which didn't help clearing up what NLP is. Subsequent articles made it even worse and to me, it seemed to be som many things.

I will give the book a try and let me know if you have any other recommendations.

thanks
george

From: cabr90@iona.strath.ac.uk on behalf of P.G. Middleton
Sent: Friday, March 15, 1996 6:12
To: George Tohme
Cc: i_see@indiana.edu
Subject: Hypnosis & Myopia

>So that was why I thought about Hypnosis (I'm actually studying Psychology but
>have not tackled hypnosis)....

On this subject, you might like to check out the NLP (Neuro-Linguistic Programming) book "Frogs into Princes", by Bandler & Grinder (psychology section in bookshops).

Basically, NLP says that you can re-create any 'states' (configuration of muscle position, etc) you've had in the past, and since you once were in a 'state' where your

eyesight was good, you should be able to access it again. At one point in the book, this is mentioned, and a story recounted in which a patient was asked to remember his childhood and, upon returning to the present, told to retain the physical state of the eye as it was when he could see properly.

Good results: his eyesight became excellent immediately, although it later gradually returned to it's old myopic state. This, I suppose, might be due to him still using his eyes in the old, squinty, unrelaxed way he always did, rather than maintaining them in the relaxed state.

....and, hey, twenty years of hard-learned myopia is a real wrench to give up, isn't it?

Anyway, worth checking out I reckon...

Paul.

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-
- Prev by Date: [RE: Vision Freedom](#)
 - Next by Date: [Re: Results of the second month, George's](#)
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Re: Results of the second month, George's

- *Subject:* Re: Results of the second month, George's
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Sun, 17 Mar 1996 10:04:52
-

George, and everyone

I know how disappointing it is to be feeling very good about the work you have put into VT and then not see the results in the doctor's office. I have heard that there is a method for getting around this.

Get there early and / or do some exercises before you go in for the exam. I think it is very important to have both eyes measured at the same time - the doctors know how to do this but for some reason they prefer to examine each eye independently, even tho we don't use our eyes that way.

Don't wear your stronger glasses that day, ie, your regular 20/20 prescription and tell the doctor to begin your exam with plano lenses and work up. Apparently when your eyes see strong lenses, they revert to their 'flabbiest' position.

Personally, i don't bother with eye exams much anymore as a method of determining improvement. They are not definitive and yet they feel as tho they are, and so can be very discouraging. The only time i see the doctor is when i feel disoriented and sick when i wear my glasses. Then i make sure she does all the things i have described above.

The only way to reach your goal is to keep reaching for it. Chin up soldier -- we're all rooting for you!

Linda Lee

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- Prev by Date: [RE: Hypnosis & Myopia](#)
- Next by Date: [Linda's Improvement](#)
- Prev by thread: [Eye Exercise: Near-Far shifting](#)
- Next by thread: [RE: Results of the second month, George's](#)
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Linda's Improvement

- *Subject:* Linda's Improvement
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 17 Mar 1996 10:51:48 -0500 (EST)
-

On Sat, 16 Mar 1996, Linda Lee <llee@comox.island.net> wrote:

> My vision is about -5.5 in both eyes
> [...]
> The results i have achieved so far are:
>
> Originally the distance from my nose to the book was 17 cm and now i
> can focus print up to 26 cm away. I don't know if a 9 cm (3.5 inch)
> increase is significant but i consider any improvement important.

Linda, you are right to consider your "9cm" improvement important. If you can focus clearly only up to 17cm, you have $1/.17 = 5.88$ diopters of myopia. This is consistent with what you say about your prescription of -5.5. Being able to focus absolutely clearly at a maximum of 26cm = $1/.26 = 3.85$ diopters of myopia. Thus, your improvement is a difference of two diopters, or 34% of your myopia! Realize that a person with "only" one diopter of myopia starts seeing things blurry at one meter!

> My distance vision is not so easy to measure. With -5.5, it is not
> really possible to focus even on the largest letter on a chart at 20
> feet, or even at 10 feet. I do know that my vision through my 50/20
> transition glasses has improved. I can now see at about 15/10.

You probably mean 20/50 and 10/15 respectively. Remember, the distance from the chart goes on the left, the number on the smallest line of letters you can see goes on the right.

> My own estimate is that i have improved by about -.75 diopters.

Well, as I just said, according to the laws of optics, you have done even better than that -- if the letters that you now see at 26cm are as "perfectly" in focus as the ones that used to be your distance maximum at 17cm.

I would suggest that you measure your distnace acuity also without glasses. As I disucussed in a recent post, if you double the size of a letter on your chart, you double the distance standard for that letter. So if the largest letter on the chart that says "70", double its size and you will get a "140" letter. Quadruple the "50" letter and get a "200" letter, and so on. These enlargements can easily be done at a copy shop.

--Alex

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-
- Prev by Date: [Re: Results of the second month, George's](#)
 - Next by Date: [Bob's Plus Lens experience](#)
 - Prev by thread: [RE: Results of the second month, George's](#)
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Bob's Plus Lens experience

- *Subject:* Bob's Plus Lens experience
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 17 Mar 1996 11:42:30 -0500 (EST)
-

>From the sci.med.vision newsgroup...

----- start of forwarded message -----

From: browar@borg.com (Bob Browar)
Newsgroups: sci.med.vision
Subject: Re: Refocussing and Reading
Date: Sun, 17 Mar 1996 16:33:32 GMT
Message-ID: <4ih4k4\$tk5@ns2.borg.com>
References: <4i4f7c\$mg2@ns2.borg.com>

>From: aeulenbe@silver.ucs.indiana.edu (tcsh)
>Date: 1996/03/15

>MessageID: 4iafjj\$oa@usenet.ucs.indiana.edu#1/1

>In article <4i4f7c\$mg2@ns2.borg.com>, Bob Browar <browar@borg.com> wrote:
>>Although I am past the age where reading glasses are often required, I
>>have no need for them(as yet). There have been suggestions that they
>>be worn for close-up work in order to counteract the effects of the
>>near-focus.

>Let me get this straight. Are these suggestions coming from your eye
>doctor who is convinced that you "should" be becoming presbyopic, or are
>they from people on this newsgroup who say that plus lenses can be used
>as a preventive for myopia (nearsightedness). Is that what you mean
>by "the effects of the near-focus"?

Yes, this refers to suggestions from the archives of this newsgroup.
No eye doctor - I get my eyes checked every four years at the motor
vehicle bureau. #;-)> So far I don't need glasses to drive (but it has
not been easy to pass the exam). One concern is not to accelerate
becoming presbyopic. But according to an article last year or so in

Scientific American, it is unavoidable.

>> After using the glasses for even a short while, my
>>distance vision is much improved, that is, clearer.

>This has been my experience as well, as a person with a slight amount of
>myopia who uses reading glasses occasionally as a way to "stretch
>my focusing muscles" (I'm not sure that "stretching" is what's actually
>going on, but it's definitely an optical effect. Something in my eye
>changes. A doctor recently posted about his experience as a farsighted
>person, after wearing the same kind of "plus" glasses, becoming even
>more farsighted after prolonged use, just as you and I become [temporarily]
>less nearsighted.)

I don't understand it either. Perhaps the eyes are attempting to
focus beyond what would normally be "infinity"? It's a mystery they
know what to do, being temporarily "fooled" by the glasses. Is it just
an accident then that they wind up better focused for distance? I
mean, why don't they focus better on their own? This shows that they
are able to do it with some prodding.

>>But I would like to make sure sure that they are optimal and also to
>>extend the concept to reading the newspaper. This is where I have
>>trouble adjusting to the larger type.

>Sounds like you're saying the glasses magnify the type, which is what
>plus glasses do. There are some "premium" varieties with thinner lenses
>that magnify less.

I would like to avoid the magnification. Should I try to get a weaker
pair, say +1.0?

>But "optimal" depends on the purpose to which you wish to put the
>lenses. Are you trying to stave off myopia, or does reading give you
>eyestrain when you don't use glasses?

I learned (from Bates) that relaxing improves my vision much better
than straining to see. So eyestrain has not been a problem. (Not
counting overworking the eyes by too much close up work.) My
near-focus(?) is very good without glasses. Using the reading glasses
quickly improves my far-focus(?). If they neutralize the effects of
close up work, then that would be a reason to use them. But if they
somehow reduce my eyes own adjusting capacity then they would not be
worth using over the longer term.

>>Also at this distance, the images from one eye are not
>>as clear. (Could this be astigmatism?)

>I bet it's just that that eye is more myopic. With your glasses off, if
>that eye sees worse for distant objects but they both see the same for
>near objects, that would explain it.

You're right, this is the more myopic eye. What surprised me is that
(moving over 2 feet away wearing the reading glasses) one eye sees the
print as something like "italics" but not necessarily out of focus, if
you know what I mean. At any rate, this seems to be a "hard" error,
one that will not change(I could be wrong about this).

>>The (Dollar Store)glasses were
>>marked with a +1.5. Other pairs had an additional number on the
>>bottom, whatever that means? What do you all think? Bob B.

>The number on the bottom (somebody correct me if I'm wrong) is, I
>believe, the focal length. Broadly speaking, if you are using a lens
>of focal length X then looking through the lens at distance X requires
>the same degree of focusing as does looking at an infinitely distant
>object. The +1.5 is the lens strength in diopters. A diopter is the
>reciprocal of the focal length in meters. So a +1.5 lens is a lens with
>a focal length of $1/1.5 = .66$ m. If your eyes can focus perfectly for
>infinite distances -- if you can see the man on the moon in crisp detail
>-- this means you can see clearly through a +1.5 lens up to a distance
>of 66 cm. Another way of saying this is that the lens simulates infinite
>distance at 66cm. The higher the number after the +, the closer you
>bring your distant blur point. But you could have figured this out
>by trial and error at the Dollar Store.
>--Alex

A while back I bought the strongest pair (~+3.0). They work well for
very close up work like under the car, where I can't get further away,
and as a magnifier. They get blurry(for me) at about 10 cm.
I still don't know why some had a "bottom" number but others with the
same +X.xx did not.

As far as using a weak pair for reading, would I be better off
combining the lenses from two pairs to match my myopia in each eye?
Also should I be concerned that the vision in my better eye
temporarily improves more than the other and becomes more "dominant"
at the time? I get some indications of this. Bob B.

----- end of forwarded message -----

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- Next by Date: [Accomodation exercise with pinhole glasses](#)
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Accomodation exercise with pinhole glasses

- *Subject:* Accomodation exercise with pinhole glasses
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Mon, 18 Mar 96 02:35:52 UT
-

last week i bought a pair of pinhole glasses which I found very uncomfortable becuase I think the holes are too wide so they're always VERY visible when you're looking through them.

Anyway, I was amazed by the clarity of things through them so I had this idea to try the standard accomodation exercise (you know the one where you switch between your close thumb and a far object) while wearing them.

I was extremely surprised by what I felt. I felt that the muscles of my face and especially around the eyes are REALLY working. It is a totally different experience from when it's done without the glasses. The eyes feel as if they're really focusing on the faraway object (such as a letter on an eye chart). My theory is that the eyes are capable of 'locating' the distant object since it appears clearer and therefore are more capable of knowing how to focus.

After doing the exercice for about 2-3 minutes things start to look clearer (subjectively).

Any thoughts on that?

george

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- Prev by Date: [Bob's Plus Lens experience](#)
 - Next by Date: [RE: Results of the second month, George's](#)
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RE: Results of the second month, George's

- *Subject:* RE: Results of the second month, George's
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Mon, 18 Mar 96 07:31:46 UT
-

On Monday, March 18, 1996 4:39 Linda Lee wrote:

> George, and everyone

> I know how disappointing it is to be feeling very good about the work
> you have put into VT and then not see the results in the doctor's
> office. I have heard that there is a method for getting around this.

> Get there early and / or do some exercises before you go in for the
> exam. I think it is very important to have both eyes measured at the
> same time - the doctors know how to do this but for some reason they
> prefer to examine each eye independently, even tho we don't use our
> eyes that way.

> Don't wear your stronger glasses that day, ie, your regular 20/20
> prescription and tell the doctor to begin your exam with plano lenses
> and work up. Apparently when your eyes see strong lenses, they
> revert to their 'flabbiest' position.

That was the first time I had my eyes checked early (8:30AM) and I did not wear my glasses before the exam. I must say that the environment (the optometrist's room) where the eyes are checked is the most unnatural I have seen.

This time he did not do a test from scratch, he started the test from my last test's results. BTW, what are plane lenses?

> Personally, i don't bother with eye exams much anymore as a method
> of determining improvement. They are not definitive and yet they
> feel as tho they are, and so can be very discouraging. The only
> time i see the doctor is when i feel disoriented and sick when i
> wear my glasses. Then i make sure she does all the things i have
> described above.

> The only way to reach your goal is to keep reaching for it. Chin up
> soldier -- we're all rooting for you!

There's no way back to the darkness of myopia and constant wearing of
glasses

thanks and congratulations on your progress.

george

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-
- Prev by Date: [Accomodation exercise with pinhole glasses](#)
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Re: Linda's Improvement

- *Subject:* Re: Linda's Improvement
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Mon, 18 Mar 1996 09:06:04 -0500 (EST)
-

Alex Eulenberg <aeulenbe@indiana.edu> wrote:

>On Sat, 16 Mar 1996, Linda Lee <llee@comox.island.net> wrote:

>

>> My vision is about -5.5 in both eyes

>[...]

>> The results i have achieved so far are:

>>

>> Originally the distance from my nose to the book was 17 cm and now i

>> can focus print up to 26 cm away.

>If you can focus clearly only up to 17cm, you have $1/.17 = 5.88$ diopters of
>myopia. This is consistent with what you say about your prescription of
>-5.5. Being able to focus absolutely clearly at a maximum of 26cm = $1/.26$
>= 3.85 diopters of myopia. Thus, your improvement is a difference of two
>diopters, or 34% of your myopia!

Two diopters off in 10 days!?! Alex, do you really believe this estimate?

Using the reciprocal of the far point of clear vision to estimate the myopic error, while theoretically correct, suffers from many practical deficiencies.

First, how clear is clear? If Linda "can focus print up to 26 cm away" I don't think she means she can see it clearly. The purpose of this reading exercise is to hold the text as far as you are still able to read it but with some amount of blur. This should induce the extraocular muscles, over the long run, to exert the proper force on the eyeball. Then, we don't know if the original 17 cm were of the same clearness. Many myopic (in Linda's range) people read from a closer distance than they can see fairly clearly. And even if she controlled for this, her estimate of clearness may have changed.

Second, does Linda use the same amount of illumination when testing her vision? Illumination, as we all know, has a profound impact on the myope's quality of vision.

Third, does she use the same character type to test her vision?

I also use this naked eye approach to get a rough estimate of my vision. Briefly, the way I do it is the following. I make sure the amount of illumination is always the same. Therefore I don't use daylight but artificial light in the evening from a bulb with the same amount of lumens. Then I maintain the same distance from the bulb to the book (an amateur way of maintaining the same amount of lux not having a luxometer). Then the lamp shade has to be the same. The character type and its sharpness have to be the same. I've had a book with me everywhere I go for the last five years and I use it. I assume the print has not faded during this time. And the posture has to be the same. Also, where on the page you look is important. Clearly, the distance to the top of the page is not the same as to the middle or bottom of the page.

Finally, I measure the distance from the page to my eyes, not nose. This, of course, does not affect Linda's improvement, but the absolute values of her myopic error.

I tend to agree with Linda that her improvement is closer to the figure she mentioned (0.75D). As to the reasons for this improvement, as she herself so rightly asked, I may write in another post.

One last note.

Linda wrote:

>> My vision is about -5.5 in both eyes [...]

How can you state this so definitively in a time that supposedly brings great changes to your vision? At least add "before I started doing the exercises" or something of the sort. I can only be so positive when I say "My vision IS 20/20" or "My vision IS improving". Where is Sigmund Freud to lend some light?

Stefan Stefanov

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- Prev by Date: [RE: Results of the second month, George's](#)
 - Next by Date: [Re: Most print is too big for your eyes!](#)

- Prev by thread: [Linda's Improvement](#)
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Re: Most print is too big for your eyes!

- *Subject:* Re: Most print is too big for your eyes!
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Mon, 18 Mar 1996 14:13:12 +0000 (GMT)
-

>

>

> There is no reason to think that reading smaller letters should cause
> strain or myopia. The finest of fine print can be viewed from a
> reasonable reading distance given an eye with normal acuity. On the
> contrary, reading fine print gets one in the habit of attending to fine
> detail.

>

> These considerations have much to bear on the idea that reading leads to
> myopia. Is it really through over-exertion of the ciliary muscle? Or is
> it more about a loss of appetite for acuity?

>

I don't know how old Alex is, but I suspect it's less than 40.
I wonder if he'll still be saying that
"There is no reason to think that reading smaller letters should cause
strain or myopia"

when he's in his mid-forties?

I used to be able to read the smallest of small print with no difficulty
in poor light, and yet now have trouble (in mid-forties) with ordinary
newsprint except in good daylight.

Mike.Ellwood@rl.ac.uk

(farsighted presbyopic amblyope, and friendly skeptic towards VT,
not-so-friendly skeptic towards conventional eye "treatments",
if you want to know where I'm coming from)

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- Prev by Date: [Re: Linda's Improvement](#)
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(Fwd) Re: Linda's Improvement

- *Subject:* (Fwd) Re: Linda's Improvement
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Mon, 18 Mar 1996 13:10:19
-

Stefan,

Why are you asking Alex questions with respect to my letter? Wouldn't it be more useful to ask me directly? In any case, i understand your skepticism so i will address your concerns.

> First, how clear is clear? If Linda "can focus print up to 26 cm
> away" I don't think she means she can see it clearly. The purpose of
> this reading exercise is to hold the text as far as you are still
> able to read it but with some amount of blur. This should induce
> the extraocular muscles, over the long run, to exert the proper
> force on the eyeball. Then, we don't know if the original 17 cm were
> of the same clearness. Many myopic (in Linda's range) people read
> from a closer distance than they can see fairly clearly. And even
> if she controlled for this, her estimate of clearness may have
> changed.

How clear is clear? Perfectly clear. I can read print even up to 35 - 40 cm's away, but not see it perfectly. For the purpose of my own examinations, what would be the use in being approximate? When i say i can see clearly, i mean that my particular focal problems have all gone away. There is no more double vision or shadow either in the horizontal or the vertical. There is no more fuzziness in those 'problematic' double ll's and double ss's. The print is perfectly clear and not just readable.

> Second, does Linda use the same amount of illumination when testing
> her vision? Illumination, as we all know, has a profound impact on
> the myope's quality of vision.

Yes, i do use exactly the same amount of illumination when testing. I have a spare room that i have set up as 'vision headquarters'. There i

position my chair, eyechart, and reading material in exactly the same fashion consistently. The light that i use is a very bright 450 watt full spectrum metal halide unshaded fixed position lamp that i used to grow my - ummmm - orchids under. Admittedly this is brighter than usual room illumination, but it is the lamp i use consistently.

> Third, does she use the same character type to test her vision?

I used the same book to measure my results at the beginning of the week as i used at the end. I am working through a different book now that has different type face and page colour. There is a reduction of about 1 cm in near vision. I plan to use the original book to plot my progress weekly.

> I also use this naked eye approach to get a rough estimate of my
> vision. Briefly, the way I do it is the following. I make sure the
> amount of illumination is always the same. Therefore I don't use
> daylight but artificial light in the evening from a bulb with the
> same amount of lumens. Then I maintain the same distance from the
> bulb to the book (an amateur way of maintaining the same amount of
> lux not having a luxometer). Then the lamp shade has to be the
> same. The character type and its sharpness have to be the same. I've
> had a book with me everywhere I go for the last five years and I use
> it. I assume the print has not faded during this time. And the
> posture has to be the same. Also, where on the page you look is
> important. Clearly, the distance to the top of the page is not the
> same as to the middle or bottom of the page. Finally, I measure the
> distance from the page to my eyes, not nose.

And for some reason, you assume that i could not have figured this all out for myself! I am miffed. In fact, i hold the end of a cloth tape measure in my mouth (which is roughly in the same place from day to day!) and measure to the middle point in the book. I lose about 1 cm for the actual biting of the cloth, but since that is consistent, i didn't worry about it too much. I didn't expect the Spanish Inquisition. . .

> One last note.

> Linda wrote:

>> My vision is about -5.5 in both eyes [...]

> How can you state this so definitively in a time that supposedly
> brings great changes to your vision? At least add "before I started
> doing the exercises" or something of the sort.

Picky, picky, picky!!! Ok, if you insist. During my last eye exam which took place on June 12/95, my vision was tested at -5.5 and -5.75. Is that close enough? It was close enough for me. When i

say 'about' that does not equal 'definitively'. Since i have been doing normal VT (ie, before Vision Freedom) for about 4 years with very little change since the first few months, and my 20/40 glasses were about as foggy as they have been for a year, i can be prettly sure that my vision had not changed significantly in the past year. But now we will never know.

I am finding it hard to believe it too, but you know Stefan, this Vision Freedom thing just may be working. Or perhaps not. I know that my 20/40 glasses are making me dizzy so i am now wearing an old pair of -3.5's i got from somewhere. Although i wouldn't drive with them, my other glasses are too strong to walk around in. Anyway, i'll keep you posted.

Truthfully,

Linda Lee

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-
- Prev by Date: [Re: Most print is too big for your eyes!](#)
 - Next by Date: [Mark's Notes on Vision Improvement](#)
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Mark's Notes on Vision Improvement

- *Subject:* Mark's Notes on Vision Improvement
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Mon, 18 Mar 1996 14:57:21 -0600
-

I formulated these questions some time ago, but I don't believe I've posted them to the list.

I've taken some measurements of my visual acuity using a ruler and various sizes of type. Two months ago, the letters were clear at about 14 cm (I think it was more like 15-16 cm, but my figures are at home, so I'm being conservative).

Since then, I've been sick twice and just returned from a long trip (6 hours of driving Friday and Sunday). Today, I'm measuring clarity at about 13 cm without any VT prep. My question is on the nature of clarity for the sake of measurement.

I find that the level of clarity for me is independent of the size of the type that I am viewing. I can read/interpret larger type at a greater distance than smaller type, but all type has a slight blur until I reach about 13 cm. Is this the common experience of myopia, or does it indicate any special circumstances of which I should be aware?

I forgot my second question, so I'll ramble a bit about some perceptual observations of recent times. I discovered a couple of months ago that when I driving down the road listening to NPR on the radio, my visual focus goes soft as my mental focus is turned inward. When I turn off the radio I return my focus to the sky/clouds/trees/cars/people/etc (with greater emotional satisfaction, I might add.) This observation

came after I had taken a walk whilst absorbed in mental cogitations. When thinking and obsessing my attention was only half on the world, and I tended to stare at any given spot for some extended period of time. When I chose to observe the world, my vision was crystal clear (wearing glasses, that is) and my gaze shifted rapidly to take in the whole view. So the insight for me at that moment was that I was not making the perceptual choice to see and connect with the world as it is.

At some later time I integrated a line of thinking I had considered years before, but forgotten: that there are no objects; we don't even perceive objects. What the world presents to us is a whole connected field of awareness. I can't think of a single incident in which I have perceived an isolated object, unless it was the illusion of an isolated object created by someone else. The result of applying this line of thinking is that now, for the most part, my eyes shift much more frequently and rapidly across the available stimuli in order to more consciously take in everything and the interrelationships of everything. I still fade out when listening intensely or thinking or creating something, but it's a choice, and I am more aware of how to restore my perceptual connection to the world around me.

I would be interested to know whether others have discovered similar issues in their awareness.

Mark

=====

-
- Prev by Date: [\(Fwd\) Re: Linda's Improvement](#)
 - Next by Date: [Re: Linda's Improvement](#)
 - Prev by thread: [\(Fwd\) Re: Linda's Improvement](#)
 - Next by thread: [Re: Mark's Notes on Vision Improvement](#)
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Re: Linda's Improvement

- *Subject:* Re: Linda's Improvement
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Tue, 19 Mar 1996 11:18:03 -0600
-

Linda,

I appreciate your comments. Keep doing the good work. I am also trying in the same direction. Through I_SEE will keep each other posted of our progress.

Best,

Stefan Stefanov

=====

-
- Prev by Date: [Mark's Notes on Vision Improvement](#)
 - Next by Date: [Re: Linda's Improvement](#)
 - Prev by thread: [Re: Linda's Improvement](#)
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Re: Linda's Improvement

- *Subject:* Re: Linda's Improvement
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 19 Mar 1996 12:05:44 -0600
-

Linda,

Thanks for the update and congradulations on your progress.

I would be interested in hearing more details about specific exercises from the package that were useful to you and their recommended duration.

Mark

=====

-
- Prev by Date: [Re: Linda's Improvement](#)
 - Next by Date: [Re: Mark's Notes on Vision Improvement](#)
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Re: Mark's Notes on Vision Improvement

- *Subject:* Re: Mark's Notes on Vision Improvement
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Tue, 19 Mar 1996 18:30:41 -0500
-

At 02:57 PM 3/18/96 -0600, Mark Jones <mjones@auscsmp.sps.mot.com> wrote:
>

>I find that the level of clarity for me is independent
>of the size of the type that I am viewing. I can
>read/interpret larger type at a greater distance than
>smaller type, but all type has a slight blur until
>I reach about 13 cm. Is this the common experience of
>myopia, or does it indicate any special circumstances
>of which I should be aware?

Same here. I don't even bother to measure. It's always independent of distance and size, except for that short stretch of space in front of the eyes where it's always clear. Starting from the outer border of that space, everything uniformly follows the clarity or the blur of the moment. Lighting, on the other hand, used to be the only crucial "outer" parameter, but is getting less and less so.

Btw, the `_closest_` point where I can still maintain binocularity yields microscopic vision. Anyone else with this experience?

<snip>

>I would be interested to know whether others have discovered
>similar issues in their awareness.

A whole caboodle. In fact, I now have to restructure my whole philosophy on a nearly daily basis... weekly or monthly as a minimum. Once I seem to adopt a "final" view of the "true nature of..." (whatever, you name it, insert in brackets), this mental attitude translates itself into physical "staring." Any shift towards new ideas, mobility, flexibility of thought, manifests itself in a new visual improvement. I feel I'm doomed to never ever become a proponent of any orthodoxy (or any replacement unorthodoxy that evolves to assume its functions) if I want my vision to continue

improving. I don't know how common this is, but my eyes and my mind do things in strictly identical patterns.

Elena

=====

-
- Prev by Date: [**Re: Linda's Improvement**](#)
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Re: Most print is too big for your eyes!

- *Subject:* Re: Most print is too big for your eyes!
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Tue, 19 Mar 1996 21:58:14 -0500 (EST)
-

Alex:

> There is no reason to think that reading smaller letters should cause
> strain or myopia. The finest of fine print can be viewed from a
> reasonable reading distance given an eye with normal acuity. On the
> contrary, reading fine print gets one in the habit of attending to fine
> detail.

>
> These considerations have much to bear on the idea that reading leads to
> myopia. Is it really through over-exertion of the ciliary muscle? Or is
> it more about a loss of appetite for acuity?

Mike <Mike.Ellwood@rl.ac.uk> "farsighted presbyopic amblyope":
> I don't know how old Alex is, but I suspect it's less than 40.

Actually, I'm 26 as of March 9.

> I wonder if he'll still be saying that
> "There is no reason to think that reading smaller letters should cause
> strain or myopia" when he's in his mid-forties?

> I used to be able to read the smallest of small print with no difficulty
> in poor light, and yet now have trouble (in mid-forties) with ordinary
> newsprint except in good daylight.

Read the fine print, Mike. I said "given normal acuity." Acuity depends on first, how sensitive, or "hi-resolution" your retina is, and secondly on how accurately you're focusing on it.

If you have amblyopia, this means the image projected onto your retina -- in focus though it may be -- is reproduced with below-normal accuracy in the brain. Thus, acuity below normal.

If you have presbyopia ("old age" farsightedness) this means that the

images of close objects are not projected onto the retina in focus; the out-of-focus image itself is reproduced "accurately" in the brain, acuity, of course, is below normal.

My point was that the normal eye is capable of reading much smaller print at a comfortable distance than is realized. When letters are too big, readers are allowed to get by with less focusing accuracy.

Bates was probably the first to come out and say "fine print is good for your eyes." R. Brooks Simpkins in "Basic Mechanics of Human Vision" also made a point of this. I myself have experience that confirms this notion.

Often after using graphics software, even when sitting at the monitor at a close range without plus lenses, my distance vision is quite sharp. I noted this first when I was designing a font of special phonetic letters. When I'm doing word processing, I usually see worse afterwards. Therefore, I am inclined to think that close work per se is not necessarily going to make you myopic -- only the kind that dampers your appetite for sharp vision.

Philosophizing further, I now say... heavy readers learn to analyze details with their left brain instead of their right brain. They learn that a "t" is a "t" whether it has a serif or not. They learn to ignore itty bitty details of form and do all their analyzing with their logical mind.

--Alex

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- Prev by Date: [Re: Mark's Notes on Vision Improvement](#)
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Re: Most print is too big for your eyes!

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Re: Hypnosis & Myopia

- *Subject:* Re: Hypnosis & Myopia
 - *From:* [Beyond_20/20@Sunshine.net](#) (Beyond 20/20 Vision)
 - *Date:* Tue, 19 Mar 96 19:29 PST
-

George you wrote on Tue, 12 Mar 96 02:33:45 UT:

>Does anyone know of any work involving hypnosis as a way to reduce myopia?
>
>I just remember reading something about that but I can't remember where or
>what.

I was pleased to see your post because the relationship between hypnosis and myopia reduction or more accurately, acuity improvement, has been an interest of mine for many years. I began learning hypnosis in 1973 while a graduate student at the University of Houston and the results were so exciting that I even taught medical hypnosis to doctors between 1975 and 1977. I subsequently published a paper on the optometric use of hypnosis.

"Hypnosis - New Horizons for Optometry." Review of Optometry, Vol. 115(10), pp. 53-58, 1978.

Since then I use the principles of relaxation and suggestion with my clients and have recorded these in a series of audio tapes. I chose each eye condition and then designed a hypnosis tape for that condition. Nearsightedness is one of these tapes. The idea is that in a relaxed state the unconscious mind is suggestible to new ideas and the tapes literally program a farsighted perspective. If any of you would like to experience these tapes, request the condition tape you desire and then I can mail them to you. The cost would be \$12.75 U.S. per tape (mailage included) The choices are

Nearsightedness, Farsightedness, Astigmatism, Letting go, Regenerate, Retinal, Corneal and Iris conditions, Macular Degeneration, Glaucoma, Cataracts and Retinal Regeneration (Retinitis Pigmentosa and other degenerative conditions) and Floaters.

All the best on your journey,

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

Check out our Web Page

<http://www.sunshine.net/www/0/sn0011/>

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, 1996. E-mail your snail-mail address for a brochure.

-
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- Prev by Date: [Re: Most print is too big for your eyes!](#)
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Vision Freedom

- *Subject:* Vision Freedom
 - *From:* Centralis@aol.com
 - *Date:* Wed, 20 Mar 1996 17:50:49 -0500
-

I had 20/20 in mid '95, after that and doing much more close work than ever before my vision is about -1.00L and -1.25R

Im thinking of ordering that package, and i would virtually do anything to get my acuity back to 20/20

Does anyone thing that VF would really work on my myopia, or does anyone have any suggestions?

Thank you,
Eugene

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- Prev by Date: [Re: Hypnosis & Myopia](#)
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Reading in the light of the monkey experiment

- *Subject:* Reading in the light of the monkey experiment
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Wed, 20 Mar 1996 19:23:58 -0500
-

Does it strike anyone as odd that when monkeys were kept in restricted visual environments and developed myopia, it was interpreted as proof of something that reading does to the eyes? How come forcefully restricting an agile young animal's choices and mobility is seen as the equivalent of reading? I'm sure it's beyond the monkeys' understanding too -- I bet they interpret it as animal abuse. (That's not an animal-rights statement by any means, just an understanding of the content of the experiment that seems a lot more straightforward).

>From this perspective, if reading is interpreted by a human child or young adult as something restrictive, immobilizing, superimposed rather than chosen, etc., then it stands a good chance of becoming a myopia-inducing activity. Given the excruciatingly boring standard curriculums, ill-attuned teaching methods, and the whole paradigm of restrictions imposed by impersonal schooling, reading may, and does, become detrimental to the eyes when it's subjectively perceived as a component of this artificially impoverished environment. So I think its effects should not be considered out of context.

That's the problem with "scientific" experiments in general: in any system of any complexity, changing only one parameter without affecting an X number of other (often unknown) parameters is generally impossible. The more the scientists succeed in creating an unbiased, double-blind, pure, Platonian situation for their experiment, the less it will resemble any real-life situation in which the phenomenon being studied occurs. Those of you who have recently commented on the environment of an optometrist's office (and those who didn't but remember their own experiences) must have noticed (not necessarily consciously, maybe as some internally validated "gut feeling") the weird sensations associated with being_examined by someone who is scrutinizing you for

_what's_wrong_with_you (just imagine this approach to you as a real-life situation in ANY context -- as a professional, as a parent, as a lover, as someone dressed in a certain way, etc... and shudder!). You probably can readily compare the way your eyes performed in that situation with the way they behave while taking in some scenery you're finding gorgeous. So what do you think the monkeys were doing in those ultimate anti-monkey surroundings? Reading? Hardly. They were being forcefully subjected to a lifetime in an optometrist's examination chair.

Elena

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Confessions of a Myope

- *Subject:* Confessions of a Myope
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 20 Mar 1996 20:41:22 -0500 (EST)
-

The following post comes from sci.med.vision. Unfortunately, sending mail to the address cindy@scotia.ca gave me a "user unknown" message. If only we could reach Cindy!

----- start of forwarded message -----
From: cindy@scotia.ca (Cindy)
Newsgroups: sci.med.vision
Subject: Re: Myopia: Dr. Cohen , Alex
Date: Thu, 21 Mar 1996 00:24:37 GMT
Organization: Nova Scotia Technology Network

lrd@ornl.gov (Deborah L. Reece) wrote:

>>My inlaws have a son and daughter (both grown now and both myopic). The
>>daughter began wearing glasses in 7th or 8th grade. The son began wearing
>>wearing glasses in 3rd grade. Guess which of the two is more myopic?

>Answer.

>The daughter. She decided she looked **real smart** in them and began wearing
>them **all the time**. Now she **has** to wear them all the time cause she can't
>get around without them. Her prescription increased every year. The
>parents had vision insurance soHer glasses are very thick and make her
>eye look about the size of her thumb.

I can top that. I had good vision up until grade 11; I even passed the vision test for my driving license with no problems. Then at the beginning of grade 11, I had trouble seeing the blackboard from the back of the room where I liked to sit, so my mother made me go to the optometrist. He gave me a pair of glasses (the prescription was -1.00, I still have them as a souvenir) that I used only to see the board in school.

Of course, being a teenager I was very vain and I never wore them any

time except for copying things down from the board. This lasted for two years until I finished high school, and my eyesight did not change. After I finished school, I hardly ever wore them.

About a year after I finished high school, I started going with a guy who really liked the way I looked in my glasses, so I started wearing them more. I really could see better wearing them, and I started wearing them all the time when we were together. Before I knew it, I was having more trouble seeing when I took my glasses off (which was happening less and less). I went to the optometrist again (for the second time in my life) and he gave me a new prescription. This was after a year of wearing my glasses semi-regularly. After a month of wearing this new prescription, I was a fulltime glasses wearer (I was about 20 or 21). I've gotten a new prescription just about every year since.

I'm now 25 years old and my prescription is -5.50 D. Considering that I was only a -1.00 from the time I was 17 till I was 19 or 20, that's a change of 4.50 D in just over 5 years. My eyesight started getting worse about a year after high school, at exactly the same time I started wearing my glasses regularly. And I had perfect eyesight at the age of 16. Most people I know need glasses before this age. My sister (who's 2 years older than me) got a pair of glasses when she was in grade six, but never wore them much. She still only uses them when watching TV sometimes. And to think that I used to make fun of her for needing glasses. Guess the joke's on me!

Needless to say, I am blind without my glasses. I blame all of this on that old boyfriend who liked me in glasses -- if it weren't for him I never would have started wearing them as much as I did. He's long gone, but now I'm stuck with coke bottle glasses.

Cindy

----- end of forwarded message -----

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Re: Most print is too big for your eyes!

- *Subject:* Re: Most print is too big for your eyes!
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 21 Mar 1996 09:03:00 -0500 (EST)
-

On Wed, 20 Mar 1996, Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB wrote:

> Interesting point of view, but I'm not convinced that reading small
> print is necessarily "good for you", even when young and healthy.
>
>

> Let me bounce this off you: do you think that reading lots of
> small print when you are in your teens, twenties and thirties
> will prevent or delay the onset of presbyopia in your forties?

Definitely! More close work practice now = better close work ability in the future!

> MY point was that you should be careful about making statements
> which at first sight appear to be general statements of VT
> faith, but on closer examination apply mainly only to
> young myopes.

Mike, it was precisely my point that the reading of overly large print is bad for all eyes, myopic or not. It makes them "lazy" by not requiring them to use their full capacity of acuity -- that is, fine retinal sensitivity.

I further hypothesized that the lack of "taste" for acuity would make one less susceptible to "creeping" errors of refraction -- blurriness due to myopia OR presbyopia caused by an out of shape focusing muscle. With a good taste for a acuity, these focusing errors would be noticed and corrected before the lazy muscle habits become too well established. My line of reasoning is "well tuned retina" -> "well tuned focusing muscles".

I realize there are a mouthful of presuppositions here regarding the origins of refractive error. If you have more nits to pick (you

mentioned something about disagreeing on the definition of presbyopia) I'll take them on one at a time.

Now I just went back to Brooks R. Simpkins's /Basic Mechanics of Ocular Refraction/ and it turns out he had a much more complex reason for why the finer print, the better -- something to do with parallel rays of light from each letter being able to "fit" through the pupil. I admit I don't understand this one well enough to be able to endorse it.

--Alex

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-
- Prev by Date: [Confessions of a Myope](#)
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Re: Most print is too big for your eyes!

- *Subject:* Re: Most print is too big for your eyes!
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Thu, 21 Mar 1996 09:37:57 -0800 (PST)
-

On Thu, 21 Mar 1996, Alex Eulenberg wrote:

(snip)

```
> I further hypothesized that the lack of "taste" for acuity would make one
> less susceptible to "creeping" errors of refraction -- blurriness due to
> myopia OR presbyopia caused by an out of shape focusing muscle. With a
> good taste for a acuity, these focusing errors would be noticed and
> corrected before the lazy muscle habits become too well established. My
> line of reasoning is "well tuned retina" -> "well tuned focusing muscles".
```

Alex;

I disagree strongly that presbyopia is caused by "an out of shape focusing muscle". It has been shown that the muscle is still strong, perhaps stronger, with advancing age. The cause is held to be more related to the lens and lens capsule becoming more rigid with age due to increasing thickness and decreasing elasticity. Discussion?

Herb Black

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-
- Prev by Date: [Re: Most print is too big for your eyes!](#)
 - Next by Date: [A suitable case for treatment?](#)
 - Prev by thread: [Re: Most print is too big for your eyes!](#)
 - Next by thread: [LeRoy's Case](#)

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A suitable case for treatment?

- *Subject:* A suitable case for treatment?
 - *From:* Steev Clark <steev@darkside.demon.co.uk>
 - *Date:* 21 Mar 96 22:01:46 GMT
-

Hi,

I've been listening in on I_SEE for amonth or so and decided it was time to introduce myself.

I am a 30 year old myope. At 13 I couldn't read the blackboard at school and got my first glasses. According to Bates I would have been a typical myope. I was shy and introverted, but I hopefully I've changed since then. Unfortunately my vision has only changed for the worse. At my last eye exam in May 94 I was perscribed lenses of -9.50 R and -9.25 L. This was after I had asked for a lower than 20/20 perscription. The comment from the optitian reads "Reduction +1.25 to follow Bates method!". Note the exclamation.

I estimate that with these glasses my vision is close to 'perfect' now. Hopefully at my next exam in May I will be able to get the strength down a little more.

How did I get to here? A few years back I heard mention of VT on the radio and much later bought Harry Benjamin's book "Better sight without glasses". To start with I worked hard at the exercises, but eventually tailed off when the hoped for instant results did not materialise.

I have read various other books from the library including Bates' own book. I have tried to follow the suggestions, but find some of the imagination exercises hard to visualise. Perhaps it's to do with my tendency to the logic rather than creativity.

Most of my working life has been spent in front of computer screens, I'm a programmer. Even this close work would be impossible without glasses or contact lenses.

A couple of years ago I had several sessions with a local Bates teacher, but gave this up for reasons of cost and time. I also felt I was not making any real progress.

Currently I am getting back into a routine of exercises and trying things from

here and the FAQ. I try to spend as much time as possible without my glasses, but this is very limiting as I can make out very little in anything less than bright sunlight at any distance.

I am reluctant to try surgery at least partly because of the cost, but also because I would like to believe there is an alternative.

I am interested in any advice, comments or contacts.

—
(
_)teev@darkside.demon.co.uk

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-
- Prev by Date: [Re: Most print is too big for your eyes!](#)
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 - Prev by thread: [Confessions of a Myope](#)
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Low Cost Screen Magnifier

- *Subject:* Low Cost Screen Magnifier
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 21 Mar 1996 18:40:03 -0500 (EST)
-

I guess it's time for the other side of the story... for those who find the letters on their computer screen too small... I just received the following product announcement from an internet acquaintance...

> This information is provided as a public service:

>

> -----

> Along in years? Poorly sighted? Legally Blind?

> -----

>

> Need a SCREEN MAGNIFIER utility for WINDOWS - that does NOT cost
> \$450 or more? Now, the non-profit NIRE has it just for you!

>

>

> "Big-W" Screen Magnifier utility program for WINDOWS 3.1, 3.11
> and WINDOWS 95 can be yours for only \$39.95 plus \$3. shipping (in
> USA) or for total of US\$48.95 for air mail to people in other
> countries..

>

>

> Installation takes only 30 seconds, for the single-file program,
> and it works with all applications that use the standard WINDOWS
> mouse and text cursors .. with automatic cursor tracking.
> Tech support included via toll-free 800 number.

>

> Display enlargement is set by the user at any amount from 1X up
> to 10X. The utility works with hi-res SuperVGA, as well as with
> regular VGA. There is no need to change any of the display drivers.

>

>

> To receive you copy of "Big-W", send your order with a check in
> the amount of \$42.95, to this non-profit service organization:

>
>
>
> N.I.R.E.
> P.O. Box T
> Hewitt, NJ 07421
>
>
> If you have any questions, telephone us at (201) 853-6585.
> Or, e-mail to: dons@warwick.net.
>
> Sorry, no free demo disks because of the low price.

> -----
> E-mail: dons@warwick.net (Don Selwyn)
> -----

> Don Selwyn - Phone: NY 914-986-6557
> NJ 201-853-6585
> P.O. Box 1560 Greenwood Lake, NY 10925

> -----
> Interesting Disability WEB sites:

> <http://galaxy.einet.net/cgi-bin/edit-entry?/galaxy/Community/Consumer-Issues/data.23033>
> <http://www.senior.com/sites/bigw-1.html>
> <http://www.aeiveos.com/diet/melatonin/>

> -----
> This message composed:

> Date: 03/20/96
> Time: 23:44:52
> -----

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 - Next by Date: [Presbyopia Discussion](#)
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Presbyopia Discussion

- *Subject:* Presbyopia Discussion
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 21 Mar 1996 21:48:17 -0500 (EST)
-

On Thu, 21 Mar 1996, Herbert T. Black wrote:

> I disagree strongly that presbyopia is caused by "an out of shape focusing
> muscle". It has been shown that the muscle is still strong, perhaps
> stronger, with advancing age.

References, please. Or at least a description of the experiments that
purportedly showed this.

The cause is held to be more related to
> the lens and lens capsule becoming more rigid with age due to increasing
> thickness and decreasing elasticity. Discussion?

My original statement was to the effect that exercising vision at the near
point (in particular fine print) should stave off presbyopia (old-age loss
of the ability to see up close). I said "keep the focusing muscle" in
tune, but perhaps "keeping the focusing apparatus" would have been a more
theory-neutral way of saying it. A stronger statement along these
theory-neutral lines would be that practicing reading fine print would
actually "tune up" the focusing apparatus. Bates of course claimed that
presbyopia could be reduced or eliminated by "practicing central fixation"
as he said, on fine print.

LeRoy Kopisch <kope@primenet.com>, a retiree who has worn glasses for 60
years, claims that _bilberry extract_ has almost completely eliminated his
need for glasses while driving or reading -- and to top it off, he has
LENS IMPLANTS (see post of March 16). According to the standard theory of
accommodation, he should have a completely useless muscle of
accommodation.

I hope LeRoy will be able to verify his ability to accommodate. This could
have huge implications for our understanding of both presbyopia and of
course, of accommodation itself.

There are many other accounts of the lensless apparently able to focus for different distances. For an example, see the "optics" section of the I SEE library...

http://silver.ucs.indiana.edu/~aeulenbe/i_see/library.html

Pay particular attention to the articles by Everard Home. His second article is devoted to showing that the lensless eye can accommodate. His third article is devoted to showing that the extraocular muscles are capable of changing the shape of the eye during accommodation. Of note in his third article is his observation that older eyes are less flexible (distensible). Thus, according to this theory, presbyopia would be explained as a hardening of the outer coats of the eye, not (just) the lens. Also, the relevant muscles would be different.

--Alex

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- Prev by Date: [Low Cost Screen Magnifier](#)
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Who cares - laser

- *Subject:* Who cares - laser
 - *From:* Gruesome Joe <73302.2453@compuserve.com>
 - *Date:* 22 Mar 96 13:15:02 EST
-

I posted a question about laser surgery recently, nobody seems to be responding, probably it's not interesting, however strange it is for a vision list.

Roman

=====

-
- Prev by Date: [Presbyopia Discussion](#)
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PRK on I SEE

- *Subject:* PRK on I SEE
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Fri, 22 Mar 1996 18:53:45 -0500 (EST)
-

Moderator's note:

Joe's original query on laser refractive surgery appears not to have been forwarded to the list. As moderator I have control over these things; however in this case my failure to "approve" his post was unintentional.

Anyone interested in "PRK" who joined this list within the past few weeks should go to the February 1996 archives...

http://silver.ucs.indiana.edu/~aeulenbe/i_see/maillinglist.html#archives

There was an extended discussion of various refractive surgeries. If none of your questions are answered there, feel free to post here, or write Stefan Stefanov <stefansi@ctrvax.Vanderbilt.Edu>, I SEE's PRK aficionado (see 1st forwarded message)

As phate pointes out (see 2nd message), this list is more oriented towards vision improvement by means other than glasses or surgery. The newsgroup `sci.med.vision` is a good place to find perennial discussion of laser refractive surgeries and news flashes on such. I SEE is the ONLY public "vision" forum on the internet where you can discuss vision therapy without having to defend your right to free speech against hordes of angry knife- laser- and spectacle wielding men.

--Alex

----- Forwarded message -----
Date: Fri, 22 Mar 1996 16:32:54 -0600
From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
Subject: Re: Who cares - laser
To: Gruesome Joe <73302.2453@compuserve.com>

Cc: i_see@indiana.edu

>I posted a question about laser surgery recently, nobody seems to be
>responding, probably it's not interesting, however strange it is for a vision
>list.

>Roman

>

Roman,

I have not received your message. There is NO WAY I could have overlooked a post on laser refractive surgery. Please repost, or send your question to me privately.

Regards,

Stefan Stefanov

----- Forwarded message -----

Date: Fri, 22 Mar 1996 16:46:39 -0600 (CST)
From: "[-|=|-]" <phate@lubricant.free.org>
To: Gruesome Joe <73302.2453@compuserve.com>
cc: "(unknown)" <I_SEE@indiana.edu>
Subject: Re: Who cares - laser

I thought ISEE is dedicated to correct vision short of surgery?

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Re: Presbyopia Discussion

- *Subject:* Re: Presbyopia Discussion
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Fri, 22 Mar 1996 17:11:31 -0800 (PST)
-

On Thu, 21 Mar 1996, Alex Eulenberg wrote:

> On Thu, 21 Mar 1996, Herbert T. Black wrote:

>

> > I disagree strongly that presbyopia is caused by "an out of shape focusing
> > muscle". It has been shown that the muscle is still strong, perhaps
> > stronger, with advancing age.

>

> References, please. Or at least a description of the experiments that
> purportedly showed this.

>

> The cause is held to be more related to
> > the lens and lens capsule becoming more rigid with age due to increasing
> > thickness and decreasing elasticity. Discussion?

>

> My original statement was to the effect that exercising vision at the near
> point (in particular fine print) should stave off presbyopia (old-age loss
> of the ability to see up close). I said "keep the focusing muscle" in
> tune, but perhaps "keeping the focusing apparatus" would have been a more
> theory-neutral way of saying it. A stronger statement along these
> theory-neutral lines would be that practicing reading fine print would
> actually "tune up" the focusing apparatus. Bates of course claimed that
> presbyopia could be reduced or eliminated by "practicing central fixation"

Alex;

I refer you to page 49 in Primary Care Optometry by Grosvenor, where he states, "...the major cause of presbyopia is the gradual loss in elasticity of the crystalline lens- loss of ciliary muscle power, if it occurs at all, most likely occurs as a result of the increased hardening of the lens." I recognize that this is controversial and one's viewpoint has a lot to do with how one interprets the data. For example, if one is

enamored with the medical model, one may read the discussion of all aspects of the controversy in Adler's Physiology of the Eye, pp. 402-408, where he seems to prefer the deterioration of ciliary muscle function based on rather dubious (IMO) evidence. As usual in science, we must look at all the data and then most people, being biased, will go with their original beliefs anyway. :) He goes on to state, " Several reports have stated that the human ciliary muscle does not weaken or otherwise functionally decline with age, and even that the contractile force of the ciliary muscle reaches its maximum at the very time in life when prsbyopia becomes clinically manifest." (p.404)

He then proceeds to argue with these studies, but, nevertheless, they do exist and he is after all, only one man.

On a more hopeful note, a professor here at Pacific, Bradley Coffey, has been leading a study on using some VT techniques to stave off presbyopia for at least a while. I don't have the exact references now (it is spring break after all!), but if you or anyone else on the list is interested, I can probably dig something up.

Herb Black

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Stefan and PRK

- *Subject:* Stefan and PRK
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Fri, 22 Mar 1996 22:46:27 -0600
-

>Moderator's note:

>

>There was an extended discussion of various refractive surgeries. If none
>of your questions are answered there, feel free to post here, or write
>Stefan Stefanov <stefansi@ctrvax.Vanderbilt.Edu>, I SEE's PRK
>afficionado (see 1st forwarded message)

Alex,

I just wanted to make sure that you don't mean that PRK is the only thing I stand for in terms of "vision improvement" methods. Please note (as documented in many of my previous posts here on I SEE and also on sci.med.vision) that I am an ardent proponent of the preventive part of VT mainly by means of plus lens therapy, and that I also leave room for a gradual, over the long term, improvement of acuity through the compressive action of the exterior muscles on the eyeball (Mon, 18 Mar 1996 09:06:04 -0500 (EST)). I also incorporate the numerous psychological/mental/behavioral aspects of vision into the paradigm.

PRK is for those who think that their life will not be long enough for them to go from, say -8.00 D to 20/20 utilizing VT techniques alone.

Regards,

Stefan Stefanov

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- Prev by Date: [Re: Presbyopia Discussion](#)
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VT?

- *Subject:* VT?
 - *From:* "[|=|]" <phate@lubricant.free.org>
 - *Date:* Sat, 23 Mar 1996 16:53:36 -0600 (CST)
-

Right now I'm 17, Maybe around mid '95 i had problems very far black boards, In late '95 the problem became so that i cant see the normal blackboard. I'm reluctant to getting glasses, as i thought that wearing glasses is not necessary now, and that i can sit closer to the black board.

I experience clear flashes now and then, and thought the cause was overusing my pc, i stopped for a while, and the problem stayed about the same, (just more clear flashes). My acuity is about 20/80R and 20/100L. When i put on my sister's -1.00D glasses, everything becomes extremely clear and i can see the 20/20 line, even some of 20/15.

I became a bit scared comparing my vision w/o glasses to the ones of my sister's and i started doing some research on VT. I realized that it is possible to perhaps get my vision down to 20/20 again. But i dont know how...

Can the Vision Freedom permanently make my vision 20/20 in each eye? Or maybe the plus lense therapy or something?

Also, many of the books I've read are filled with inspiring visual recoveries, including Lissett's Scholl's "Hypnovision: A new natural way to vision improvement." (that book deals with hypnosis, I'm a bit skeptical of hypnosis).

Does anyone have any suggestions what i should (or shouldn't) do?

Thanks in advance,
Eugene.

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Re: your mail

- *Subject:* Re: your mail
 - *From:* "[|-|=|]" <phate@lubricant.free.org>
 - *Date:* Sat, 23 Mar 1996 16:55:40 -0600 (CST)
-

I'm wondering since the person couldn't see the board at 13, is it possible that it was a functional myopia at the time?

>

> Hi,

> I've been listening in on I_SEE for amonth or so and decided it was time to
> introduce myself.

>

> I am a 30 year old myope. At 13 I couldn't read the blackboard at school and
> got my first glasses. According to Bates I would have been a typical myope. I
> was shy and introverted, but I hopefully I've changed since then. Unfortunately
> my vision has only changed for the worse. At my last eye exam in May 94 I was
> perscribed lenses of -9.50 R and -9.25 L. This was after I had asked for a
> lower than 20/20 perscription. The comment from the optitian reads "Reduction
> +1.25 to follow Bates method!". Note the exclamation.

>

> I estimate that with these glasses my vision is close to 'perfect' now.
> Hopefully at my next exam in May I will be able to get the strength down a
> little more.

>

> How did I get to here? A few years back I heard mention of VT on the radio and
> much later bought Harry Benjamin's book "Better sight without glasses". To
> start with I worked hard at the exercises, but eventually tailed off when the
> hoped for instant results did not materialise.

>

> I have read various other books from the library including Bates' own book. I
> have tried to follow the suggestions, but find some of the imagination
> exercises hard to visualise. Perhaps it's to do with my tendency to the logic
> rather than creativity.

>

> Most of my working life has been spent in front of computer screens, I'm a
> programmer. Even this close work would be impossible without glasses or contact
> lenses.

>

> A couple of years ago I had several sessions with a local Bates teacher, but
> gave this up for reasons of cost and time. I also felt I was not making any
> real progress.
>
> Currently I am getting back into a routine of exercises and trying things from
> here and the FAQ. I try to spend as much time as possible without my glasses,
> but this is very limiting as I can make out very little in anything less than
> bright sunlight at any distance.
>
> I am reluctant to try surgery at least partly because of the cost, but also
> because I would like to believe there is an alternative.
>
> I am interested in any advice, comments or contacts.
>
> _
> (_
> _)teev@darkside.demon.co.uk
>

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Re laser PRK - author thx and reposts

- *Subject:* Re laser PRK - author thx and reposts
 - *From:* Gruesome Joe <73302.2453@compuserve.com>
 - *Date:* 23 Mar 96 20:19:20 EST
-

Thank all who finally responded. I thought that many people on the list might have pondered PRK - laser correction- and decided that is not (yet) for them. You might have more reasons than I have managed to come up with in the short time I was looking in it.

I found that less than 1% has experienced any side effects 1 year after the procedure. For me this of greatest concern. If you have something to say opposing this 'quick fix', please let me and others know. Thank you

Roman

There are quite a few sites with info, I must say
BTW, the stock is Summit Technology, aptly BEAM

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Re: Lazy Eyes

- *Subject:* Re: Lazy Eyes
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Sat, 23 Mar 1996 21:36:26
-

I know 7 people who have 'lazy' or 'turned in' eyes - 1 woman, 4 men, 1 girl, 1 boy. I realize this is a very small sample, but ALL of them are affected in the left eye. Dr. Kaplan refers to the left eye as the Sally / female / yin eye.

Does anyone know of any research about which eye is most likely to be affected? Is it usually the left eye, or just my friends?

It does seem that our culture in general tends to encourage male / yang energies (competitive, rational, forceful) over female / yin energies (co-operative, inspirational, yeilding). Could it be that this imbalance is showing up in our eyes?

Any thoughts or discussion?

Linda Lee

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- Prev by Date: [Re laser PRK - author thx and reposts](#)
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RE: A suitable case for treatment?

- *Subject:* RE: A suitable case for treatment?
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Sun, 24 Mar 96 03:20:20 UT
-

Steve,

My story is quite similar. I got my first glasses when I was about 13 or 14 and I think it was mainly due to straining trying to see the blackboard (actually it was a greenboard) from the back of the classroom. I don't think my case was affected by any psychological factors. My vision deteriorated over time until it reached a little over -3.25 in both eyes.

Eight years ago I started wearing soft contacts and my vision was more or less stable at that level for two reasons (that's what I think):

1- the contacts that I got were about 0.25 to 0.50 weaker than what they were supposed to be. The optometrist prescribed them that way not because he believed that undercorrection was good but because it was more practical to get one box of lenses of the same prescription instead of worrying about two boxes!!!

2- I believe contacts are much better than glasses. There might be some people who disagree but I think that because the contacts fit around the area that one uses to see, it allows a much more natural seeing behavior. In other words the wearer does not have to turn his/her head to see objects located at the periphery. Peripheral vision is still active.

I also read the book by Harry Benjamin. and did the exercises he suggested and the ones from this mailing list for 1 month. my vision improved from by 0.5 and 0.75 in 4 weeks. It's been like that for the last 5 weeks. I'm still doing the exercises on a daily basis.

I know how you feel about not getting results. Getting results is what drive people to continue doing certain activities. I admire some of the people around this list who have been practicing VT for years!!! I don't know if I will be able to do that but I'm sure that I will not let my vision deteriorate.

Good luck

george

From: owner-i_see@indiana.edu on behalf of Steev Clark
Sent: Friday, March 22, 1996 8:01
To: i_see@indiana.edu
Subject: A suitable case for treatment?

Hi,

I've been listening in on I_SEE for a month or so and decided it was time to introduce myself.

I am a 30 year old myope. At 13 I couldn't read the blackboard at school and got my first glasses. According to Bates I would have been a typical myope. I was shy and introverted, but I hopefully I've changed since then.

Unfortunately

my vision has only changed for the worse. At my last eye exam in May 94 I was perscribed lenses of -9.50 R and -9.25 L. This was after I had asked for a lower than 20/20 perscription. The comment from the optitian reads "Reduction +1.25 to follow Bates method!". Note the exclamation.

I estimate that with these glasses my vision is close to 'perfect' now. Hopefully at my next exam in May I will be able to get the strength down a little more.

How did I get to here? A few years back I heard mention of VT on the radio and much later bought Harry Benjamin's book "Better sight without glasses". To start with I worked hard at the exercises, but eventually tailed off when the hoped for instant results did not materialise.

I have read various other books from the library including Bates' own book. I have tried to follow the suggestions, but find some of the imagination exercises hard to visualise. Perhaps it's to do with my tendency to the logic rather than creativity.

Most of my working life has been spent in front of computer screens, I'm a programmer. Even this close work would be impossible without glasses or contact lenses.

A couple of years ago I had several sessions with a local Bates teacher, but gave this up for reasons of cost and time. I also felt I was not making any real progress.

Currently I am getting back into a routine of exercises and trying things from here and the FAQ. I try to spend as much time as possible without my glasses, but this is very limiting as I can make out very little in anything less than bright sunlight at any distance.

I am reluctant to try surgery at least partly because of the cost, but also because I would like to believe there is an alternative.

I am interested in any advice, comments or contacts.

—
(
_)teev@darkside.demon.co.uk

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Re: Vision Freedom

- *Subject:* Re: Vision Freedom
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Sun, 24 Mar 1996 23:58:01 -0600
-

On Mon, 25 Mar 1996 09:37:44 +0800 Chen Hanwen <hanwen@singnet.com.sg> wrote:

```
>Anyone knows the principle behind Vision Freedom? [...]  
>This sounds something like plus lens therapy[...]
```

Exactly, plus lens therapy. You can achieve the same result on your own, without having to pay this miserable snooper (btw he's no longer on the list). Anyone who has read schemes on how to make money quickly will immediately find the ramblings on his web page to be exactly the same in nature: bla-bla without saying anything specific.

Interestingly, though, plus lens therapy is one of the most powerful tools in combating myopia, if not the most powerful. Plus lenses make the eyes "feel" as if you are looking in the distance while you are reading at something 33 cm away. Eyes focusing at near for a prolonged time is the primary cause of myopia.

Go ahead with the plus therapy, but you don't have to shell out \$100 or so into the pockets of that jerk. And beware of anyone who promises you something permanent. Permanency and/or further improvement is only up to you.

Stefan

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Re: Lazy Eyes

- *Subject:* Re: Lazy Eyes
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Mon, 25 Mar 1996 15:27:05 +0100 (BST)
-

>
> I know 7 people who have 'lazy' or 'turned in' eyes - 1 woman, 4 men,
> 1 girl, 1 boy. I realize this is a very small sample, but ALL of
> them are affected in the left eye. Dr. Kaplan refers to the left eye
> as the Sally / female / yin eye.
>
> Does anyone know of any research about which eye is most likely to be
> affected? Is it usually the left eye, or just my friends?
>
> It does seem that our culture in general tends to encourage male /
> yang energies (competitive, rational, forceful) over female / yin
> energies (co-operative, inspirational, yeilding). Could it be that
> this imbalance is showing up in our eyes?
>
> Any thoughts or discussion?
>
> Linda Lee
>
>

Maak that another bad left eye here, plus my daughter, plus
my father (so it would seem to be hereditary factors in our
case. FWIW, my daughter and I are both left-handed.

Mike.Ellwood@rl.ac.uk

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Re: Lazy Eyes

- *Subject:* Re: Lazy Eyes
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 25 Mar 1996 09:39:39 -0500 (EST)
-

FWIW, Linda Lee, the only person I know with "lazy eye" is male, also on the left.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

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Staring out windows. . .

- *Subject:* Staring out windows. . .
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 25 Mar 1996 09:46:45 -0500 (EST)
-

I just realized that the year I got into glasses was also the first year I was in a classroom with no windows to the outside. The furthest we could see was inside the room! Before that I was often scolded for staring out the window, "day-dreaming", but my grades were always good.

I think I'll go move my computer nearer a window :D

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

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- Prev by Date: [Re: Lazy Eyes](#)
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Re: Lazy Eyes

- *Subject:* Re: Lazy Eyes
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Mon, 25 Mar 1996 10:17:51 -0500
-

At 09:36 PM 3/23/96, Linda Lee wrote:

>

>It does seem that our culture in general tends to encourage male /
>yang energies (competitive, rational, forceful) over female / yin
>energies (co-operative, inspirational, yeilding). Could it be that
>this imbalance is showing up in our eyes?

I know only one woman with a lazy eye (and yes, it's her left eye), but I've noticed another interesting tendency. Among my friends, there's never been anyone with just "ordinary" eyes. Most are myopic; one woman has perfect-sighted but incredibly huge eyes with outer corners turned downward (like the subway ghost in *Ghost*, the movie); one guy used to be nicknamed Martian because of the inhuman, piercing blue of his eyes; even my mother-in-law has highly uncommon eyes (round, unblinking, and green, like those of a cat mesmerizing a mouse). My acquaintances who are just acquaintances tend to have "normal" eyes. I don't know what to make of it, except if there's a selection mechanism at work it's not conscious.

Elena

=====

-
- Prev by Date: [Staring out windows. . .](#)
 - Next by Date: [Staring out windows. . .](#)
 - Prev by thread: [Re: Lazy Eyes](#)

- Next by thread: [Re: VT](#)
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Staring out windows. . .

- *Subject:* Staring out windows. . .
 - *From:* bbenowit@telesciences.com (Barry D Benowitz)
 - *Date:* Mon, 25 Mar 96 16:22 EST
-

You are very lucky to be able to do that. I would major that most of us who use Computers for a living don't have the luxury of being able to move our work areas.

I do have a cubicle, so I gaze across the hall into a neighbor's cube. This is a distance of about 20 feet which isn't great. Also, I try to take hourly breaks for about 5-10 minutes (when the boss isn't looking (;)).

I'm currently using a monochrome tube at work and am praying for the day when I'll get color, which should make my life much easier.

--

Barry D. Benowitz - FAQ maintainer for alt.lefthanders

Email:b.benowitz@telesciences.com

Phone:+1 609 866 1000 x354

Snail:Securicor Telesciences Inc, 351 New Albany Rd, Moorestown, NJ, 08057-1177

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-
- Prev by Date: [Re: Lazy Eyes](#)
 - Next by Date: [my case, con't](#)
 - Prev by thread: [Staring out windows. . .](#)
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my case, con't

- *Subject:* my case, con't
 - *From:* VMGREEN@VETMED.VETMED.MISSOURI.EDU
 - *Date:* Mon, 25 Mar 1996 16:53:52 CST
-

I_seers.....I have been fortunate enough to find a vision care professional in town who is open to vision therapy and interested in working with me on my quest to improve my eyesight. Last week I had an appointment with him and had a VERY thorough examination (2 hours). He has documented my improvement from 1993. My right eye w/o contact is now -4.25; was -6.25. My left eye is now -3.75; was -5.0. My previous estimates, based upon reading distances were better than those but admittedly were based upon maximum reading distance rather than absolute clarity. Anyhow, he is willing to fit me with under-prescribed but driving-safe eyeglasses, and considers this a learning experience and somewhat of an adventure. He is open to the idea that this can work, and intends to educate himself on the underlying theories. He seems very interested in hearing how I have acheived my current progress. I have agreed to be re-examined tomorrow to verify the results of the first exam, and then we will work out the prescription. I'm very optimistic about this as my acuity has continued to improve noticably. I am giving up my remaining contact lens in the right eye altogether, and will use the eyeglasses only for driving and when truly necessary at work. I'll continue with the exercises and reading in the "fuzzy zone" which I believe has helped significantly. I'll keep you all informed.

Ted

=====

-
- Prev by Date: [Staring out windows...](#)
 - Next by Date: [Scholl's "Hypnovision"](#)

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Scholl's "Hypnovision"

- *Subject:* Scholl's "Hypnovision"
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Mon, 25 Mar 96 23:23:23 UT
-

Has anyone read this book? Lissett's Scholl's "Hypnovision: A new natural way to vision improvement."

I think it was Eugene who mentioned it. Any comments?

george

=====

- Prev by Date: [my case, con't](#)
- Next by Date: [Bill's Bet is Still On!](#)
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- Next by thread: [Re: Scholl's "Hypnovision"](#)
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Bill's Bet is Still On!

- *Subject:* Bill's Bet is Still On!
- *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- *Date:* Mon, 25 Mar 1996 18:51:14 -0500 (EST)
- *Newsgroups:* [sci.med.vision](http://www.sci.med.vision)

>From sci.med.vision. Can you document your vision improvement? Bill Stacy could make you up to \$1000 richer.... For the terms of his bet, see the I SEE mailing list archives...

http://silver.ucs.indiana.edu/~aeulenbe/i_see/maillinglist.html#archives

Note that Bill <ws@ix.netcom.com> is NOT subscribed to I SEE.

----- start of forwarded message -----

From: ws@ix.netcom.com(William Stacy)
Newsgroups: [sci.med.vision](http://www.sci.med.vision)
Subject: Re: International Society for the Enhancement of Eyesight (was Re: Extraocular muscles & Acommodation)
Date: 25 Mar 1996 15:22:55 GMT
Organization: Netcom

In <[4j5big\\$953@mozo.cc.purdue.edu](mailto:4j5big$953@mozo.cc.purdue.edu)> tenka@purcell.ecn.purdue.edu (Andy Tenka) writes:

>

>In article <[4j02nh\\$dr6@dfw-ixnews3.ix.netcom.com](mailto:4j02nh$dr6@dfw-ixnews3.ix.netcom.com)> ,

>William Stacy <ws@ix.netcom.com> wrote:

>>

>>Sounds like an endorsement to me.

>>

>>I dunno, Elena. I was on I_see for a week or so and caught some pretty

>>good insults from people who just KNOW that they're getting better, in

>>spite of the numbers...

>>

>>Bill

>

>Were those well deserved insults? The kind of insults that results
>from the fact that some OD says that a 20% improvement is within
>measurement error? If you guys were so smart, how can you make these
>kind of errors?

>

Actually, for a 1.5 D. myope, 20% IS COMPLETELY WITHIN ACCEPTIBLE MEASUREMENT ERROR. It doesn't take a rocket scientist to understand the existence and necessity of refraction tolerances.

>BTW, doc, aren't you the one owing some money to somebody? Is that
>why you left i_see?

>

Nope. Nobody would take up the bet. I got tired of waiting for someone who had the courage to put their money where there mouth is.

>Try joining i_see again. Only this time, when people report their
>progress, do not instinctively discard their cases, no matter how
>much you want to. Ask them for more information. Collect
>the FACTS FIRST. Then, EXPLAIN to us why their results
>are invalid. You will be amazed that us i_see members
>are quite friendly, even towards skeptics (the smart
>ones, that is).

No thanks. Been there, done that. Not that I object to its existence or purpose. It's just that friendly encouragement to walk around without your glasses is not going to cure myopia. Never has, never will. The bet still stands.

Bill

----- end of forwarded message -----

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-
- Prev by Date: [Scholl's "Hypnovision"](#)
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 - Prev by thread: [Re: Scholl's "Hypnovision"](#)
 - Next by thread: [Re: Bill's Bet is Still On!](#)
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Re: Vision Freedom

- *Subject:* Re: Vision Freedom
 - *From:* "[|=|]" <phate@lubricant.free.org>
 - *Date:* Mon, 25 Mar 1996 18:50:57 -0600 (CST)
-

On Sun, 24 Mar 1996, Stefan Stefanov wrote:

> On Mon, 25 Mar 1996 09:37:44 +0800 Chen Hanwen <hanwen@singnet.com.sg> wrote:
>
> >Anyone knows the principle behind Vision Freedom? [...]
> >This sounds something like plus lens therapy[...]
>
> Exactly, plus lens therapy. You can achieve the same result on your own,
> without having to pay this miserable snooper (btw he's no longer on the
> list). Anyone who has read schemes on how to make money quickly will
> immediately find the ramblings on his web page to be exactly the same in
> nature: bla-bla without saying anything specific.
>
> Interestingly, though, plus lens therapy is one of the most powerful tools
> in combating myopia, if not the most powerful. Plus lenses make the eyes
> "feel" as if you are looking in the distance while you are reading at
> something 33 cm away. Eyes focusing at near for a prolonged time is the
> primary cause of myopia.
>
> Go ahead with the plus therapy, but you don't have to shell out \$100 or so
> into the pockets of that jerk. And beware of anyone who promises you
> something permanent. Permanency and/or further improvement is only up to you.
>
> Stefan
>
>
>
>
Damn, I just got the kit today... But i mean i can still return it for a
full refund...

=====

-
- Prev by Date: [Bill's Bet is Still On!](#)
 - Next by Date: [Plus Lens Therapy](#)
 - Prev by thread: [Re: Vision Freedom](#)
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Plus Lens Therapy

- *Subject:* Plus Lens Therapy
 - *From:* "[|=|]" <phate@lubricant.free.org>
 - *Date:* Mon, 25 Mar 1996 21:09:04 -0600 (CST)
-

I'm using the +1.00D lenses to possibly get my myopia from 20/100 to 20/20, I was wondering though would simply using the + lenses for all close work such as pc would be efficient as opposed to doing exercises with them (i.e. moving the text away). Would plainly reading w/o moving the text still help?

Eugene

=====

-
- Prev by Date: [Re: Vision Freedom](#)
 - Next by Date: [Skepticism?](#)
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Skeptism?

- *Subject:* Skeptism?
 - *From:* "[|=|]" <phate@lubricant.free.org>
 - *Date:* Mon, 25 Mar 1996 21:15:26 -0600 (CST)
-

Skeptics, namely Bill Stacy, really believe that it is impossibly to decrease myopia? or only -4.00D ?

Considering all of this unbiased information that is posted on I-SEE skeptisms continues...

-Eugene

=====

-
- Prev by Date: [Plus Lens Therapy](#)
 - Next by Date: [A thought: Doing exercises with glasses](#)
 - Prev by thread: [Plus Lens Therapy](#)
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A thought: Doing exercises with glasses

- *Subject:* A thought: Doing exercises with glasses
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 26 Mar 96 09:12:20 UT
-

A thought.

In the Journal of Behavioral Optometry (Vol 5, 1994) Steve Gallop. O.D writes:

" Why cannot this incredible brain recalibrate a certain amount of blur into clear, meaningful image? A study was done where they recorded from cells in the frontal cortex of the brain while stimulating the retina, and showed that the patterns in which stimuli are received, even on the retina itself, can be reprogrammed from moment to moment, and this ability can be demonstrated physiologically. ... the motor-output system of the brain (efference) has an effect on the input (afference): the brain selects its input. This has been demonstrated on both the psychological and physiological levels." (he refers to a book called: The Psychology of consciousness, by Ornstein RE.)

What's my thought?

O.K. I believe the brain can adjust to eliminate the blur that we myopes suffer from. The keywords in the above quote are 'certain amount of blur' not all the blur at once. In other words, it can do it but it needs some hand holding. When we just take off our glasses and start wandering around with our -3, -4 or -5... eyes it gets pretty tough on our brain no matter how wonderful it is. So why not make it easier for it. Why don't we exercise the eyes wearing a weak prescription so that the eyes try to adjust for a little difference not a big one? Wouldn't that be more logical? Any ideas?

BTW, has anyone read the above Ornstein's book?

george

=====

- Prev by Date: [Skepticism?](#)
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No Subject

- *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Tue, 26 Mar 1996 10:08:14 -0500 (EST)
-

A month or so ago, we were talking about "PRIO" Computer glasses. PRIO now has a web site, which includes various published journal articles on eye strain and accommodation at the computer. Check it out at

<http://www.prio.com>

--Alex

=====

-
- Prev by Date: [A thought: Doing exercises with glasses](#)
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 - Prev by thread: [RE: A thought: Doing exercises with glasses](#)
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Re: Bill's Bet is Still On!

- *Subject:* Re: Bill's Bet is Still On!
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 26 Mar 1996 09:45:22 -0600
-

From: ws@ix.netcom.com(William Stacy)
>Nope. Nobody would take up the bet. I got tired of waiting for someone
>who had the courage to put their money where there mouth is.

My experience has shown me that it takes more courage to turn one's back on the prevailing tradition and undertake the journey of one's own vision (such as improving eyesight).

Speaking only for myself, money is not a strong enough motivator. I'm into the adventure and the learning possibilities as well as better eyesight. For this reason, in part, I decided not to pursue your offer. The other reason I decided not to pursue your offer is that it doesn't sound very exciting as a financial proposition. I believe the original statement of the offer included a negative motivator. A subsequent statement contained a slight clarification on the rules that seemed dangerously close to a revision. To be frank: your prospectus was not promising (in my personal view).

I continue to pursue vision improvement for my own benefit.

Good luck in your future endeavors. I hope you find great profit and greater courage.

Mark

=====

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Look! A comet!

- *Subject:* Look! A comet!
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Tue, 26 Mar 1996 14:58:47 -0500 (EST)
-

Come on guys, Bill Stacy ain't all bad... If you're in the northern hemisphere, there's a comet to be seen, according to Dr. Stacy.

--Alex

----- Forwarded message -----

Date: Tue, 26 Mar 1996 08:38:26 -0800
From: William Stacy <ws@ix.netcom.com>
To: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: Comet

You wrote:

>
>>
>> Now for something really serious. I hope you can get thee to a high
>> place for this. That comet is SPECTACULAR. This is a once in a
>> lifetime event. Wait 'til the moon goes down, around midnight or 1
am
>> and look north, near the big dipper. You will not believe what you
>> see.
>
>Tonight? (Tuesday?)
>

Yes! Last nite & this am were great; hope tonight's as good.
Be sure to dark adapt for 15 min.

Bill

=====

- Prev by Date: [Re: Bill's Bet is Still On!](#)
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Re: Scholl's "Hypnovision"

- *Subject:* Re: Scholl's "Hypnovision"
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Tue, 26 Mar 1996 14:55:11 -0600 (CST)
-

On Mon, 25 Mar 1996, George Tohme wrote:

```
> Has anyone read this book? Lissett's Scholl's "Hypnovision: A new natural way
> to vision improvement."
>
> I think it was Eugene who mentioned it. Any comments?
>
> george
>
```

Yes, that book uses simple hypnotic suggestions to first induce one into a hypnotic state, and then tell the person "Your vision is getting better everyday... When you look into the distance the ciliary muscle will relax..." The author also incorporated general Bates techniques into it...

Although the thought of hypnosis doesnt really appeal to me... How does one know that one's in a hypnotic state?

Hopes this helps,
Eugene

=====

-
- Prev by Date: [Look! A comet!](#)
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Re: Look! A comet!

- *Subject:* Re: Look! A comet!
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Tue, 26 Mar 1996 15:38:49 -0600
-

>Come on guys, Bill Stacy ain't all bad... If you're in the northern
>hemisphere, there's a comet to be seen, according to Dr. Stacy.

>
>--Alex

Yes, that's true, there is a comet out there right now. Two weeks ago I went to the Vanderbilt U Observatory (which is on a hill just outside Nashville) to watch the Orion Nebula. The observatory has a decent 25 inch refractor. An astronomer there told me about the comet but its name (the comet's) escapes my mind now, was a long one.

I was gazing at the sky last night but couldn't see anything but stars and passing planes. May be I do need 20/20s to see that comet. I'll try harder tonight. Happy cometgazing to all I_SEEers! Shall we forget about ciliary muscles and axis flexibility at least one night :-)

Stefan

=====

-
- Prev by Date: [Re: Scholl's "Hypnovision"](#)
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Re: Look! A comet!

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Re: Plus Lens Therapy.

- *Subject:* Re: Plus Lens Therapy.
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Tue, 26 Mar 1996 22:14:37 -0500 (EST)
-

My trick was to sit at the computer screen with plus lenses on, and sit as far away as I could, pushing back whenever I could. Letters were never blurry, at most they were on the edge of blurriness. When they got clear, I pushed back just barely. It helps to use the smallest size fonts available; the bigger the font, the less accurate your focusing may be.

When I first got my glasses, I used to take them off to use the computer, just as a habit. I also liked knowing that I could do without my glasses. Then I noticed that I couldn't read the computer without them. So I started using the glasses for the computer. After throwing away my glasses, one of my first vision improvement "victories" was gaining the ability to see the computer screen absolutely clearly from a comfortable sitting position without glasses. I just continued the process using drugstore reading glasses. At first I was afraid of mis-training my convergence (eye-crossing habits) by using two eyes through the plus lenses. I still think an eye patch is a good idea because it lets you train each eye individually (if you do it with both eyes open, it may happen that only your "dominant" eye will improve), it allows one eye to refresh itself, and you use less brain-energy, since you only have to coordinate one eye.

Since you say you are sixteen, I think it will be a matter of months before you become 20/20. Bates said that everyone under sixteen could be cured of any refractive error within a year by practicing distant vision on "small familiar objects" such as letters. Bates's method was to use a distant eye chart and step backwards; lenses simply turn your computer screen into a virtual eyechart. You can practice distant vision and do close work at the same time.

I never really could get used to reading a book with the reading glasses. It was always much easier to sit up straight and look at a computer screen. Reading a book is hard for me to do comfortably in general, and

even more so with glasses of any kind on (I never in my life read books with my minus lenses on). But I found with plus lenses and a patch, I could sit for hours at the computer with absolutely no eye strain, and as a bonus, my vision would noticeably improve afterwards!

On Tue, 26 Mar 1996, Eugene wrote:

> Hi, A long time back in your I-See archives, you said that by
> using the Plus Lenses your vision dropped from 20/50 to 20/20, in a
> single week, how long do you think my 20/100 will begin to drop near the
> 20/20 range? (by using the plus +1.00D lenses).. ?
>
> BTW how long did you read using the lenses, and did you constantly move
> the book farther away? (i wonder if just by doing close work w/these
> lenses myopia can drop?)
>
> Thanx, Eugene
>

=====

-
- Prev by Date: [Re: Look! A comet!](#)
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Re: Look! A comet!

- *Subject:* Re: Look! A comet!
- *From:* mat@tekbase.metrica.com (Marco A. Terry)
- *Date:* Wed, 27 Mar 1996 09:07:40 -0500 (EST)

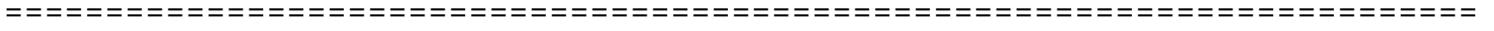
on their last msg, Stefan Stefanov said:

```
>
> >Come on guys, Bill Stacy ain't all bad... If you're in the northern
> >hemisphere, there's a comet to be seen, according to Dr. Stacy.
> >
> >--Alex
>
> Yes, that's true, there is a comet out there right now. Two weeks ago I went
> to the Vanderbilt U Observatory (which is on a hill just outside Nashville)
> to watch the Orion Nebula. The observatory has a decent 25 inch refractor.
> An astronomer there told me about the comet but its name (the comet's)
> escapes my mind now, was a long one.
>
> I was gazing at the sky last night but couldn't see anything but stars and
> passing planes. May be I do need 20/20s to see that comet. I'll try harder
> tonight. Happy cometgazing to all I_SEEers! Shall we forget about ciliary
> muscles and axis flexibility at least one night :-)
```

> Stefan

It was pretty visible last night.....If you follow the big dipper to the north star (make a straight line from the 2 end stars) you will see a 'blur' very close to the north star. That's it. Now this comet traverses the sky pretty fast so it's relative position will be different today....

```
--
Marco          O `I'll teach you to spit on my shoe!'
              \|--
              |___  ___  I
              /    ___|---0
                  I
```



-
- Prev by Date: [Re: Plus Lens Therapy.](#)
 - Next by Date: [Re: Look! A comet!](#)
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Re: Look! A comet!

- *Subject:* Re: Look! A comet!
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Wed, 27 Mar 1996 10:54:53 -0500 (EST)
-

We have been watching it here in south Florida since last week (Thursday, I think). My dear husband wears full correction contact lenses, but I was the one to first locate it with my half scripts :D

To really get a good look, I did use binoculars, once I knew where to look. I think the tail was most dramatic Friday and Saturday. To me, it looks like a greenish smudge covering a bright spot.

Mary Marlowe

On Tue, 26 Mar 1996, Stefan Stefanov wrote:

> I was gazing at the sky last night but couldn't see anything but stars and
> passing planes. May be I do need 20/20s to see that comet. I'll try harder
> tonight. Happy cometgazing to all I_SEEers! Shall we forget about ciliary
> muscles and axis flexibility at least one night :-)

>
> Stefan

>
>
>
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>
>
>
>
>

=====

-
- Prev by Date: [Re: Look! A comet!](#)

- Next by Date: [Why do I see better in the morning?](#)
- Prev by thread: [Re: Look! A comet!](#)
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Why do I see better in the morning?

- *Subject:* Why do I see better in the morning?
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Thu, 28 Mar 1996 11:06:57 -0600
-

On Wed, 27 Mar 1996 18:07:02 -0600 (CST) Eugene <phate@lubricant.free.org> wrote:

>Ok, right now im using the +1.00 and always put them on when i do close work.
>The funny thing is that when i got up this morning after maybe 20mins of
>plus lens therapy i could see the 20/50 line with my left eye, (i saw
>the 20/100 line before) the sun was shining on the eye chart, maybe
>thats why. my left eye is about 20/100 (need to train that eye).

The sunlight and your freshness after a night's sleep have definitely helped you see better. But you may be interested to know that one of the primary reason's for clearer morning vision is the fact that the cornea thickens 4%-8% during sleep. This effect wears down after the first two-three hours of the day.

>Oh, BTW whats your vision now? (I'm wondering since before you said that
>by not using VT your acuity slipped to 20/30, does it still do it? or did
>it stabilize?)

>

I second Eugene's question (which I assume is directed to Alex).

Stefan

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-
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Why do I see better in the morning?

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RE: A thought: Doing exercises with glasses

- *Subject:* RE: A thought: Doing exercises with glasses
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 28 Mar 96 23:25:43 UT
-

Julie,

Next month I will probably try doing the exercises with my weak prescription and see how it goes. Logically I think it'll work, practically? who knows!!

george

From: JRalls7959@aol.com
Sent: Wednesday, March 27, 1996 7:03 AM
To: George Tohme
Subject: Re: A thought: Doing exercises with glasses

No I haven't read Ornstein's book. I think cold turkey with the glasses is hard. It may make the improvement go faster but I don't think there is much research to answer the question either way. I go cold turkey outside and often use a lower prescription inside. If I go bare, every little thing I do is so much more of an effort. It's like wearing ankle weights all day long. It's a pain, but maybe worth it to be beautiful.
Julie Ralls, M.D.

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Re: Plus Lens Therapy.

- *Subject:* Re: Plus Lens Therapy.
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 28 Mar 1996 19:43:35 -0500 (EST)
-

On Wed, 27 Mar 1996, Eugene wrote:

> Oh, BTW whats your vision now? (I'm wondering since before you said that
> by not using VT your acuity slipped to 20/30, does it still do it? or did
> it stabilize?)

Unfortunately, I got lazy and my acuity has slipped back. I see great outdoors, but indoor vision is very variable. I can read the chalkboard from the back row, and often can read street signs that people with 20/20 vision can't. But I'm not consistently blur-free. A lot depends on what I'm looking at, light conditions, state of mind... Remember, I had about six years of glasses, plus at least three years before that of sub-normal vision, before I started. Old habits die hard.

How could Alex, founder of the International Society for the Enhancement of Eyesight let this happen? Why doesn't he go for the gold?

Well, last year at about this time I was reading Bates and trying to prove to myself his theory that one can/should cure myopia WITHOUT GLASSES (even plus-lens glasses). He even went so far as to say that near work was not the cause myopia (I note, however, that his method for myopia prevention was not inconsistent with the idea that near work causes myopia)! There was also an optometrist, Joseph Kennebeck, who wrote a book called "Why Eyeglasses are Harmful for Children and Young People," which I was reading. He said that simply by not wearing glasses and avoiding "too much" close work, one's eyes would tend towards normal as long as they don't wear glasses -- at least for "children and young people" (to be fair, Kennebeck said in his book that he did not prescribe glasses "for wear", leaving the implication that he prescribed plus lenses for training. I have talked to his niece, who confirmed that he had special glasses for training with easily removable and replacable lenses.)

I had also fallen into a sort of pessimism because of the lack of support from people who I thought should be supportive in this area in the scientific community, so I wasn't trying as hard as I should have.

Well, after a year of just trying to "relax and see" I realize I'm going to have to work at it to get that prize of consistently clear 20/20 vision.

I must say that I'm very encouraged by the recent reports of success and determination from George, Linda, and yourself, Eugene. I'm also encouraged by some letters I've been getting from subscribers of misc.health.alternative who read some of my posts, who have read my article on the preventability of myopia...

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/prevent_myopia.html

...and who are giving plus lens therapy a try.

Even Brian "Vision Freedom" Severson has been an inspiration, just the fact that he offers a 100% money back guarantee for lens-based therapy. For those who question his "commercialist" goals and over-secretiveness as to what makes his product different, just remember -- his product is primarily information. Would you ask the editor of the Wall Street Journal to send you "free" stock price listings before you buy the newspaper? I don't think so.

Having said that, I still believe it is possible to prevent myopia without plus lenses, and that over-use of plus lenses by people with normal vision may lead to early presbyopia (old age sight).

Also, I believe there are important elements in the Bates method, such as shifting and palming, that can increase the effectiveness of plus lens therapy.

Remember, we're all pioneers here!

--Alex

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Re: Plus Lens Therapy.

- *Subject:* Re: Plus Lens Therapy.
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 28 Mar 1996 19:54:21 -0500 (EST)
-

On Wed, 27 Mar 1996, Dan E. Faulkner wrote:

> I missed something. Please explain in detail how you were able to achieve
> 20/20 in one week using plus lenses and eye patches. How much time did you
> have to spend each day using the lenses? Can these results be achieved
> while still wearing contact lenses? I use a computer every day and
> encounter a lot of eye strain. How can I combat this while retraining my eyes?

First let me note that EVERYBODY'S DIFFERENT. What worked for me may not work for you. Wearing a patch on the wrong eye, especially if you have lazy eye or cross-eye, may make your vision worse. When in doubt, check with your eye doctor.

Anyway, what I did for my "intensive vision training" course that pushed me over from 20/50 to 20/20 was to wear a patch over one eye for the whole day, with the other eye looking out through a plus-one lens. I alternated the patch over the eye each day. This is not for the faint-hearted, and certainly not for people who drive or otherwise rely on clear vision for their safety or the safety of others. Remember also that my previous prescription was -1.25, and that I had already experienced some improvement before this "treatment." After a few days of this I was able to see 20/20 indoors with normal lighting for a couple of seconds. Why haven't I done this again? Why didn't I continue for another week or month until my muscles stabilized? Good questions. As I said on my previous post, I've been trying (not that hard, admittedly; for example, I can't make myself palm for an hour a day as Bates suggests) to improve my vision without relying on the plus lenses. Now I'm convinced that plus lenses are going to be necessary if I ever am to get back to 20/20.

Stay tuned.

--Alex

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Re: Look! A comet!

- *Subject:* Re: Look! A comet!
 - *From:* dcmjune@pc.jaring.my
 - *Date:* Fri, 29 Mar 1996 09:47:50 +0800 (MYT)
-

>Date: Tue, 26 Mar 1996 15:38:49 -0600
>From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
>Subject: Re: Look! A comet!
>X-Sender: stefansi@ctrvax.vanderbilt.edu
>To: i_see@indiana.edu
>Sender: owner-i_see@indiana.edu
>Precedence: bulk

>
>>Come on guys, Bill Stacy ain't all bad... If you're in the northern
>>hemisphere, there's a comet to be seen, according to Dr. Stacy.

>>
>>--Alex

>
>Yes, that's true, there is a comet out there right now. Two weeks ago I went
>to the Vanderbilt U Observatory (which is on a hill just outside Nashville)
>to watch the Orion Nebula. The observatory has a decent 25 inch refractor.
>An astronomer there told me about the comet but its name (the comet's)
>escapes my mind now, was a long one.

>Stefan

Actually it's the Comet Hyakutake. It is probably the brightest comet to appear in the last 20 years. It has an unusually long tail (some say the most impressive this century) and, if you are lucky to be in the right place, you should be able to see the tail stretches across as much as a quarter of the visible sky. Its visual brightness depends largely on the gazer's distance from cities, where man-made lights make it hard to view the night skies.

David Matanjun.

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Re: Why do I see better in the morning?

- *Subject:* Re: Why do I see better in the morning?
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Thu, 28 Mar 1996 19:59:29 -0600 (CST)
-

On Thu, 28 Mar 1996, Stefan Stefanov wrote:

> On Wed, 27 Mar 1996 18:07:02 -0600 (CST) Eugene <phate@lubricant.free.org>
> wrote:
>
> >Ok, right now im using the +1.00 and always put them on when i do close work.
> >The funny thing is that when i got up this morning after maybe 20mins of
> >plus lens therapy i could see the 20/50 line with my left eye, (i saw
> >the 20/100 line before) the sun was shining on the eye chart, maybe
> >thats why. my left eye is about 20/100 (need to train that eye).
>
> The sunlight and your freshness after a night's sleep have definitely helped
> you see better. But you may be interested to know that one of the primary
> reason's for clearer morning vision is the fact that the cornea thickens
> 4%-8% during sleep. This effect wears down after the first two-three hours
> of the day.
>
> Stefan
>
>

OK, thats good at least my eyes are capable of seeing 20/50, which consider pretty good considering all of those people with -7 and on sci.med.vision.

Right now i wear a +1 lens for all close work such right now. I was very interested in one study done that i've read on I-See www page. Where a patient was -1 and -1.25 and wore +3.5 and then +4 for all close work, and then his acuity was 20/20 in one eye and a little worse in the other. However +3 lens that i have are extremely strong, everything is very blurry when I put them on. And in order to read i have to be 2-5 inches from the CRT.

In order to see fine (not fully sharp, but readable) with +1 i sit 19-21" away, any comments on this? when i take them off i see the 20/70 line,

and then my vision wears down to 20/100. (i started VT 2 days ago).

Eugene

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Re: Plus Lens Therapy.

- *Subject:* Re: Plus Lens Therapy.
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Thu, 28 Mar 1996 20:03:50 -0600 (CST)
-

On Thu, 28 Mar 1996, Alex Eulenberg wrote:

> On Wed, 27 Mar 1996, Dan E. Faulkner wrote:

>

> > I missed something. Please explain in detail how you were able to achieve
> > 20/20 in one week using plus lenses and eye patches. How much time did you
> > have to spend each day using the lenses? Can these results be achieved
> > while still wearing contact lenses? I use a computer every day and
> > encounter a lot of eye strain. How can I combat this while retraining my eyes?

>

> First let me note that EVERYBODY'S DIFFERENT. What worked for me may not
> work for you. Wearing a patch on the wrong eye, especially if you have
> lazy eye or cross-eye, may make your vision worse. When in doubt, check
> with your eye doctor.

>

> Anyway, what I did for my "intensive vision training" course that pushed
> me over from 20/50 to 20/20 was to wear a patch over one eye for the whole
> day, with the other eye looking out through a plus-one lens. I alternated

Even when not doing close work? The lenses were 1+, right?

> the patch over the eye each day. This is not for the faint-hearted, and
> certainly not for people who drive or otherwise rely on clear vision for
> their safety or the safety of others. Remember also that my previous
> prescription was -1.25, and that I had already experienced some
> improvement before this "treatment." After a few days of this I was able
> to see 20/20 indoors with normal lighting for a couple of seconds. Why
> haven't I done this again? Why didn't I continue for another week or month
> until my muscles stabilized? Good questions. As I said on my previous
> post, I've been trying (not that hard, admittedly; for example, I can't
> make myself palm for an hour a day as Bates suggests) to improve my vision
> without relying on the plus lenses. Now I'm convinced that plus lenses are
> going to be necessary if I ever am to get back to 20/20.

>

> Stay tuned.

>

> --Alex

>

>

>

Thanks for displaying that the + lenses worked... You sure have given me a boost of confidence, if I ever get my vision to 20/40 or even.... 20/20!! I will never stop. Like today for example i was walking from school (high school), and suddenly everything sharpened so clearly, that i just had to stop... I could see every face on the street, every street sign, store sign, etc... It must have been 20/20.

Eugene

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Re: Plus Lens Therapy.

- *Subject:* Re: Plus Lens Therapy.
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Thu, 28 Mar 1996 21:12:27 -0600 (CST)
-

On Thu, 28 Mar 1996, Alex Eulenberg wrote:

> On Wed, 27 Mar 1996, Eugene wrote:

>

> > Oh, BTW whats your vision now? (I'm wondering since before you said that
> > by not using VT your acuity slipped to 20/30, does it still do it? or did
> > it stabilize?)

>

> Unfortunately, I got lazy and my acuity has slipped back. I see great
> outdoors, but indoor vision is very variable. I can read the chalkboard
> from the back row, and often can read street signs that people with 20/20
> vision can't. But I'm not consistently blur-free. A lot depends on what
> I'm looking at, light conditions, state of mind... Remember, I had about
> six years of glasses, plus at least three years before that of sub-normal
> vision, before I started. Old habits die hard.

Speaking of outdoors this is the best place for me to get clear 20/20
flashes, also i have noticed that if i blink a certain way, that makes my
eyes moist i can achieve clear vision. My inspiration was hindered that
blinking "that special way" makes the cornea have the smoothest surface
by the tears, which makes me see 20/20... Blinking that way is sure
handy if you want to see something far.

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Re: Plus Lens Therapy.

- *Subject:* Re: Plus Lens Therapy.
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Fri, 29 Mar 1996 10:57:41 +0100 (BST)
-

>
> Having said that, I still believe it is possible to prevent myopia without
> plus lenses, and that over-use of plus lenses by people with normal
> vision may lead to early presbyopia (old age sight).
>
>

There is something that strikes a chord; as I have mentioned before I think, being a n amblyope in early childhood, I was prescribed heavy plus glasses (as well as patching, etc); I never really understood why (it was never explained to me in ways that I could understand), but it seems to have been a fairly common way of "treating" amblyopes.

I stopped wearing glasses at around age 16 (with sort of tacit consent of my then eye doctors).

Now in my mid-40s I seem to be well and truly presbyopic, but what is interesting, and what strikes the chord with what Alex has said above, is that I can remember having some Presbyopia symptoms aged around 28, i.e. difficulty reading street maps under artificial light at night(*), difficulty reading certain sorts of printed colour combinations (e..g black on red. Most difficulties were by artificial light. None of this really affected my way of life until I got into my 40s, when reading almost anything by artificial light, especially in the evening, became a torture.

Of course, I haven't helped myself by spending most of my working life either looking at a VDU screen of one sort or another, or using microfiche readers. (I'm a systems programmer).

I sometimes get the feeling that my eyes have been "burned out" by staring at these screens all these years. *sigh*.

Mike.Ellwood@rl.ac.uk

(* with what were at the time, chaotic consequences on my honeymoon, but which with the benefit of hindsight now seem hilarious! :-)

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Role of iris in accommodation

- *Subject:* Role of iris in accommodation
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Sat, 30 Mar 1996 23:53:26 -0500
-

I hereto copy parts of Richard McCollim's recent s.m.v. post and my reply (leaving out of both a few paragraphs pertaining to some plume-plucking of some s.m.v.'s licensed peacocks).

From: mcollim@ix.netcom.com(Richard McCollim)

Newsgroups: sci.med.vision

Subject: Re: Eye Exercise

Date: 28 Mar 1996 20:54:43 GMT

Why can't eye researchers resolve once and for all some of the most basic questions about eye mechanisms? The answer is probably that they think they have already done so.

To cite just one example of a "settled" question, what is the role of the iris in the mechanism of accommodation?

The iris is one of the most studied of all eye mechanisms (probably because of its relationship to other physiological and psychological questions not directly related to ophthalmology). Apparently the number of papers on this subject runs into the tens of thousands.

It has been accepted that the iris plays no role in accommodation ever since the experiments of the last century, particularly that of von Graefe.

But there still remained a problem. How to explain the fact that when the eye accommodates for near vision, the anterior surface of the eye assumes a conoidal shape?

Fincham came to the rescue by asserting that the lens was molded by differences in thickness of the capsule, and it seems that this was accepted without question, even though these differences are minute.

But there is another way to explain this conoidal shape of the lens: molding by the iris, with the central portion of the lens being forced

through the pupillary opening. There are a surprising number of reports in the literature (I cite only four of these) that support this possibility:

Lowe reported that "During examination of a large series of eyes that had pupils dilated after peripheral iridectomy...I was struck by the marked curvature of the anterior lens surface within the enlarged pupil. The lens frequently appeared as though it were herniating through the enlarged pupil, with the pupillary margin of the iris seeming to grip the lens." (1)

Jampel and Mindel, in a report on stimulation of the oculomotor nucleus in monkeys, observed changes "... characterized by a conspicuous forward bulging of the pupillary or central portion of the iris which produced a marked convexity of the iris diaphragm and a marked increase in the depth of the anterior chamber...On observation of the eye from the side during iris-bulge, the central portion of the lens appeared to become conoidal and to move forward into the anterior chamber." (2)

Burian and Allen reported that "The most remarkable change was seen in the middle one-third of the body of the iris. This part of the iris bowed backward during active accommodation, forming a deep hollow, and returned to its normal position when the eye was relaxed." (3)

And Suzuki states that "Concerning the iris, its silhouette was a slightly curved line, being convex anteriorly in the form of a physiological 'iris bombe'. On stimulation, the iris showed a peculiar change. That is, besides the change of the contraction of the pupil, the iris was bent reversely to the posterior chamber, so that the central half of the iris was held in contact with the anterior surface of the lens and the iris-lens apposition became tighter over a much larger area." (4)

In the rhesus monkey there is a similar mechanism involving the iris and the sphincter muscle, although it is not clear which of these is of greater importance in molding the lens.

It is interesting that all the researchers seemed surprised at their findings. All four of these reports describe the iris as being pressed against the lens, and two of them note that the conoid form of the lens appears to be the result of bulging through the pupil.

The iris/lens mechanism is well documented in certain birds and mammals. According to Walls, "The avian iris is always of material assistance during accommodation in holding back the lens against which it presses, and in inhibiting the peripheral part of the anterior surface of the lens from bulging, thus concentrating the change-of-curvature in the part of the surface opposite the pupil." (5)

Could the iris play a major role in accommodation after all?

The conoidal shape of the lens is important because it relates to the spherical aberration of the eye:

Spherical aberration describes that condition of a lens in which the rays passing through a lens do not all come to a focus /on the retina /at a single point, and this is normal in the human eye. When the eye is at rest, the spherical aberration is positive, which means that the rays passing through the periphery of the lens come to a focus in front of rays passing through the axial region of the lens.

As the lens accommodates to view a near object, the spherical aberration decreases, and at around 3 diopters of accommodation there is no aberration at all, i.e. all the rays come to a focus at the same point. If the eye accommodates further, the aberration begins to become negative, i.e. the peripheral rays come to a focus at a point behind the axial rays. This correlates well with the conoidal shape of the accommodated lens.

In an experiment that I performed on myself, using a mirror/prism device that caused compression of the globe and prolonged accommodation, I produced such a high degree of negative spherical aberration that two separate visual images were formed in each eye.

This indicated that the central rays came to a focus considerably in front of the retina (which produced a highly blurred image), while the peripheral rays came to a focus almost on the retina (which produced a nearly sharp image). Such a high degree of spherical aberration was probably accompanied by a highly conoidal form of the anterior lens, and it is unlikely that the molding power of the very thin capsule could have caused this.

So, what is the answer? It would seem reasonable that after the more than a hundred (?) years of modern ophthalmology, such a basic question should have been answered by now. The investigators mentioned above worked independently of each other and are separated in time by several decades. It is unlikely that they all made the same mistake. But apparently their work has been ignored, and the capsule theory was declared the winner by majority vote long ago. The eye research community 's solution to the appearance of inconvenient facts seems to be just to ignore them.

Too bad about Lowe, Mandel, Jampel et al. All that work for nothing, gathering dust on medical library shelves.

1. Lowe R F. Anterior lens curvature. Comparison between normal eyes

and those with primary angle-closure glaucoma. Br. J. Ophthalmology 8 (Suppl.) 1937.

2. Jampel R S. and Mindel J. The nucleus for accommodation in the midbrain of the macaque. Invest. Ophthalmol. Vis. Sci. 6: 40-50, 1967.

3. Burian H. and Allen L. Mechanical changes during accommodation observed by gonioscopy. Arch Ophthalmol. 54: 66-72, 1955.

4. Suzuki H. Observations on the intraocular changes associated with accommodation: an experimental study using radiographic technique. Exp. Eye Res. 17: 119-128, 1973.

5. Walls G. The Vertebrate Eye and its Adaptive Radiation. New York: Hafner, 1967.

ADDENDUM: So, who cares WHAT role the iris has in accommodation? Is this important? Absolutely. If it is a major factor, then it means that just about every ophthalmologist/optometrist in the world is dead wrong about the mechanism of accommodation. But then how the eye actually works is not a big deal for ophthalmology--what's more important, and gets most of the time, effort and money, are the big money-makers such as RK, PRK, etc.

I got into the iris question in sort of a backhanded way while researching the mechanism of spherical aberration. This came up because I had developed dual vision: I saw two images of everything, one blurred and one clear (superimposed on each other) as a result of compressing the eyeballs--and this was monocular diplopia.

The most logical explanation was a severe distortion of the lens in the form of a lenticonus, i.e. the central part of the crystalline lens had developed a pronounced bulge. The phenomenon described by the four researchers above suggested a possible mechanism: external pressure on the eyeball had pushed the vitreous against the lens, which in turn was pushed forward against the iris, so that only the axial (central) section bulged through the pupil.

From: elena <solusrex@soho.ios.com>
Newsgroups: sci.med.vision
Subject: Re: Eye Exercise
Date: 29 Mar 1996 15:49:41 GMT

This seems to answer a question that's been bugging me since my last eye exam (the first one I had since starting VT nine months ago). The doctor told me that the inner rim(?) of my iris SHOWS UNUSUAL MOBILITY when I focus, moving backward/inward and then returning to its usual position...

and... that was it, I couldn't extract any further explanations although I kept bugging the doctor. "So what does it mean?" I asked over and over. "Well -- it just shows mobility." "And?..." "And it's highly unusual." "Is it good? Bad? Relevant to some issues?" "No, no. Just... unusual."

Now I've been to a dozen eye doctors in three countries in the course of my 25 myopic years and not a single one of them has ever mentioned this, so I assume this behavior of my iris is NEW, AND IS THE DIRECT RESULT OF my successful visual training in the last nine months. I'm sure they would have noticed a lot of other "highly unusual" phenomena in an already VT-improved and still improving myopic eye if they knew where to look.

Elena

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Problems

- *Subject:* Problems
 - *From:* G.Raman@cyber-quest.com
 - *Date:* 23 Mar 1996 19:26:58 EDT
-

Hi, I am fairly new to this site. I am a 16 year old myope. My power is R -2.00 L -2.00 . I got glasses when I was 13 years years old because I had trouble seeing the blackboard in school. The summer after I didn't wear my glasses and my vision "miraculously" corrected itself. I tossed away my glassed at that point.

Recently though (past 8 months) my vision has begun to deteriorate rapidly. I got a new pair of glasses and was almost going to start wearing them full time , when I read Dr. Bate's book ,Better eyesight without glasses" . I also found the ISEE web sight. I have been doing the appropriate excercises for about 2 months , but I see no real difference.

DAILY ROUTINE

1. Get up and look out my bedroom window . Read a snellen eye chart that I have hanging in my room with each eye alone, and then with both eyes together. Look at an Astimatic Mirror for about 15-20 seconds, Try to relax my eyes and keep it in focus (I don't know what else to do with it).
2. I then go to school . My eyesight starts out prettty good, but as the day goes on it deteriorates dramatically. By the last period of the school day I almost have to pull out my glasses to read notes that are put up on the overhead projector (I always carry my glasses with me , and I try to resist the urge to put them on but sometimes I have to when I can not read the overhead at all and a teacher calls on me).
3. I then currently go to tennis practice

4. At night I palm for about 7 minutes alternating eyes and then both eyes (sorry , that's all that I have time for , maybe if my teachers would give my less homework!) I then read the snellen eye chart for about 4 minutes in the same manner as in the morning. I then do the long swing about 30 times and go to sleep.

A FEW QUESTIONS

1. What are you really supposed to with an astigmatic mirror anyway? I do have an astigmatism.
2. When doing the long swing, where do you look? Sometimes I look straight out and swing 180 degrees. Sometimes I keep everything in focus and sometimes I don't . Am I supposed to totally ignore all the objects in my room and swing with everything blurry, or keep the room focused? I am really confused here!
3. Do you know any ****specific places**** where I could order some pinhole glasses (and what exactly are they used for).
4. I thought that tennis was supposed to be a good sport for myopes because of the constant shifting necessary to follow the tennis ball. Why do you think that when I come home from tennis practice and palm and then proceed to read the eye chart, it is quite blurry.
5. Do you know of any other exercises that I could do to help remedy my condition. Anything would be greatly appreciated.

Hopefully in the NEAR FUTURE I will return my vision to 20/20 and be able to pass the driving permit eye test without my glasses!

Thank you for all the help!

Ravi Raman :)

g.raman@cyber-quest.com

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Re: Look! A comet!

- *Subject:* Re: Look! A comet!
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Sun, 31 Mar 1996 20:53:06 -0600 (CST)
-

On Fri, 29 Mar 1996 dcmjune@pc.jaring.my wrote:

```
> >Date: Tue, 26 Mar 1996 15:38:49 -0600
> >From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
> >Subject: Re: Look! A comet!
> >X-Sender: stefansi@ctrvax.vanderbilt.edu
> >To: i_see@indiana.edu
> >Sender: owner-i_see@indiana.edu
> >Precedence: bulk
> >
> >>Come on guys, Bill Stacy ain't all bad... If you're in the northern
> >>hemisphere, there's a comet to be seen, according to Dr. Stacy.
> >>
> >>--Alex
> >
> >Yes, that's true, there is a comet out there right now. Two weeks ago I went
> >to the Vanderbilt U Observatory (which is on a hill just outside Nashville)
> >to watch the Orion Nebula. The observatory has a decent 25 inch refractor.
> >An astronomer there told me about the comet but its name (the comet's)
> >escapes my mind now, was a long one.
> >
> >Stefan
> >
> >Actually it's the Comet Hyakutake. It is probably the brightest comet to
> >appear in the last 20 years. It has an unusually long tail (some say the
> >most impressive this century) and, if you are lucky to be in the right
> >place, you should be able to see the tail stretches across as much as a
> >quarter of the visible sky. Its visual brightness depends largely on the
> >gazer's distance from cities, where man-made lights make it hard to view the
> >night skies.
> >
> >David Matanjun.
> >
> >
```

Re: Look! A comet!

Since i missed the chance to see that comet before, any chance it will reappear in the near future?

--Eugene

-
- Prev by Date: [Problems](#)
 - Next by Date: [Excercise at all angles](#)
 - Prev by thread: [Re: Problems](#)
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Excercise at all angles

- *Subject:* Excercise at all angles
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Mon, 1 Apr 1996 08:57:29 -0500 (EST)
-

The following message was sent to me a while back by a certain member. It was probably intended for the list.

----- Forwarded message -----
Date: Tue, 19 Mar 1996 20:51:17 -0500
To: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: make it cockeyed

I know that eye exercises are a subject of debate. however I would like to introduce to you a very simple way of improving your sight.

while you are looking at your monitor simply rotate your head to the right or the left and view your screen for awhile. even better if you could have someone to muscle test you while your head is turned. you could find which way needed most of the work.

If this exercise works, I believe it is because it reduces astigmatism. If you imagine an eye with its little pulleys pulling up, down, left right -- this should even out their pull, and round out the cornea. I have also found that looking at things from various angles can sharpen vision.

What do you think?

--Alex

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- Next by Date: [Plus Lens Therapy](#)
- Prev by thread: [Re: Look! A comet!](#)
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Plus Lens Therapy

- *Subject:* Plus Lens Therapy
 - *From:* Tim.Patterson@cciw.ca
 - *Date:* Mon, 1 Apr 1996 13:27:26 -0500 (EST)
-

Hi guys. I've been reading posts from this group for ages, but I never say anything. With all the hype about plus lenses, I just about went out to buy a pair. But I still am a bit leery about it. I really do think that you would be speeding your eyes to a presbyoptic state no matter how little you use plus lense therapy. I really support Bate's conclusion that no types of glasses could do you any good. After all, most of us would agree that VT is all about training the eyes on how to see properly, that is, how to look and observe your surroundings. You may be able to change the shape of your eyes in a positive way (temporarily), but unless you use your eyes properly, what good are you doing? I would compare plus lense therapy to laser correction. You can get your eyes shaped to see 20/20, but if you don't know "how to see," your clear vision will almost certainly deteriorate. Note, too, that there are lots of people around with bifocals!

Tim Patterson

- Prev by Date: [Excercise at all angles](#)
- Next by Date: [plus lens therapy....](#)
- Prev by thread: [Excercise at all angles](#)
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plus lens therapy....

- *Subject:* plus lens therapy....
 - *From:* mat@tekbases.com (Marco A. Terry)
 - *Date:* Mon, 1 Apr 1996 15:10:16 -0500 (EST)
-

Hello All.

We have heard Alex'es experience with + lenses. It would be interesting if one of the Doctors on the list would describe how/when would they use plus lens therapy for myopia and what would be the schedule of plus lenses usage (Dr Rober Michael.??)

Anyways - cheers to all!

Marco Terry
Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

"To err is human, to forgive is not company policy.."
-Anon

-
- Prev by Date: [Plus Lens Therapy](#)
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 - Prev by thread: [Plus Lens Therapy](#)
 - Next by thread: [Re: plus lens therapy....](#)
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Blinking

- *Subject:* Blinking
 - *From:* "Richard J. Smith" <73741.3231@compuserve.com>
 - *Date:* 01 Apr 96 17:56:57 EST
-

Eugene ,

On Thu, 28 Mar 1996 21:12:27 -0600 (CST) you wrote:

> i have noticed that if i blink a certain way, that makes my
>eyes moist i can achieve clear vision.

Please describe that "certain way"

- Prev by Date: [plus lens therapy....](#)
- Next by Date: [Re: Blinking](#)
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Re: Blinking

- *Subject:* Re: Blinking
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Mon, 1 Apr 1996 19:05:09 -0600 (CST)
-

On 1 Apr 1996, Richard J. Smith wrote:

```
> Eugene,  
>  
> On Thu, 28 Mar 1996 21:12:27 -0600 (CST) you wrote:  
>  
> > i have noticed that if i blink a certain way, that makes my  
> >eyes moist i can achieve clear vision.  
>  
> Please describe that "certain way"
```

```
>  
Hmm describe it? its like a rapid (super-sonic) close of the eyelids and  
openness, its usually much less gentle opposed to regular blinking, and  
its done by oppening the eyelids all the way and closing them all the  
way, and its should be done fast... I have trained my eyes to make them  
accumulate just the right amount of moisture to see clearly.
```

--Eugene

-
- Prev by Date: [Blinking](#)
 - Next by Date: [Re: Comet Hyakutake](#)
 - Prev by thread: [Blinking](#)
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Re: Comet Hyakutake

- *Subject:* Re: Comet Hyakutake
 - *From:* dcmjune@pc.jaring.my (David Matanjan)
 - *Date:* Tue, 2 Apr 1996 22:09:53 +0800 (MYT)
-

To Eugene,

Ref. your question ca. the possibility of the comet "reappearing in the near future"; as astronomy is not really my field, I've referred your query to an expert Astronomer....

>Date: Mon, 1 Apr 1996 11:57:39 -0700
>From: chergen@LPL.Arizona.EDU (Carl Hergenrother)
>To: dcmjune@pc.jaring.my
>Subject: Re: Comet Hyakutake

>
>You can still see this comet from the northern hemisphere. Its a few
>magnitudes fainter than last week (right now its about 2nd magnitude) but
>it is still a naked eye object in the northwest right after sunset.*
>Presently it is in northern Perseus. The comet should start to brighten
>up again as it nears the sun and should be visible till the end of the
>month. After that the N.H. will lose it but it may be seen from the
>southern hemisphere close to the horizon in the morning sky.**

>
>Carl
>.,
>
>
>
(* or as soon as the "twilight deepens"

** mayhap not earlier than May 10.

- David)

- Prev by Date: [Re: Blinking](#)
- Next by Date: [Seeing properly](#)
- Prev by thread: [Re: Blinking](#)
- Next by thread: [Re: Comet Hyakutake](#)
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Seeing properly

- *Subject:* Seeing properly
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Tue, 02 Apr 1996 11:30:27 -0600
-

On Mon, 01 Apr 1996 13:27:26 -0500 (EST) Tim.Patterson@cciw.ca wrote:

>You can get your eyes shaped to see
>20/20, but if you don't know "how to see," your clear vision will almost
>certainly deteriorate.

Agree. (The "almost", though, needs further qualification. I'll post about it when I get a minute).

In your opinion, "How should I see?" to prevent my vision from deteriorating?

Stefan Stefanov

- Prev by Date: [Re: Comet Hyakutake](#)
- Next by Date: ["Seeing"](#)
- Prev by thread: [Re: Comet Hyakutake](#)
- Next by thread: [Re: Seeing properly](#)
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"Seeing"

- *Subject:* "Seeing"
 - *From:* Tim.Patterson@cciw.ca
 - *Date:* Tue, 2 Apr 1996 15:40:37 -0500 (EST)
-

On Mon, 01 Apr 1996 13:27:26 -0500 (EST) Tim.Patterson@cciw.ca wrote:

>>You can get your eyes shaped to see
>>20/20, but if you don't know "how to see," your clear vision will almost
>>certainly deteriorate.

>Agree. (The "almost", though, needs further qualification. I'll post about
>it when I get a minute).

>In your opinion, "How should I see?" to prevent my vision from deteriorating?

>Stefan Stefanov

I can only say based on what I've read and my own experiences. Basically, your eyes should be looking at different points as fast as possible (without strain). It also has a lot to do with being aware of your surroundings. You really need to "gear your mind" to see, I think. For example, have you ever driven for a couple of miles along a familiar route, and then realized that you can't remember a thing about your last 5 minutes of driving? You weren't in a "seeing" mode, but in a haze or deep thought unrelated to your surroundings. That's when you tend to stare (a no-no according to Bates). I've noticed, too, that people who wear either minus OR plus lenses tend to do this (stare). It's like glasses encourage tunnel vision.

I've also noticed that if I don't expect to be able to recognize somebody down a hall, I usually don't because they're too blurred. If, however, I expect I have a chance of recognizing them, I notice the way they walk, the clothes they're wearing, their height, and I dare say that I recognize their face to some extent (at least I can take a good guess). I have thus "used" my eyes to the best of my ability.

What about the subtle changes in your own neighborhood? Sometimes it has taken me a week or more to notice certain things along my daily route. I

"Seeing"

owe that to not using my eyes properly every day.

Tim

-
- Prev by Date: [Seeing properly](#)
 - Next by Date: ["Seeing"](#)
 - Prev by thread: [Re: Seeing properly](#)
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"Seeing"

- *Subject:* "Seeing"
 - *From:* Tim.Patterson@cciw.ca
 - *Date:* Tue, 2 Apr 1996 15:40:37 -0500 (EST)
-

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"Seeing"

owe that to not using my eyes properly every day.

Tim

-
- Prev by Date: ["Seeing"](#)
 - Next by Date: [my daughter's paper on myopia- found your page. Am I too](#)
 - Prev by thread: ["Seeing"](#)
 - Next by thread: [my daughter's paper on myopia- found your page. Am I too](#)
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my daughter's paper on myopia- found your page. Am I too

- *Subject:* my daughter's paper on myopia- found your page. Am I too
 - *From:* Kathryn Baker <kbaker@lanl.gov>
 - *Date:* Tue, 02 Apr 1996 13:47:14 -0700
-

I was searching for information on the net about near-sighted-ness for my daughter who is doing a paper on myopia and I found your page. The possibility that I could see clearly with my extremely defective eyes is exciting.

Plus my three children who are quickly becoming as near-sighted as I - ages 16, 14, 12

I cannot see the E on the chart...

So, I'm afraid I am too blind to hope of ever going without glasses or contacts.

I'm sorry to say I've only gotten through the first half of your 52 pages of instructions - whew...

But I did try relaxation - the vertical eye movement helped with my astigmatism...

I hope this message goes through okay, its really a test for tomorrow, my daughter is to interview people about near-sighted-ness for her "I-research paper" in biology - a topic which affects the student personally.

So, I hope lots of people will respond to her questions!

THANKS

Kath

-
- Prev by Date: ["Seeing"](#)
 - Next by Date: [my daughter's paper on myopia- found your page. Am I too](#)
 - Prev by thread: ["Seeing"](#)
 - Next by thread: [my daughter's paper on myopia- found your page. Am I too](#)

my daughter's paper on myopia- found your page. Am I too

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my daughter's paper on myopia- found your page. Am I too

- *Subject:* my daughter's paper on myopia- found your page. Am I too
 - *From:* Kathryn Baker <kbaker@lanl.gov>
 - *Date:* Tue, 02 Apr 1996 13:47:14 -0700
-

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So, I hope lots of people will respond to her questions!

THANKS

Kath

-
- Prev by Date: [my daughter's paper on myopia- found your page. Am I too](#)
 - Next by Date: [Re: Comet Hyakutake](#)
 - Prev by thread: [my daughter's paper on myopia- found your page. Am I too](#)
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Re: Comet Hyakutake

- *Subject:* Re: Comet Hyakutake
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Tue, 2 Apr 1996 14:58:55 -0600 (CST)
-

On Tue, 2 Apr 1996, David Matanjan wrote:

```
> To Eugene,
>
> Ref. your question ca. the possibility of the comet "reappearing in the near
> future"; as astronomy is not really my field, I've referred your query to an
> expert Astronomer....
>
> >Date: Mon, 1 Apr 1996 11:57:39 -0700
> >From: chergen@LPL.Arizona.EDU (Carl Hergenrother)
> >To: dcmjune@pc.jaring.my
> >Subject: Re: Comet Hyakutake
> >
> >You can still see this comet from the northern hemisphere. Its a few
> >magnitudes fainter than last week (right now its about 2nd magnitude) but
> >it is still a naked eye object in the northwest right after sunset.*
> >Presently it is in northern Perseus. The comet should start to brighten
> >up again as it nears the sun and should be visible till the end of the
> >month. After that the N.H. will lose it but it may be seen from the
> >southern hemisphere close to the horizon in the morning sky.**
> >
> >Carl
> >.,
> >
> >
> >
> ( * or as soon as the "twilight deepens"
>
> ** mayhap not earlier than May 10.
```

Thanks a lot for referring this, i will make an attempt to see it from the top of my apartment building...

Eugene

- Prev by Date: [my daughter's paper on myopia- found your page. Am I too](#)
- Next by Date: [Re: Seeing properly](#)
- Prev by thread: [Re: Comet Hyakutake](#)
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Re: Seeing properly

- *Subject:* Re: Seeing properly
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Tue, 2 Apr 1996 15:07:37 -0600 (CST)
-

On Tue, 2 Apr 1996, Stefan Stefanov wrote:

```
> On Mon, 01 Apr 1996 13:27:26 -0500 (EST) Tim.Patterson@cciw.ca wrote:
>
> >You can get your eyes shaped to see
> >20/20, but if you don't know "how to see," your clear vision will almost
> >certainly deteriorate.
>
> Agree. (The "almost", though, needs further qualification. I'll post about
> it when I get a minute).
>
> In your opinion, "How should I see?" to prevent my vision from deteriorating?
>
> Stefan Stefanov
>
>
```

Thats very interesting, however the original post made by Tim Patterson I have to disagree, just a bit. What I don't understand is the effect of the PRK, RK, certainly they will make the cornea rounder but they will not cure the real problem, ie the accomodation, and the length of the eye ball, shouldnt the problem continue? Laser treatments on the eye, dont really fix the problem (ie the person has to know how to see).

VT, on the other hand *does* fix the problem, at least comes very close to fixing it. I disagree that myopia is caused by "mental tension" (Bates). It's mostly (makes more sense to me) is caused by excessive close work, unless a lyrd is diagnosed w/myopia -- which maybe genetic. But if an individual is diagnosed with myopia at age 13-on (arbitrarily) it must be close work, unless the individual wasnt exposed to close work, to begin with.

How can myopia suddenly start in a 15yr old and be blamed on heredity?

I also dont understand why myopia can be blamed on "physiological

reasons, like mental tension, etc." Evolution is the best answer, as the eyes weren't meant for excessive near point stress.

Thus mostly likely myopia is caused by excessive close work (in my opinion), and VT would certainly be used to get the ciliary muscle to relax.

Eugene

-
- Prev by Date: [Re: Comet Hyakutake](#)
 - Next by Date: [Yawning](#)
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Yawning

- *Subject:* Yawning
 - *From:* jknox1@swarthmore.edu (josh knox)
 - *Date:* Tue, 2 Apr 1996 19:36:07 -0500 (EST)
-

>Eugene ,

>

>On Thu, 28 Mar 1996 21:12:27 -0600 (CST) you wrote:

>

>> i have noticed that if i blink a certain way, that makes my
>>eyes moist i can achieve clear vision.

>

>Please describe that "certain way"

also, try yawning.

Love,

Josh Knox
Swarthmore College
500 College Avenue
Swarthmore, PA 19081-1397
(610) 690-3940

-
- Prev by Date: [Re: Seeing properly](#)
 - Next by Date: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
 - Prev by thread: [my daughter's paper on myopia- found your page. Am I too](#)
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RE: my daughter's paper on myopia- found your page. Am I too blind

- *Subject:* RE: my daughter's paper on myopia- found your page. Am I too blind
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Wed, 3 Apr 96 03:33:00 UT
-

Kathryn,

>>>So, I'm afraid I am too blind to hope of ever going without glasses or contacts.<<<

Never give up. Read the book "Better Sight Without Glasses or Contact Lenses" by Harry Benjamin and trust me you'll start thinking about the whole thing very differently.

Joining this list is the first step of the way to improving your vision.

I'd be interrested to hear the revelations of your daughter's paper as to what people think about myopia.

george

- Prev by Date: [Yawning](#)
- Next by Date: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
- Prev by thread: [Re: Yawning](#)
- Next by thread: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
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RE: my daughter's paper on myopia- found your page. Am I too blind

- *Subject:* RE: my daughter's paper on myopia- found your page. Am I too blind
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Wed, 3 Apr 96 03:33:00 UT
-

Kathryn,

>>>So, I'm afraid I am too blind to hope of ever going without glasses or contacts.<<<

Never give up. Read the book "Better Sight Without Glasses or Contact Lenses" by Harry Benjamin and trust me you'll start thinking about the whole thing very differently.

Joining this list is the first step of the way to improving your vision.

I'd be interrested to hear the revelations of your daughter's paper as to what people think about myopia.

george

- Prev by Date: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
- Next by Date: [Patching](#)
- Prev by thread: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
- Next by thread: [Patching](#)
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Patching

- *Subject:* Patching
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Wed, 3 Apr 96 08:17:34 UT
-

On a number on occasion, Alex mentioned that patching is good for the eyes because it relaxes the muscles.

In Harry Benjamin's book which is based on Bates plus dietary stuff, there also some mention of patching but it is in the context of improving the weak eye so that it would catch up with the good one and therefore reduce eyes fatigue.

My question is: which eye should one patch? the bad or the good one? The book says that the good one should be patched to get the weak one to improve by exercising it especially through reading.

Any thoughts?

george

- Prev by Date: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
- Next by Date: [RE: Problems](#)
- Prev by thread: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
- Next by thread: [Functional Or Structural?](#)
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RE: Problems

- *Subject:* RE: Problems
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Wed, 3 Apr 96 08:43:31 UT
-

My answers are below....>>>

Good luck

george

From: owner-i_see@indiana.edu on behalf of G.Raman@cyber-quest.com
Sent: Sunday, March 24, 1996 9:26 AM
To: aeulenbe@indiana.edu
Subject: Problems

Hi, I am fairly new to this site. I am a 16 year old myope. My power is R -2.00 L -2.00 . I got glasses when I was 13 years years old because I had trouble seeing the blackboard in school. The summer after I didn't wear my glasses and my vision "miraculously" corrected itself. I tossed away my glassed at that point.

Recently though (past 8 months) my vision has begun to deteriorate rapidly. I got a new pair of glasses and was almost going to start wearing them full time , when I read Dr. Bate's book ,Better eyesight without glasses" . I also found the ISEE web sight. I have been doing the appropriate excercises for about 2 months , but I see no real difference.

DAILY ROUTINE

1. Get up and look out my bedroom window . Read a snellen eye chart that I have hanging in my room with each eye alone, and then with both eyes together. Look at an Astimatic Mirror for about 15-20 seconds, Try to relax my eyes and keep it in focus (I don't know what else to do with it).

>>> I tried doing the eyechart exercises with both eyes open and also with only one open. In my opinion both eyes open is better probably because in my case one eye is weaker than the other and it needs something to give it a push. My question is, how far is the eye chart? I look at mine from a point where I can read the top two lines but keep them slightly blurred and work my

way down. As to the astigmatic chart, I think you're supposed to shift your vision along the lines and do the whole circle. I have not noticed any improvement in my astigmatism.

2. I then go to school . My eyesight starts out pretty good, but as the day goes on it deteriorates dramatically. By the last period of the school day I almost have to pull out my glasses to read notes that are put up on the overhead projector (I always carry my glasses with me , and I try to resist the urge to put them on but sometimes I have to when I can not read the overhead at all and a teacher calls on me).

>>> the only thing you can do is to become more conscious about how you are seeing: ie. facial/muscle expressions, staring, straining, blinking rate. It would be help if you could palm for a minute or two (that might cause some interesting comments from your classmates!!)

3. I then currently go to tennis practice

>>> is this too late in the afternoon? Is there enough natural light? Tennis is excellent. I play only at midday when the sun is shining and I use clean balls for better vision. It's great. BTW my eyes are currently at -2.50, -3.00.

4. At night I palm for about 7 minutes alternating eyes and then both eyes (sorry , that's all that I have time for , maybe if my teachers would give my less homework!) I then read the snellen eye chart for about 4 minutes in the same manner as in the morning. I then do the long swing about 30 times and go to sleep.

>>> Good stuff. I don't bother with the swing. I do a variation of the swinging ball: get a tennis ball, put a hook in it, try a string to it and hang it down from the ceiling. Sit on a chair and make sure that the ball is hanging at the same level as your eyes about 0.50m away. Now try these and always follow the ball with your eyes (relaxed and blinking):

- 1- swing the ball from left to right (1 min)
- 2- swing the ball front to back (1 min)
- 3- swing the ball diagonally on each side of your head (2 x 1min)
- 4- swing the ball in a wide full circle clockwise and counter clockwise (2x 1min)

While doing the above notice how objects in the room travel the opposite direction.

A FEW QUESTIONS

1. What are you really supposed to do with an astigmatic mirror anyway? I do have an astigmatism.

2. When doing the long swing, where do you look? Sometimes I look straight out and swing 180 degrees. Sometimes I keep everything in focus and sometimes I don't . Am I supposed to totally ignore all the objects in my room and swing with everything blurry, or keep the room focused? I am really confused here!

3. Do you know any *****specific places***** where I could order some pinhole glasses (and what exactly are they used for).

>>> try the health food shops or the drug stores. The ones I got were very uncomfortable so I returned them and still looking for another pair. People laugh when I ask for them: they either don't know what I'm talking about or they tell me that VT is a garbage!!!

4. I thought that tennis was supposed to be a good sport for myopes because of the constant shifting necessary to follow the tennis ball. Why do you think that when I come home from tennis practice and palm and then procede to read the eye chart, it is quite blurry.

5. Do you know of any other excercises that I could do to help remedy my condition. Anything would be greatly apppreciated.

Hopefully in the NEAR FUTURE I will return my vision to 20/20 and be able to pass the driving permit eye test without my glasses!

Thank you for all the help!

Ravi Raman :)

g.raman@cyber-quest.com

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Re: Yawning

- *Subject:* Re: Yawning
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Wed, 3 Apr 1996 11:08:32 +0100 (BST)
-

>
> >Eugene,
> >
> >On Thu, 28 Mar 1996 21:12:27 -0600 (CST) you wrote:
> >
> >> i have noticed that if i blink a certain way, that makes my
> >>eyes moist i can achieve clear vision.
> >

I assume this is because the tears are forming a lens.

Mike.Ellwood@rl.ac.uk

-
- Prev by Date: [RE: Problems](#)
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Re: Seeing properly

- *Subject:* Re: Seeing properly
 - *From:* "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
 - *Date:* Wed, 3 Apr 1996 11:27:21 +0100 (BST)
-

> Thats very interesting, however the original post made by Tim Patterson I
> have to disagree, just a bit. What I don't understand is the effect of
> the PRK, RK, certainly they will make the cornea rounder but they will
> not cure the real problem, ie the accomodation, and the length of the eye
> ball, shouldnt the problem continue? Laser treatments on the eye, dont
> really fix the problem (ie the person has to know how to see).
>
> VT, on the other hand *does* fix the problem, at least comes very close
> to fixing it. I disagree that myopia is caused by "mental tension" (Bates).
> It's mostly (makes more sense to me) is caused by excessive close work,
> unless a lyrlid is diagnosed w/myopia -- which maybe genetic. But if an
> individual is diagnosed with myopia at age 13-on (arbitrarily) it must be
> close work, unless the individual wasnt exposed to close work, to begin with.
>
> How can myopia suddenly start in a 15yr old and be blamed on heredity?
>

I don't have a problem with that actually; an individual may be genetically predisposed to myopia, but whether he/she actually becomes myopic may depend upon a number of factors, including close work, diet, lifestyle and general environment.

> I also dont understand why myopia can be blamed on "physiological
> reasons, like mental tension, etc." Evolution is the best answer, as the
> eyes weren't meant for excessive near point stress.
>

Well maybe, maybe not. How did we evolve our fingers? These are capable of extremely delicate operations, and which perform even better when co-ordinated with the eye. I don't think we evolved only to throw spears at buffalo on the run.

> Thus mostly likely myopia is caused by excessive close work (in my
> opinion), and VT would certainly be used to get the ciliary muscle to relax.
>

As I suggest above, close work is no doubt one factor, but probably not
the only one by a long chalk.

Mike.Ellwood@rl.ac.uk

-
- Prev by Date: [Re: Yawning](#)
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Re: Problems

- *Subject:* Re: Problems
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Wed, 3 Apr 1996 15:02:21 -0600 (CST)
-

On 23 Mar 1996 G.Raman@cyber-quest.com wrote:

> Hi, I am fairly new to this site. I am a 16 year old myope.
> My power is R -2.00 L -2.00 . I got glasses when I was 13 years
> old because I had trouble seeing the blackboard in school. The summer
> after I didn't wear my glasses and my vision "miraculously" corrected
> itself. I tossed away my glassed at that point.

> Recently though (past 8 months) my vision has begun to
> deteriorate rapidly. I got a new pair of glasses and was almost going
> to start wearing them full time , when I read Dr. Bate's book ,Better
> eyesight without glasses" . I also found the ISEE web sight. I have
> been doing the appropriate excercises for about 2 months , but I see no
> real difference.

> DAILY ROUTINE

> 1. Get up and look out my bedroom window . Read a snellen eye chart
> that I have hanging in my room with each eye alone, and then with both
> eyes together. Look at an Astimatic Mirror for about 15-20 seconds, Try
> to relax my eyes and keep it in focus (I don't know what else to do
> with it).

> 2. I then go to school . My eyesight starts out prettty good, but as
> the day goes on it deteriorates dramatically. By the last period of the
> school day I almost have to pull out my glasses to read notes that are
> put up on the overhead projector (I always carry my glasses with me ,
> and I try to resist the urge to put them on but sometimes I have to
> when I can not read the overhead at all and a teacher calls on me).

> 3. I then currently go to tennis practice
>
> 4. At night I palm for about 7 minutes alternating eyes and then both
> eyes (sorry , that's all that I have time for , maybe if my teachers
> would give my less homework!) I then read the snellen eye chart for
> about 4 minutes in the same manner as in the morning. I then do the
> long swing about 30 times and go to sleep.

>
>
>
> A FEW QUESTIONS

> 1. What are you really supposed to with an astigmatic mirror anyway? I
> do have an astigmatism.
>
> 2. When doing the long swing, where do you look? Sometimes I look
> straight out and swing 180 degrees. Sometimes I keep everything in
> focus and sometimes I don't . Am I supposed to totally ignore all the
> objects in my room and swing with everthing blurry, or keep the room
> focused? I am really confused here!
>
> 3. Do you know any *****specific places***** where I could order some
> pinhole glasses (and what exactly are they used for).
>
> 4. I thought that tennis was supposed to be a good sport for myopes
> becuae of the constant shifting necessary to follow the tennis ball.
> Why do you think that when I come home from tennis practice and palm
> and then procede to read the eye chart, it is quite blurry.
>
>
> 5. Do you know of any other excercises that I could do to help remedy
> my condition. Anything would be greatly appreciated.
>
>
>
> Hopefully in the NEAR FUTURE I will return my vision to 20/20 and be
> able to pass the driving permit eye test without my glasses!
>
> Thank you for all the help!

>
> Ravi Raman :)

>
> g.raman@cyber-quest.com
>
>

Hi, Ravi

I'm around -1.25L and -1.50R myopia, never went to the optometrist,

and dont have any glasses. Currently 17, (turned last month) my vision began to deteriorate around '95. I see that we have alot of things in common, I'm also trying to get my vision down to 20/20 (using the plus lense therapy), and I do play tennis (pretty good :)).

Well, tell me if your improvement continues.

PS: How did your eyes miraculously corrected itself?

Were you involved in some kind of activities? Did you lessen your close work, and maximize the time you spend outside?

Thanx,
Eugene

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Re: Seeing properly

- *Subject:* Re: Seeing properly
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Wed, 3 Apr 1996 15:05:40 -0600 (CST)
-

On Wed, 3 Apr 1996, Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB wrote:

> > Thats very interesting, however the original post made by Tim Patterson I
> > have to disagree, just a bit. What I don't understand is the effect of
> > the PRK, RK, certainly they will make the cornea rounder but they will
> > not cure the real problem, ie the accomodation, and the length of the eye
> > ball, shouldnt the problem continue? Laser treatments on the eye, dont
> > really fix the problem (ie the person has to know how to see).
> >
> > VT, on the other hand **does** fix the problem, at least comes very close
> > to fixing it. I disagree that myopia is caused by "mental tension" (Bates).
> > It's mostly (makes more sense to me) is caused by excessive close work,
> > unless a lyrd is diagnosed w/myopia -- which maybe genetic. But if an
> > indidual is diagnosed with myopia at age 13-on (arbitrarily) it must be
> > close work, unless the individual wasnt exposed to close work, to begin with.
> >
> > How can myopia suddenly start in a 15yr old and be blamed on heredity?
> >
> >
> I don't have a problem with that actually; an individual may be
> genetically predisposed to myopia, but whether he/she actually becomes
> myopic may depend upon a number of factors, including close work,
> diet, lifestyle and general environment.
>

That got me thinking, since my father is myopic, and my mother has incredible 20/13 vision, I hope I didnt get myopia genetically. If I did, it would be impossible to reverse it, as the eyes are pregrommed to be longer than usual...

>
> > I also dont understand why myopia can be blamed on "physiological
> > reasons, like mental tension, etc." Evolution is the best answer, as the
> > eyes weren't meant for excessive near point stress.
> >
> >

> Well maybe, maybe not. How did we evolve our fingers? These are capable of
> extremely delicate operations, and which perform even better when
> co-ordinated with the eye. I don't think we evolved only to throw spears
> at buffalo on the run.
>

Good question, we are probably evolved to do some close work.
Opposed to reading, etc. Maybe sometimes to look at maps of places for
mankind to conquer :)

>
> > Thus mostly likely myopia is caused by excessive close work (in my
> > opinion), and VT would certainly be used to get the ciliary muscle to relax.
> >
> As I suggest above, close work is no doubt one factor, but probably not
> the only one by a long chalk.
>
> Mike.Ellwood@rl.ac.uk
>

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- Prev by Date: [Re: Problems](#)
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Re: Yawning

- *Subject:* Re: Yawning
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Wed, 3 Apr 1996 15:10:23 -0600 (CST)
-

On Wed, 3 Apr 1996, Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB wrote:

```
> >
> > >Eugene,
> > >
> > >On Thu, 28 Mar 1996 21:12:27 -0600 (CST) you wrote:
> > >
> > >> i have noticed that if i blink a certain way, that makes my
> > >>eyes moist i can achieve clear vision.
> > >
>
> I assume this is because the tears are forming a lens.
>
> Mike.Ellwood@rl.ac.uk
```

Yes in fact is like having a natural contact lens.

Eugene

-
- Prev by Date: [Re: Seeing properly](#)
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 - Prev by thread: [Re: Yawning](#)
 - Next by thread: [RE: my daughter's paper on myopia- found your page. Am I too blind](#)
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Functional Or Structural?

- *Subject:* Functional Or Structural?
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Wed, 3 Apr 1996 15:26:02 -0600 (CST)
-

While reading Alex's essay on Preventing Myopia I concluded one thing. Functional myopia (ie ciliary cramp) is curable, while Structural is not. That really got me worried, since I dont know what myopia I have, and I sure dont wont someone paralyzing my ciliary muscle. My diopter is around -1.25L -1.5R, people say its too low to be structural. And when I do PLT (Plus Lens Therapy) I'm able to move the book farther and farther away and still mantain the same clarity...

Is it possible that my myopia can be structural? Anyone know of few ways of finding this out?

Thanx,
Eugene

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The Myope's dilemma

- *Subject:* The Myope's dilemma
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Wed, 03 Apr 1996 18:34:16 -0600
-

I was happy to see some real quality posts recently. I will try now to combine two issues which have hitherto appeared separated.

I do think the primary cause of myopia is prolonged near work. Naturally, the eye adapts by elongating so as to reduce the stress on the ciliary muscles. The lifestyle led by a person who has become myopic is simply incompatible with clear distant vision. This simple, yet profound point has been made before on the list, most notably by Vic several months ago. Therefore, to at least stop myopia from progressing one should not subject one's eyes to prolonged near stress. This is achievable in a most powerful way by plus lenses. Whether plus lenses alone can act to **reduce** myopia is another question. I am still unsure about this and patiently experimenting. I would appreciate other's input. Currently I tend to favor the hypothesis that plus lenses **can** help reduce structural myopia, most probably to a limited degree, but only when the blur resulting from them in relation to the visual target is small enough so as the brain makes attempts to clear the blur (through compressive action on the eyeball by the recti extraocular muscles). If one goes around, say, -4.0 D uncorrected, the brain gives up trying to clear the view as a hopeless task and only prevention is achieved (theories and tests on "myopia from deprivation" add a complicating twist but usually "deprivation" is irrelevant as everyone is almost constantly looking around when not sleeping).

Now, the other issue. The otherwise infamous Dr. David Granet from sci.med.vision made a very good remark to an Alex's post in October '95. He said, a loose quote, "if people become more myopic by wearing full correction then normally sighted people should become myopic simply by using their eyes". To this Alex replied something like "Simple. People vary...". Well, I agree that it is simple in that people vary in their responses to stress. But it is this variance and it's myopic response part that may cause so much pain to some (one may take cold comfort in the idea that myopic people are better at

adapting).

I am sure everybody knows people who work intensively at near and yet enjoy perfect distant vision. Just two of the many such cases I have observed: a) my brother has done near work in comparable amounts to me over the last ten years and often in worse conditions (low light, various recumbent poses, 18+ hours a day computing, add smoking and generally less healthy lifestyle - and yet he has always enjoyed 20/15 vision; b) a close friend of mine and I started working with computers back in 1983 for prolonged hours, he is an excellent programmer, with many international awards, and now runs a software company - he has perfect 20/20 vision - I ran up myopia and quit programming.

I would estimate that the percent of people with vision resilient to prolonged near stress is about 30-40% (this is the qualification to Tim's "will *almost* certainly deteriorate"). The remaining unlucky majority are "susceptible to myopia", i.e. prolonged near work will lead to reduction in distant acuity. One may reclaim lost ground through VT but as soon as one slackens the VT regime, vision slips back (cf Alex's "laziness", Antonia Orfield's slippage). This leads me to one uninspiring conclusion: once a myope, always a myope. And possibly an alternative way out: somehow a myope has to transform himself to the resilient variety. How? I don't know for sure, not even if it is at all possible. Will? Brain reprogramming? I am open to new ideas. One possible negative parallel: no matter how much I eat I cannot gain a pound; many people are quick to put on weight by only a small increase in their calories intake.

So what's the myope's dilemma? As said above, for those susceptible to myopia, wanting to see clearly in the distance while their lifestyle demands prolonged near work. I personally feel very uncomfortable when I settle down for a long reading task and wear 20/20 correction. I once decided I was a slave to this concept and decided to fight it. I failed miserably. Therefore I think plus lense therapy is a very viable technique, at least for me. Not that I love it and don't want to get rid of it. If anyone can tell me how I can walk around all day long with 20/20 vision (lenses or PRK corrected) and keep my vision like this given my 16 hours a day of near work, I'll be forever grateful.

Stefan Stefanov

-
- Prev by Date: [Functional Or Structural?](#)
 - Next by Date: [Re: The Myope's dilemma](#)
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Re: The Myope's dilemma

- *Subject:* Re: The Myope's dilemma
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Wed, 3 Apr 1996 20:18:09 -0600 (CST)
-

On Wed, 3 Apr 1996, Stefan Stefanov wrote:

> I was happy to see some real quality posts recently. I will try now to
> combine two issues which have hitherto appeared separated.
>
> I do think the primary cause of myopia is prolonged near work. Naturally,
> the eye adapts by elongating so as to reduce the stress on the ciliary
> muscles. The lifestyle led by a person who has become myopic is simply
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> way by plus lenses. Whether plus lenses alone can act to *reduce* myopia is
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> the visual target is small enough so as the brain makes attempts to clear
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> twist but usually "deprivation" is irrelevant as everyone is almost
> constantly looking around when not sleeping).
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> Now, the other issue. The otherwise infamous Dr. David Granet from
> sci.med.vision made a very good remark to an Alex's post in October '95. He
> said, a loose quote, "if people become more myopic by wearing full
> correction then normally sighted people should become myopic simply by using
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> stress. But it is this variance and it's myopic response part that may cause
> so much pain to some

> (one may take cold comfort in the idea that myopic people are better at
> adapting).

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> and yet he has always enjoyed 20/15 vision; b) a close friend of mine and I
> started working with computers back in 1983 for prolonged hours, he is an
> excellent programmer, with many international awards, and now runs a
> software company - he has perfect 20/20 vision - I ran up myopia and quit
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> prolonged near stress is about 30-40% (this is the qualification to Tim's
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> "susceptible to myopia", i.e. prolonged near work will lead to reduction in
> distant acuity. One may reclaim lost ground through VT but as soon as one
> slackens the VT regime, vision slips back (cf Alex's "laziness", Antonia
> Orfield's slippage). This leads me to one uninspiring conclusion: once a
> myope, always a myope. And possibly an alternative way out: somehow a myope
> has to transform himself to the resilient variety. How? I don't know for
> sure, not even if it is at all possible. Will? Brain reprogramming? I am
> open to new ideas. One possible negative parallel: no matter how much I eat
> I cannot gain a pound; many people are quick to put on weight by only a
> small increase in their calories intake.

>

> So what's the myope's dilemma? As said above, for those susceptible to
> myopia, wanting to see clearly in the distance while their lifestyle demands
> prolonged near work. I personally feel very uncomfortable when I settle down
> for a long reading task and wear 20/20 correction. I once decided I was a
> slave to this concept and decided to fight it. I failed miserably. Therefore
> I think plus lense therapy is a very viable technique, at least for me. Not
> that I love it and don't want to get rid of it. If anyone can tell me how I
> can walk around all day long with 20/20 vision (lenses or PRK corrected) and
> keep my vision like this given my 16 hours a day of near work, I'll be
> forever grateful.

>

> Stefan Stefanov

>

>

Stefan: I do agree with you on some points but disagree on others. First i thought myopia was some sort of an irreversible defect, then as time went by (much more research and close work later) I realized it's a defect much like any defect in any part of the human body. A defect than can be corrected. That's why it's not myope's dilemma, and "Alex's lazyness," is not a very good reason to say "once a myope, always a myope." Alex just didn't perhaps another month for his

muscle to stabilize.

For example: you run 5 miles w/o stretching, you strain, etc. Same probable thing holds for the eyes -- Near point focusing, as far as genetics is concerned I dont really know about "your eyes being preprogrammed to have longer axial length." Perhaps, perhaps not.

I strongly believe that the human body is designed to fix any defects, but we have to let it to do so (as long as the defect is not genetic). Currently I use +1 lenses for all of my close work, It seems to be working as my myopia now is 20/70L, 20/80R.

Why some people become myopic and others not (ie if they both do equal close work, I have no idea.) All I know that for the past 3 yrs, (when I bought my PC), everyday I come home from school, and turn it on, and play with it for 5-10hrs straight. *Everyday*. I used to have 20/15, but it went down.

So I dont really agree with "once a myope, always a myope," unless its not genetically.

Eugene

-
- Prev by Date: [The Myope's dilemma](#)
 - Next by Date: [Possibilities of Plus Lenses](#)
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Possibilities of Plus Lenses

- *Subject:* Possibilities of Plus Lenses
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 4 Apr 1996 09:48:41 -0500 (EST)
-

On Wed, 3 Apr 1996, Stefan Stefanov wrote:

```
> Whether plus lenses alone can act to *reduce* myopia is
> another question. I am still unsure about this and patiently experimenting.
> I would appreciate other's input. Currently I tend to favor the hypothesis
> that plus lenses *can* help reduce structural myopia, most probably to a
> limited degree, but only when the blur resulting from them in relation to
> the visual target is small enough so as the brain makes attempts to clear
> the blur (through compressive action on the eyeball by the recti extraocular
> muscles). If one goes around, say, -4.0 D uncorrected, the brain gives
> up trying to clear the view as a hopeless task [...]
```

As a certified 1-diopter myope who has experimented extensively with plus lenses, I disagree with the popular hypothesis about the effects of "megaplug" and over-blurring. In fact, what I have found is that wearing +3.00 or higher (sometimes by putting one pair on top of another) a very satisfactory lessening of my functional myopia can be achieved. Twigs on the trees momentarily sharpen up, for example, and double images present before my wearing of the plus lenses are reduced.

People ask "but can this temporary improvement be made permanent"? I think it must be so that anything you can achieve with plus lenses, you can eventually become able to achieve without them. Just remember, that unlike Ortho-K, where it's a contact lens re-shaping your cornea, the only force making your eyes' distance vision better is coming from you. You are making your eye muscles work (or relax, or both, depending on which theory of accommodation you subscribe to) to change the shape of the parts of your eye.

But back to Stefan's point, I question the validity of the statement that only a "slight" blur is capable of triggering an anti-myopia response. The fact is, when something is very blurry, it still becomes clearer if you focus "towards" it. Maximal distance focusing is even more important the more plus-lens-induced blur you're faced with. With 20/40 vision, you can

afford to be imprecise in your focusing. With the 20/2000 vision (or whatever) that mega-plus lenses impose on you, you need every ounce of distance-focusing power that you can muster. I do agree with Stefan that there is a point at which your brain may "give up," but you can't know beforehand what that point is. Furthermore, I have found that with practice, the amount of blur one can clear up can be increased. The key is not to react to the blur by straining. That it is common or "natural" to have a "myopic response" to any sort of blur (as some models of myopia development would have it) does not mean that it is an unavoidable response. You must be comfortable with your visual handicap, and maintain a positive attitude, in order for you to get your body to overcome it.

However, be prudent in your optimism! I most certainly do NOT recommend wearing super-high plus lenses in any situation where good vision is necessary for you. In addition to making things blurrier for myopes, plus lenses make objects larger and appear closer. This can really throw you off balance because you have to focus as if they objects were FARTHER than they appear. So for example, operating a vehicle, walking down stairs, crossing the street -- all these are all dangerous for a myope with plus lenses on. Use your good judgement. Even in the kitchen, there may be sharp knives that you don't notice because the blur has apparently dulled them.

However, for mild myopes I see nothing wrong with sitting in a chair, say, or on a park bench, looking out at the blurry objects and "forgetting" that you're wearing plus lenses artificially increasing your myopia. Your mind "knows" that you're not really that myopic, and if you let it, your subconscious will get your eyes to focus. The improvement in vision after taking the glasses off, having worn them for just a few seconds, can be breathtaking. Now I only speak from my personal experience and a few experiments with acquaintances. I know it takes a lot of getting used to, for a myope to wear plus lenses to see distant objects.

Yesterday during lunch, I accosted a few college students and asked them about their vision. It seems half of the students on campus who do not wear glasses admit to not seeing clearly in the distance. Keep this in mind whenever you judge the percent of myopes by number of glasses (or even contact lens) wearers. They're everywhere! Anyway, I had two of them practice with my plus lens collection for about a minute, either using the plus lenses on fine print, pushing back, or just looking around. They both noticed that they were better able to see the twigs on the trees after using them, but this improvement faded after a few seconds. You may be surprised to hear this, but they didn't really make much of this experiment, and were not terribly excited at the prospect of developing super-acute distance vision.

As for me, when I first tried plus lenses, I got a weird "pulling" sensation around my eyes that was strangely relaxing at the same time.

This could be avoided by wearing a patch over one eye. I no longer get that sensation when I wear plus lenses, although I do seem to experience less strain when using them if I use a patch over one eye. I do not know exactly what the meaning of this "pulling sensation" is, or why I no longer feel it. I assume it has something to do with convergence (turning the eyes inward) being a conditioned response to accommodation (focusing) -- both plus and minus lenses change the accommodation/convergence ratio. If the extraocular muscles are a part of accommodation, there may be another explanation. So be aware, myopes, strange things may happen as you use your plus lenses. When in doubt, consult an eye care professional first.

I remind people that plus lenses for the treatment of myopia is very largely uncharted territory, at least as far as the public record goes (Brian Severson at Vision Freedom may know more, but you've got to pay your \$100 to find out what his secrets are). USE THEM AT YOUR OWN RISK. Now I remember why I have been so reluctant to speak so glowingly of plus lenses, despite my experience. In advocating plus lenses, I come dangerously close to "prescribing glasses without a license." So please do not take my -- or anyone else's -- words on plus lenses as any kind of "prescription." I am simply telling you what happened to me, what I have read, and what other people have told me. Determining what you should do with your eyes is a decision that's between you and your eye doctor.

--Alex

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- Prev by Date: [Re: The Myope's dilemma](#)
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See an Eye Doctor

- *Subject:* See an Eye Doctor
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 4 Apr 1996 09:59:42 -0500 (EST)
-

While I'm on this "see your doctor" roll, I'd like to say, especially to Eugene who says he's never seen an optometrist, please do get an eye examination before you go too far in your therapy. Many people have accused me of discouraging people from seeing their eye doctor. They say that people could possibly have some dangerous condition go undiagnosed and untreated. This scare tactic does not impress me, and I won't use it on you. However, I think you should see an eye doctor anyway. Why? That way, you'll have some "official" measure of your state of vision before treatment.

Then after you've improved, go back for another measurement.

George, with his monthly visits, has been excellent example in this regard.

For the myopic teens on this group, your parents will probably pay for the visit, right? For others, it may turn out that a yearly eye examination is covered by your health insurance, or part of your employer's health care package (here at I.U. all staff qualifies for a free yearly eye examination).

If you want to find a licensed optometrist who is sympathetic to the idea of better eyesight without glasses, check...

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/orgs.html

...for names of organizations that can give you a referral.

--Alex

- Prev by Date: [Possibilities of Plus Lenses](#)

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Re: See an Eye Doctor

- *Subject:* Re: See an Eye Doctor
 - *From:* mat@tekbase.metrica.com (Marco A. Terry)
 - *Date:* Thu, 4 Apr 1996 10:43:49 -0500 (EST)
-

on their last msg, Alex Eulenberg said:

>
> While I'm on this "see your doctor" roll, I'd like to say, especially to
> Eugene who says he's never seen an optometrist, please do get an eye
> examination before you go too far in your therapy. Many people have
> accused me of discouraging people from seeing their eye doctor. They say
> that people could possibly have some dangerous condition go undiagnosed
> and untreated. This scare tactic does not impress me, and I won't use it
> on you. However, I think you should see an eye doctor anyway. Why? That
> way, you'll have some "official" measure of your state of vision before

^^^^^^^^^^^^^^^^^^

One must not forget that other conditions of the body (tumors and all sorts of stuff - any doctors in the group care to expand?) can be detected early on the eye capilaries, thus allowing an early intervention. Regardless of what one may think of Opto's in their ability to cure myopia, presbyopia et al, it's good to visit them regularly.....

Cheers.
--marco

-
- Prev by Date: [See an Eye Doctor](#)
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Re: See an Eye Doctor

- *Subject:* Re: See an Eye Doctor
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Thu, 4 Apr 1996 12:39:10 -0600 (CST)
-

On Thu, 4 Apr 1996, Alex Eulenberg wrote:

```
> While I'm on this "see your doctor" roll, I'd like to say, especially to
> Eugene who says he's never seen an optometrist, please do get an eye
> examination before you go too far in your therapy. Many people have
> accused me of discouraging people from seeing their eye doctor. They say
> that people could possibly have some dangerous condition go undiagnosed
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> treatment.
>
> Then after you've improved, go back for another measurement.
>
> George, with his monthly visits, has been excellent example in this regard.
>
> For the myopic teens on this group, your parents will probably pay for the
> visit, right? For others, it may turn out that a yearly eye examination is
> covered by your health insurance, or part of your employer's health care
> package (here at I.U. all staff qualifies for a free yearly eye
> examination).
>
> If you want to find a licensed optometrist who is sympathetic to the idea of
> better eyesight without glasses, check...
>
> http://ezinfo.ucs.indiana.edu/~aeulenbe/i\_see/orgs.html
>
> ...for names of organizations that can give you a referral.
>
> --Alex
>
```

Actually I'm going see a doctor next week :)

Eugene

- Prev by Date: [Re: See an Eye Doctor](#)
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- Prev by thread: [Re: See an Eye Doctor](#)
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Could you answer Questions for I-Search high school research

- *Subject:* Could you answer Questions for I-Search high school research
 - *From:* Kathryn Baker <kbaker@lanl.gov>
 - *Date:* Fri, 05 Apr 1996 08:12:10 -0700
-

For each of the following topics, please give your sources, (personal knowledge, friend's opinion, text, fiction work...) She hasn't read all the FAQ, but there is no need to duplicate anything on the I_SEE web site, she has a copy!

1. Why do objects become lear when they are close to the myopic eye?
2. What advantages are there of eyeglasses instead of contact lenses and vice versa?
3. What advantages over other types of lenses is each of the following: hard, gas permeable, soft daily wear, and soft extended wear?
4. How does laser surgery work?
How is it different from radial keratotomy?
5. What side effects are there to surgery? (longterm?)
6. How does corneal (CK) molding work?
Any information on this subject would be much appreciated.
7. Can myopia be prevented, stopped, or slowed down by natural ways?
8. How is myopia passed on?
(I have a pretty good understanding of genetics, so feel free to use somewhat complex terms. Mrs. Sapiro, my biology teacher recently received national attention for her genetics teaching.)
9. How did you gain your knowledge on this topic?
Are your an expert?
If so where did you receive your training, schooling... please detail how /

where you gained each. Personal testimony is welcomed, but please detail your time and energy in the project of eye improvement

THANKS for your help in answering any or all of the above questions!

--- Beth Baker

- - - - -

Kathryn Baker, MLS
505-667-3766 Fax: 665-4424
Los Alamos National Laboratory
LC/GL Law Librarian MS: A187
Los Alamos, NM 87545

~~~~~  
"Some books are to be tasted, others to be swallowed, and some few to be chewed and digested." -Francis Bacon, English philosopher

"Whatever the cost of libraries, it is cheap compared to the cost of an ignorant nation." -Walter Cronkite

~~~~~

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- Prev by Date: [Re: See an Eye Doctor](#)
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Could you answer Questions for I-Search high school research

- *Subject:* Could you answer Questions for I-Search high school research
 - *From:* Kathryn Baker <kbaker@lanl.gov>
 - *Date:* Fri, 05 Apr 1996 08:12:10 -0700
-

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--- Beth Baker

- - - - -

Kathryn Baker, MLS
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VISION FREEDOM - Update

- *Subject:* VISION FREEDOM - Update
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Fri, 5 Apr 1996 19:15:43
-

A few weeks ago i got my VF kit from Brian Sevrenson and began his program. I have sent reports to this group in the past so i won't go into much detail. I did have some progress - about .75 diopter improvement by my estimates. Although i am sure his program works well for some people, i have effectively stopped. If you have about 15 minutes and an open mind, i would be happy to tell you why.

The VF program consists of reading print that is just barely beyond your eyes natural ability to focus for 2 hours daily. The object is to consistently move the book beyond your visual limit forcing your eyes to gradually accomodate more and more. The plus glasses are worn progressively if or when your present vision exceeds your arm's length. I tried this for a few weeks. At first, the progress was very impressive but it slowed down a bit in week two. This is not why i stopped. I stopped because of the material i was reading.

The reading is slow going, so i did not want to read a suspenseful book, nor did i want to read a book that was boring, since i would be there for 2 hours each day. It seemed an ideal opportunity for me to return to the spiritual books i have been neglecting lately. I live by the premise that i am a spirtual being having a physical experience. I haven't always been this way. This is where my own journey to overcome myopia has led me and i make no excuses.

I very quickly learned that i have fallen into the common trap of confusing 'Form' with 'Function'. Function refers to the purpose or reason for a situation while Form is the particular shape the discomfort adopts. A person may be convinced that she is worthless and attempt to disappear. The function in this hypothetical case is to prove she is worth less, and the form she may take to express

this could be anorexia. Another person may feel she must hide some guilty secret. She might try to hide behind glasses. The eyes, we are told are the mirror of the soul. If i can prevent you from seeing into my soul, surely my secrets are safe. Until i remove the original purpose for myopia, Vision Freedom training will have no true value to me anymore then a week-end seminar in nutrition will cure the anorexic ... IMHO.

The upshoot however, of function & form confusion is that, although i can 'correct / adjust' the form in which my problem has manifested, if i don't remove the original purpose of myopia it will simply manifest itself elsewhere. If i were to 'cure' my vision without understanding the reason i choose myopia to hide behind, then i would merely hide behind something, or someone else. I might end up with perfect vision and an eating disorder, hardly a useful exchange. I might become an arrogant spokesperson with the misguided beleif that i can now cure the world of anything for a fee.

There are people who have 'overcome' their addictions to alcohol by smoking pot instead, or throwing themselves into their work, or becoming addicted to a religious or self-help group. Many people will go to great lengths to extracate themselves from abusive, even dangerous relationships only to repeat their actions in another situation. Addictions have a purpose, there is a lesson to be learned and IMHO the lessons of myopia have nothing to do with eye shape, genetics or diet. Obsessions with these and other 'hard scientific' factors will simply take my time away from investigating the real cause, or function of my near-sightedness, again, and i stress this - IMHO.

And I do know how to see. I could see perfectly up until a certain age, somewhere between 9 and 13. And there was one day when i had a flash of perfect vision, before i had heard of VT, about 5 years ago. It lasted about 15 seconds, until i had the tiny, mad thought that i don't deserve this kind of joy. I have read that in order to get repeat flashes, i should repeat the circumstances that occurred the last time. That's interesting but how do i repeat an obvious lapse of guilt? This question has led my down many odd turnings but the obvious answer is - Get Rid of the Guilt!

So what is this dark, guilty secret that my glasses have been hiding for so many years? In honour of those of you who are still with me, i will tell you. Perhaps my secret is a common one. I believe that it is.

When i was little, up to about 9 or so, i had the undeniable urge to be good. I wanted to be kind, to be generous, to be loving. I would take myself to church every Sunday, sing in the choir and promise my best friend Jesus, that this week i would make it. I would be good. I wouldn't be rude to my parents, or yell at my brothers. I would do my homework, and clean up my room and be gentle no matter what happened. I would leave the church feeling cleansed, reborn, renewed. Holy! Holy! Holy!

Unfortunately, i couldn't even keep my promise until Monday. My family was noisy. Often, i could hear them shouting a block away from the house. No sooner would i be in the door then my brothers would be pushing me around, yelling, tormenting. Father raging, plates flying overhead, my toys and dollies demolished. Mother's bruised face, no home for a tiny saint. Hail Mary full of Grace . . .

And i don't have to remind you about school, we were all there. Don't colour over the lines. Don't have an original idea. Don't be different even if you are, and we all are. And watch out for bullies -remember the boy with the bloody face?

One day i gave up being good and i stopped being different. I didn't go the church anymore. I didn't suppose anyone would care. I couldn't even keep a simple promise to a guy that was supposedly crucified on my behalf. (I later found out that story was distorted). Surely i was no great loss to the Kingdom of Heaven. I would just hide whatever kindness remained and forget it was there. Maybe God would forget that i was here and i would never have to answer for my broken promises. This is my guilty secret.

But hey, it's not my fault right? Any College trained psychologist will tell my that all i have to do is name the guilty parties, describe in brutal detail all their sins against me, express my unexpressed emotions and i will be free of the shame that binds me. Well, i did that and it doesn't work or at least it doesn't go far enough. I appreciate that i have a very different idea of what healing is. I don't consider myself cured just because i can hold down a stressful job if i have to numb myself out with TV every night.

The argument although well intentioned is flawed. Forgiveness is not saying, hey, i know what you did ... you were terrible ... but since i am a more loving person than you obviously were, i choose to overlook your mistakes. How can i forgive you when i still believe that i am right and you are wrong, i am good and you are bad.

Forgiveness is more complicated and simple than that. I am exploring that idea but not much has been written on it besides the bible and something called A Course in Miracles.

I realize that i have not put forward a very convincing argument, that is, forgiveness versus science. But it isn't my intention to convince anyone and i probably won't respond if you ask me to defend myself. I don't bother with that much anymore. If i have not made myself clear, i will be happy to speak more fully in any area.

My intention is to open up the discussion beyond the physical into areas that have relevance to me. I believe that there is free will in the universe and that i chose to inflict myself with myopia. I have erred in the belief that God is mad at me for not trying hard enough and i want to learn how to forgive myself. Consciously, i realize that i have not sinned nor been sinned against, and yet i still hide behind my glasses. When i decided that i would not be the loving creature i was created to be, i denied who i am. But i left a trail of bread crumbs leading right to my eyes. When i forgive myself, i believe that my myopia will evaporate.

When i started with the Vision Freedom program i was of the opinion that i had learned everything there was to know from myopia. I felt sure that all i had to do now was to tidy up a few loose ends, correct a few bad habits, and zing, my glasses would disappear. I was mistaken. When i no longer need glasses to lead me back to myself, they will disappear. I don't want them to go any sooner than that.

As usual, i'll keep you posted.

Thank you for reading my letter. This does seem to be a suitable topic for Easter, don't you think?

Linda Lee

- Prev by Date: [Could you answer Questions for I-Search high school research](#)
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Re: "Wanting to see the world in a blurry way"

- *Subject:* Re: "Wanting to see the world in a blurry way"
 - *From:* Eugene <phate@lubricant.free.org>
 - *Date:* Sat, 6 Apr 1996 11:34:28 -0600 (CST)
-

On Fri, 5 Apr 1996, Linda Lee wrote:

> Alex,
>
> i came to my computer today to respond to the survey you recently
> sent out but i can't find it. Would you please send me a duplicate.
> I am very interested in the results of the survey. Will you be
> publishing them?

>
> One of the things i have noticed lately is that there are very few
> postings from women. Besides Elena and occassionally myself, the
> majority of letters come from men. I would be curious to know how
> many women subscribe to the list in ratio to the men.

>
> I often feel that the topics of discussion are fairly technical and
> i can't believe that no-one is interested in the fuller, emotional
> implications of eye disorders. I for one would like to hear from
> people who are approaching VT from that angle. I know you exist
> because Dr. Kaplan keeps selling books!

>
> There is more to this VT thing than eye charts and diopters. Surely
> some of you less vocal types have experiences or opinions to report.

> Linda

>
>
>
Actually I dont really know if there's need to go as far as saying that myopia is caused by "wanting to see the world in a blurry way", etc.

Its simply a cramp in the ciliary muscle (functional) from close work.
Or the eye adapts to excessive close work, and becomes longer (structural).

I dont how subconscisly you would want to view the world in a blurry way...

Eugene

-
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 - Next by Date: [patching](#)
 - Prev by thread: [Re: VISION FREEDOM - Update](#)
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patching

- *Subject:* patching
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
 - *Date:* Sat, 6 Apr 1996 16:28:24 -0800
-

There has been a lot said about patching in this news group, however, I am still unclear about a few things.

1. Should I be patching my dominant eye or my eye with the strongest vision, or both on alternating days? My dominant eye and my eye with the better vision are not the same.
2. Is there a limit to the amount of time one should spend patching any one eye or an amount of time that one should patch to have benefits?
3. How long should one continue patching? Every day until they see results? Longer?
4. Are there any reasons that one should not consider patching?
5. Does patching have to be used in conjunction with other eye exercises to be beneficial?

Thanks for your help.

Carla

carla wilson
school district 52

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Re: "Wanting to see the world in a blurry way"

- *Subject:* Re: "Wanting to see the world in a blurry way"
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Sun, 7 Apr 96 16:08 PDT
-

Nearsightedness measured in the eye is a reactive reflection of a blurry state of mind. Myopia doesn't begin in the eye. The eye records the outcome of a myopic personality thinking that is both genetic and carried down through the family tree and life experience imprinting. If you try and fix your eyes, then you might as well change your car tires not realizing that the carburetor needs replacement.

```
>Date: Sat, 6 Apr 1996 11:34:28 -0600 (CST)
>From: Eugene <phate@lubricant.free.org>
>To: Linda Lee <llee@comox.island.net>
>cc: I_see@indiana.edu
>Subject: Re: "Wanting to see the world in a blurry way"
>MIME-Version: 1.0
>Sender: owner-i_see@indiana.edu
>Precedence: bulk
>
>On Fri, 5 Apr 1996, Linda Lee wrote:
>
>> Alex,
>>
>> i came to my computer today to respond to the survey you recently
>> sent out but i can't find it. Would you please send me a duplicate.
>> I am very interested in the results of the survey. Will you be
>> publishing them?
>>
>> One of the things i have noticed lately is that there are very few
```

>> postings from women. Besides Elena and occasionally myself, the
>> majority of letters come from men. I would be curious to know how
>> many women subscribe to the list in ratio to the men.
>>
>> I often feel that the topics of discussion are fairly technical and
>> i can't believe that no-one is interested in the fuller, emotional
>> implications of eye disorders. I for one would like to hear from
>> people who are approaching VT from that angle. I know you exist
>> because Dr. Kaplan keeps selling books!
>>
>> There is more to this VT thing than eye charts and diopters. Surely
>> some of you less vocal types have experiences or opinions to report.
>>
>> Linda
>>
>>
>>
>Actually I dont really know if there's need to go as far as saying that
>myopia is caused by "wanting to see the world in a blurry way", etc.
>
>Its simply a cramp in the ciliary muscle (functional) from close work.
>Or the eye adapts to excessive close work, and becomes longer (structural).
>
>I dont how subconscisly you would want to view the world in a blurry way...
>
>Eugene

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

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-

Voice (604) 885-7118
Fax (604) 885-0608

- Prev by Date: [patching](#)
- Next by Date: [Re: plus lens therapy....](#)
- Prev by thread: [Re: "Wanting to see the world in a blurry way"](#)
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Re: plus lens therapy....

- *Subject:* Re: plus lens therapy....
 - *From:* [Beyond_20/20@Sunshine.net](#) (Beyond 20/20 Vision)
 - *Date:* Sun, 7 Apr 96 16:10 PDT
-

Marco Terry wrote on Fri, 5 Apr 96 19:45 PST

>We have heard Alex'es experience with + lenses. It would be interesting
>if one of the Doctors on the list would describe how/when would they
>use plus lens therapy for myopia and what would be the schedule of
>plus lenses usage (Dr Rober Michael.??)

I have been a little quiet lately, travelling and teaching. Am home for a few days and then again off to New England, North Carolina and Toronto. Plus lens therapy is ideally used in all case of nearsightedness, where the person is able to successfully relax behind the lens. The amount of reduction is important. I use between +1.00 and +2.00 and find this reduction does not adversely affect the binocular vision status. Anything more than this can cause foveal suppression of vision through one eye. For all close work, look through less minus to get the plus effect. I doubt if you slip on +1.75 without any other lenses, as in the case of nearsightedness, that this will produce major therapeutic advantages. Observe if you are straining and breathe, blink and shift your eyes while wearing the plus.

The value of the plus comes from stimulation of the parasympathetic branch of the autonomic nervous system. Visualize your pupil becoming smaller and your iris muscles more responsive to light. Stay away from sugary items so that the ciliary muscle can be balanced, since it is influenced by the glucose tolerance level. Eat complex carbohydrates. And above all imagine you are looking far away through the plus lens. Enjoy. I'll be back on line by May 6th, 1996

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

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-
- Prev by Date: [Re: "Wanting to see the world in a blurry way"](#)
 - Next by Date: [Re: patching](#)
 - Prev by thread: [plus lens therapy....](#)
 - Next by thread: [Blinking](#)
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Re: patching

- *Subject:* Re: patching
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Sun, 7 Apr 96 19:25 PDT
-

carla wilson wrote on Sat, 6 Apr 1996 16:28:24 -0800

>There has been a lot said about patching in this news group, however, I am
>still unclear about a few things.

>

>1. Should I be patching my dominant eye or my eye with the strongest
>vision, or both on alternating days? My dominant eye and my eye with the
>better vision are not the same

Patch the dominant eye or the eye you see most out of. In your case you can
alternate. Attempt to get as much of a four hour stretch in at one go

>

>2. Is there a limit to the amount of time one should spend patching any
>one eye or an amount of time that one should patch to have benefits?

The benefits of patching, as are all exercises, is the consciousness you
bring to the practice. Patch as long as you are changing your perceptions
and consciousness. To keep the patch on because you think it is going to
help you is probably a waste of time.

>

>3. How long should one continue patching? Every day until they see
>results? Longer? You patch until you have accomplished what you set out
>to do. The value I get from patching is the change in consciousness I feel
>during and after patching.

>

>4. Are there any reasons that one should not consider patching?
If it is dangerous or you develop unforeseen symptoms like dizziness,
nausea, headaches etc

>

>5. Does patching have to be used in conjunction with other eye exercises
>to be beneficial?

I find this to be true

>
>Thanks for your help.

You are welcome

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

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-

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-
- Prev by Date: [Re: plus lens therapy....](#)
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Re: patching

- *Subject:* Re: patching
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 7 Apr 1996 22:26:45 -0500 (EST)
-

On Sat, 6 Apr 1996, carla wilson wrote:

> There has been a lot said about patching in this news group, however, I am
> still unclear about a few things.
>
> 1. Should I be patching my dominant eye or my eye with the strongest
> vision, or both on alternating days? My dominant eye and my eye with the
> better vision are not the same.

Patching can be used to practice one eye at a time when doing exercises in central fixation (shifting, swinging, etc.) If your eyes have vastly different refractions, wearing the patch is very convenient. Otherwise, your "bad" eye (for the particular vision task) will let your "good" eye do all the work. The exception to this is, of course, when you are practicing binocular exercises, such as looking down a yardstick and watching the "V" turn into an "X" and so forth.

ON THE OTHER HAND,

Patching an eye, inasmuch as it lets the eye rest, seems to have a beneficial effect on the eye under the patch, like palming. The rest applies to both the retina (things look brighter afterwards) and to the extraocular muscles (the eye seems to turn about more freely -- as if it's been lubricated).

So should you patch your "bad" eye or your "good" eye? I don't think there are any hard and fast rules. Patching, like so many things in vision therapy, has not been rigorously studied.

I can say as a mild myope with no amblyopia, that patching usually "freshens" the eye that has been patched -- patching benefits my patched eye.

I can also say that practicing shifting is easier with one eye. My eye movements seems easier to control -- patching benefits my unpatched eye because it is "learning" under good conditions. It is not practice that makes perfect, but perfect practice.

> 2. Is there a limit to the amount of time one should spend patching any
> one eye or an amount of time that one should patch to have benefits?

Robert-Michael Kaplan <Beyond_20/20@Sunshine.net> in his book /Seeing Without Glasses/ says that four hours a day is "optimal" (his latest post on this subject confirms this). However, I have gone for an entire day with a patch on. I can't say whether this was better than when I did it for four hours only. I also understand that "too much" patching can lead to double vision or image-repression. Usually when I take a patch off after having worn it for more than an hour I get double images from my eyes not pointing at the same object. This lasts less than a minute -- for me. One article I read said that up to five hours a day is "safe" for amblyopes. But don't take my word on that one. Ask your doctor if you're unsure, or "patch at your own risk."

> 3. How long should one continue patching? Every day until they see
> results? Longer?

For me the results were instant though temporary. But I say, there are no hard and fast rules here. Also, wearing a patch, especially over your non-dominant eye, can be very tiring.

> 4. Are there any reasons that one should not consider patching?

As I said, if you have a repression problem (lazy eye or cross eye) patching may aggravate that problem.

When I first started wearing a patch for extended periods of time, my visual field would contract from time to time -- real weird. I'd get tunnel vision. So definitely don't do anything that requires accurate vision (such as driving) while patching. Patching also handicaps your depth perception, which can be very important when handling sharp or fragile or objects. Keep this in mind!

Wearing a patch, since it relieves your brain of the responsibility of aligning your eyes, may reduce eyestrain if you have eye-alignment woes (esophoria, exophoria, convergence insufficiency, etc.). On the other hand, this may be a reason not to wear a patch. It's a tough call for me. Some say "worn out", others say "unexercised". Do you need rest or practice? Patching actually gives you a little of each to each eye. The

possible ramifications of patching are quite numerous, if you start thinking about it.

> 5. Does patching have to be used in conjunction with other eye exercises
> to be beneficial?

For amblyopes (lazy-eyed), patching the "good" eye is supposed to automatically improve the bad eye. However, most doctors recommend that one engage in activity that requires attention to fine detail in addition to wearing the patch.

Remember, amblyopia means that you can't see 20/20 no matter what lens you have on. The problem is not a matter of focusing ability, but of retina-brain connections.

It seems that the same logic should apply to those who are practicing their distant vision in one eye by patching the other.

Anyway, to answer the question, in order for any vision improvement "gimmick" to work -- this goes for the patch as well as plus lenses -- you have to use your brain for best effect. You have to consciously attend to details. This does not mean "straining to see" (wincing, forcedly blinking, widening the eyes, etc. that "special way") but rather being aware of what you see, comparing what you see to what you think you should see, using your imagination to reconstruct what you think is really there, observing the effect of your "guesses" on your vision (Bates said that if you imagine what your are looking at as something other than what is really there, your vision will become worse, and, conversely, if you "guess right" about the indistinct image your are looking at, the image will sharpen).

--Alex

-
- Prev by Date: [Re: patching](#)
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Re: "Wanting to see the world in a blurry way"

- *Subject:* Re: "Wanting to see the world in a blurry way"
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Mon, 8 Apr 1996 12:49:46
-

Eugene, in a recent letter you asked:

I dont know how subconscisly you would want to view the world in a blurry way...

and i reply - it does rather boggle the imagination doesn't it?

I think we could ask many questions of a similar nature:

Why does a perfectly healthy young woman starve herself to death even though she is surrounded by plenty of food?

Why does an attractive man stalk, rape and kill women?

Why does the young man who has been given everything suddenly decided to chop his family into bits?

Actually, "why would anyone want to see the world in a blurry way" seems quite a modest question in comparison.

I personally think that i would choose to see the world in a blurry way because the DAMN WORLD DOESN'T MAKE ANY DAMN SENSE, but that's just a guess.

Seriously tho,

I will agree that human behaviour, particularly on a sub-conscious

level is puzzling but not beyond comprehension. I think that these are ancient questions that have challenged the greatest minds since the big bang - why do we do what we do?

I tend to think that we are all living in some kind of big illusion, some large lie that denies any truth about who we really are. A friend told me recently that if you tell a lie, even a little one then you have to tell more and more lies just to cover it up. I can agree with that. I had a boyfriend once who lied about his age. After about 2 years he was in very deep. He wasn't even sure what planet he was born on. Perhaps the lies we all live with about ourselves are so massive that our behaviour becomes completely inexplicable.

But all is not lost, i think. The big question is and always has been for me, do i have free will? If i have then it is an absolute. You can't just have a little free will sometimes and not others. I can't have the free will to decided what occupation i will choose but be constricted by genetics as to vision. That wouldn't be very free, would it.

If i don't have free will, then i give up. And since i don't want to give up, i have decided that i will choose to believe that i have free will, even so far as choosing to see the world in a blurry way. That makes it possible for me to focus all my attention on changing it and not worrying about how or why i got it.

So that brings me back to the question - who am i? If i can change absolutely everything about myself, what would i change? Why would i choose to be a woman, to have a dog, to live in Canada, to talk to myself, to be myopic. What is the purpose of myopia? Would i be sitting at my computer right now talking to hundreds of people i will never meet if i were not myopic? No. Does that have value? Yes. Does myopia have value? Yes.

Questions, questions, questions and every one has an answer. All the books i have read, people i have been in touch with, concepts i have considered, all because i am myopic. Such a precious gift.

I believe that within me there is a guide leading my through this life toward my true identity. Some people call him the Holy Spirit, Destiny, Higher Power, or the Goddess Within, and some people just call him Jack, or Fred or Bertie. It doesn't matter what it's called as long as we learn to Listen and then choose. And He uses

everything - computers, anorexia, murder, myopia - everything is just another tool for finding our way back home.

Isn't that comforting.

Linda

-
- Prev by Date: [Re: patching](#)
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Re: "Wanting to see the world in a blurry way"

- *Subject:* Re: "Wanting to see the world in a blurry way"
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Mon, 8 Apr 1996 12:49:46
-

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Linda

-
- Prev by Date: [Re: "Wanting to see the world in a blurry way"](#)
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Low/high vs. structural/functional myopia

- *Subject:* Low/high vs. structural/functional myopia
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Mon, 8 Apr 1996 18:06:09 -0400
-

I've resisted the temptation to get technical for as long as I could. For one thing, I did and do believe (yes Linda, you're on the right track, absolutely!) that there are a lot more pressing issues at stake than the exact number of diopters, the precise length of the eyeball, the minute changes in the lens thickness, and so on. For another, there are many technically enhanced members in the group so I assumed the above issues would be taken care of anyway. However, the important step is from technicalities to the essence, from a kaleidoscopic collection of facts and definitions to "neuralized" understanding; that's what I'll attempt to contribute to as best I can.

There are a number of issues I would like to discuss, but in order to keep my posts from elongating indefinitely like the posterior chamber of a myopic eye (while getting thinner like the back of its sclera), I'll deal with them one by one. Here's number one.

I. Low vs. high myopia is an important distinction, while functional vs. structural is not.

A Medline search of the biomedical studies yields next to nothing on myopia, but I've been able to find some research results that seems to support my idea that in low vs. high myopia, we are dealing with at least two different conditions, not with degrees of severity of the same condition. Here's an abstract:

Two different genetic markers for high and low myopia.

Olmedo MV; Munoz JI; Rodriguez-Cid MJ; Carracedo A; Gomez-Ulla FJ; SalorioMS
Department of Legal Medicine, Faculty of Medicine, University of Santiagode
Compostela, Spain. Eur J Ophthalmol 2: 196-9 (1992)

In myopia patients, Rh and acid phosphatase were typed in two groups: group1

consisted of 214 patients with low myopia (-6 D or less); group 2 of 124 patients with high myopia (more than -6 D). Statistical analysis of the markers showed a good Hardy-Weinberg equilibrium for both groups. In the Rhsystem there was a significant difference between group 1 and the control population ($p < 0.05$), but not between group 2 and control ($p > 0.1$). In the case of ACP there was a significant difference between group 2 and the control population ($p < 0.05$), but not between group 1 and control ($p > 0.25$). We conclude that the observed association between myopia and Rhsystem (chromosome 1) involves low myopia, while the association between myopia and acid phosphatase (chromosome 2) involves high myopia. Further DNA research will lead to more specific results.

The important thing here is, I think, NOT what at first sight may seem as the confirmation of some sort of genetic doom in myopia -- genetic markers predispose, not actualize -- but the fact that being predisposed to low myopia OR to high are two distinctly different molecular forecasts.

As for "structural" vs. functional: the borderline is clearly fictitious -- I suspect it originated in the fact that the ciliary was easy to observe while the extraocular muscles were not. Different groups of eye muscles may be affected, in similar or dissimilar fashion, in myopia, but they had chosen to base the whole theory on the behavior of one particular muscle that is readily available for observation. It's like losing a wallet in the dark street and looking for it under the lamppost a block away because in the dark you can't see, and under the lamppost you can.

About ten years ago, I was told, after two thorough exams before and after ten days of cycloplegia, that I had $-5,5$ D of "structural" myopia and $-2,5$ D of "accommodation spasm" on top of it. I then underwent a course of medication for accommodation spasm -- eye drops from all over the world, shots, everything under the sun, the doctor was a good friend and did a private research on my behalf. All the while I was very optimistic, thinking that functional is something that can be taken care of and that at least I will get a $-2,5$ D of improvement, hallelujah. However, the doctor was skeptical. She didn't say so at the beginning of the course but in three or four weeks, she confessed that she just wanted to give it a try but never believed that my accommodation spasm could be remedied. She said that the distinction is of purely academic interest, that for all practical purposes, the two conditions behave exactly the same way, and that diagnosing the type of myopia as "functional" means nothing at all in terms of its practical course. So what's the point of distinguishing between one and the other? Well, why not look for that wallet under that lamppost since it can't be found in the dark anyway?..

I wonder what that study I've just cited would reveal about someone like me who has BOTH "structural" and "functional" myopia, together amounting to

"high." My guess is, I would just find my molecular peers in the "high" group... no questions asked about my ciliary's ability to be noticed by ophthalmologists.

Addendum: I've seen an unaided 20/20 for the first time EVER this Saturday. I put on my +1,5 glasses while riding (not driving!!!) on the highway for an hour and a half and doing my "passenger seat exercises." When I finally removed them... hey presto. I immediately rushed outside (although the weather was yacky) and took a long walk. The 20/20 clarity was still intermittently there when I came back. It's gonna be sooooo good...

Elena

-
- Prev by Date: [Re: "Wanting to see the world in a blurry way"](#)
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Patching "dominant" eye vs. "good" eye

- *Subject:* Patching "dominant" eye vs. "good" eye
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
 - *Date:* Mon, 8 Apr 1996 19:42:35 -0800
-

In reply to my questions on patching, Eugene asked:

>
>Whats the difference between a dominant eye and the better eye?
>
>I think one should patch the worst eye?

Using an example from a previous letter posted, to find your dominant eye, Cut a 1" hole in a small piece of paper. Find a small target on the wall several feet away. Hold the paper with the hole in it with both hands in front of your face at arms length. Site the target through the hole. Then bring the paper slowly up to your face. Close one eye then the other and determine which eye is looking through the hole at the target or get a friend to look at you to determine it. This is your "dominant" eye.

This would be my right eye, however, my left eye is visually stronger, meaning that I can see further with it.

So, which would be my worst eye?

Thankyou for all the answers I received for all my other questions.

carla wilson
school district 52

- Prev by Date: [Low/high vs. structural/functional myopia](#)
- Next by Date: [Re: VISION FREEDOM - Update](#)
- Prev by thread: [Re: Low/high vs. structural/functional myopia](#)
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Re: VISION FREEDOM - Update

- *Subject:* Re: VISION FREEDOM - Update
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
 - *Date:* Mon, 8 Apr 1996 20:12:06 -0800
-

I read Linda's VISION FREEDOM - Update with great interest. I think that she is on the right track. About two weeks ago, I really started exploring the reasons that I have chosen myopia. In fact, not just myopia, but anything from my allergies to the common cold. I have recently had a friend recommend two books to me by the same author: "Heal Your Body" and "The Power is Within You" by Louise L. Hay. She has also written another book called "You Can Heal Your Life" which is also supposed to be very good. In brief, these books are about the mental causes for physical illness and the metaphysical way to overcome them. The author herself, before she wrote the books, was diagnosed with cancer and healed herself with positive affirmations in addition to diet. Of course I can't get into the whole book, but the essence (from what I've read so far) is that almost all illnesses stem from the following: criticism, fear, guilt, or resentment in some form. For us to overcome our illnesses, we have to deal with these feelings. Linda, you are probably ahead of a lot of us because you have a very good idea of why you chose myopia. The books I've mentioned might help you in changing the thinking patterns that you have that have created this situation. I'm willing to try this in my own life in any case while at the same time continuing with V.T. I hope this might give some of you some new ideas of where to turn if you feel like what you are doing right now isn't taking you very far.

Carla

carla wilson
school district 52

- Prev by Date: [Patching "dominant" eye vs. "good" eye](#)
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Re: Choosing myopia

- *Subject:* Re: Choosing myopia
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 09 Apr 1996 15:20:35 -0500
-

[From: mat@tekbase.metrica.com (Marco A. Terry)]

>You have "chosen" myopia? I have only read of two cases in which this was
>the cases (resulting from traumatic experiences). The myopia was psychosomatic.

One slant on the issue is that one can take responsibility for
all of one's experiences and responses.

>I really do not believe that anyone of us *chooses* to have a cold,
>or myopia, or anything for that matter. The reason you get a cold
>is purely biological. Whether it becomes or not an issue depends on
>your immune system. Your state of mind can alter the immune system.
>But that is biological too.

On the contrary, I sometimes choose NOT to have a cold and, of course,
NOT to have myopia. I then work to manifest that choice. Changing
the focus to the inverse: it would be possible to continually/habitually
choose behaviours that are conducive to myopia (assuming that there
are physical, emotional, and mental behaviours that are conducive
to myopia. I do accept that assumption). Thus, in the moment,
one makes a choice (or allows a habitual emotional pattern to guide
your behaviour). Over time, though one may not have specifically
chosen myopia, myopia may be the end result of the physical, emotional,
and cognitive choices one has made. But then there's another idea:
the body may have made it's choice independently of one's conscious
mind since it didn't like what the conscious mind was doing. There
are other interpretations too, no doubt.

I have no trouble with this, but then I don't believe that mind
is an entirely biological phenomenon.

Whatever works!

(I realize I could have refrained from sending this note, but I feel

compelled at times to defend worldviews that expand beyond the boundaries of the commonly accepted set of "scientific materialist" assumptions that are often proposed as somehow intuitively obvious corollaries of the otherwise very useful "scientific" frame of reference.)

>Yes, maybe some psychological dysfunctions but not all illnesses come from
>that.

This may or may not be true (I'm still investigating) but it does not argue against a psychosomatic or chain of choice basis for some or even a majority of myopia cases.

Mark

-
- Prev by Date: [Re: VISION FREEDOM - Update](#)
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Diet and eyesight

- *Subject:* Diet and eyesight
 - *From:* Steev Clark <steev@darkside.demon.co.uk>
 - *Date:* 09 Apr 96 21:03:26 GMT
-

Just a couple of questions about diet.

I'm almost a vegetarian (I occaisionally eat fish) and I was wondering if taking extra vitamins would be beneficial to my sight and if so, what types.

Also I've been hearing about bilberry here which I hadn't heard of before. What experience have people had with this and where can I get it in the UK? Up to now I haven't seen it anywhere, but I may be looking in the wrong places.

—
(
_)teev@darkside.demon.co.uk

-
- Prev by Date: [Re: Choosing myopia](#)
 - Next by Date: [New Web Site on VISION](#)
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New Web Site on VISION

- *Subject:* New Web Site on VISION
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Tue, 9 Apr 96 17:03 PDT
-

We are happy to announce our new Web site. The contents are intended to keep you abreast of additional ways for you to continue improving your vision. In the Beyond 20/20 Vision programs I have taken the best of vision therapy, Natural Vision Improvement, Bates and simplified the behavioural vision therapy concepts. The step-by-step programs allow you to easily apply the principles at home and at work. We don't promise quick fixes or cures, however, we do offer personalized phone, fax and e-mail consultations and a variety of quality personal and Vision Educator Training courses throughout America, Canada, Australia and Europe. Enjoy and if you have any questions, my staff and I are available to be of service.

Thank you,

Robert-Michael Kaplan, O.D., M.Ed., FCOVD.

Beyond 20/20 Vision=81

Web Page <http://www.sunshine.net/www/0/sn0011/>

-
- Prev by Date: [Diet and eyesight](#)
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Re: VISION FREEDOM - Update

- *Subject:* Re: VISION FREEDOM - Update
 - *From:* mat@tekbase.metrica.com (Marco A. Terry)
 - *Date:* Wed, 10 Apr 1996 09:27:20 -0400 (EDT)
-

on their last msg, Elena said:

>

> At 11:30 AM 4/9/96 -0400, Marko A. Terry wrote:

^^^^

My name is "Marco" :-)

> >(...)The myopia was psychosomatic.

>

> If there's anyone else out there who (like myself) thinks that the term
> "psychosomatic" represents the biggest black hole of clinical thought into
> which all the healing potential of modern medicine has disappeared... please
> stand up and be counted.

PLease stand up and explain what you mean.

> We've created a language of false and empty distinctions and have
> surrendered to its tyranny, without even noticing that the words that have
> enslaved us are empty and mean nothing. "Psychosomatic" is a notorious
> example. Put simply, it means "human." But when you say "a human disease"

^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

I would like to know where do you get this definition. Webster's NewWorld
dicitonary defines psychosomatic (from Psycho + Somatic) as "designating or
of a physical disorder of the body originating in or aggravated by the psychic
or emotional processes processes of the individual.." or "designating a
system of medicine.....".

If we Analyze the word: According to Websters the word "Psycho" means
"the mind, or mental process". "somatic" means "of the body, as
distinguished from the soul,mind or psyche.." or (biol) "of the soma"
or " the outer walls of the body as distinguished from the viscera"
The words intended use (as far as I know in psychology and medicine)
is usually in reference to a disiease in which no biological (external) causes
can be found and that is cured using psychological methods.

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Science and Metaphysics (was: VISION FREEDOM = update)

- *Subject:* Science and Metaphysics (was: VISION FREEDOM = update)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Wed, 10 Apr 1996 13:15:36 -0500
-

From: mat@tekbases.metricka.com (Marco A. Terry)

>on their last msg, Elena said:

>>

>> At 11:30 AM 4/9/96 -0400, Marko A. Terry wrote:

>> >(...)The myopia was psychosomatic.

>> [Elena:]

>> If there's anyone else out there who (like myself) thinks that the term
>> "psychosomatic" represents the biggest black hole of clinical thought into
>> which all the healing potential of modern medicine has disappeared... please
>> stand up and be counted.

I think that a lot of good research is going on now (along the lines of Barbara Brennan's work) on expanding our knowledge of human energy systems and on effecting health by energetic/cognitive/emotional/imaginative methods in addition to or instead of bio-chemical methods.

[Elena:]

>> We've created a language of false and empty distinctions and have

We could say that this defect is the result of scientific materialism. But it's more the result of human thinking from within any paradigm. Some adherents of scientific materialism have superstitions just as some adherents of (fill in the blank: taoist mysticism? spiritualism? reiki?).

[Marco:]

>A disease can be (I am sure there are more causes) - bacteriological,
>from a virus, from certain proteins, cause by the ingestion of certain
>substances, caused by malfunctioning or corruption of body organs et
>al. or it can be produced by the mind in response to something

>of an emotional nature. You *may* be able to think a cold and get one,
>*BUT* that does not mean that all colds are from the mind.

What seems to be at issue is the type of causality invoved.
To take the example of a biological contagion: One might argue
that the energetic/emotional/cognitive choices that place one in an
immunologically depressed state such that one is more susceptible to a
given infection is a more fundamental level of causality that can
be addressed by some therapeutic means. If someone has been able
to cure their case of cancer by using non-standard, "metaphysical" therapy,
then they ought to write a book about it. Some of us might find
the information useful.

Mark

-
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No Subject

- *From:* Ashwin Panjabi <ashwin@asiaonline.net>
 - *Date:* Wed, 10 Apr 96 19:09:15 HKT
-

I heard that there is way to freshen ormoisturise your eyes.

Here is how it follows:

- 1: Cup your hands with water.
- 2: Place a bit of water in your eyes so you can feel some of the water entering your eyes.
- 3: Do this for both eyes.

There is also another way to reduce myopia. It is a yoga exercise.

- 1: Go into a dark room
- 2: Light a candle (small)
- 3: Place it 7 feet away from you eye level
- 4: Have a glass of water ready

Now to start the exercise

- 5: Stare at the candle for as long as you can without having to blink. It doesn't matter if tears form. Once you do blink try again. Do this three times.
- 6: Then after the third time close your eyes and dip your hands into the water
- 7: Brush the water on your hands on to your eyes
- 8: Brush it three times.

I am not sure if this woks. If anyone knows about this method or has researched it

please write back. Thank you

-
- Prev by Date: [Science and Metaphysics \(was: VISION FREEDOM = update\)](#)
 - Next by Date: [Psychosomatic diseases, or Cutting humans into pieces](#)
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>I would like to know where do you get this definition. Webster's NewWorld
>dictionary defines psychosomatic (from Psycho + Somatic) as "designating or
>of a physical disorder of the body originating in or aggravated by the psychic
>or emotional processes processes of the individual.." or "designating a
>system of medicine.....".

>If we Analyze the word: According to Websters the word "Psycho" means
>"the mind, or mental process". "somatic" means "of the body, as
>distinguished from the soul,mind or psyche.." or (biol) "of the soma"
>or " the outer walls of the body as distinguished from the viscera"
>The words intended use (as far as I know in psychology and medicine)
>is usually in reference to a disease in which no biological (external) causes
>can be found and that is cured using psychological methods.

I don't blame Webster of course -- a dictionary mostly reflects (and only occasionally shapes) what's going on in the language, while the language is both a reflection and a shaping mold for what's going on in the "psyche" of its speakers.

Let's assume for instance that a "human" is really something that can be successfully divided into "psyche" and "soma" -- where do we find ourselves if we're able to draw a demarcation line along this hypothetical border? -- which is something so easily accomplished in the language of "psychology and medicine" but so elusive in reality that no one has ever observed anyone successfully perform this operation any other way but verbally? Think about it. We cut one clear from the other... and we're right in the warm embrace of metaphysics, religion, mysticism, etc., supposedly so despised by "real science." We do this and we're right where they divide a human being into a material body and an immaterial soul, right where science abhors to tread in the first place. And why are we here? Because we've just performed a pseudoscientific operation and have consequently found ourselves outside the realm of science -- and it doesn't matter whether we think science itself is severely limited or, alternatively, everything BUT science is fiction -- it doesn't matter, we're outside ANY science with this "psycho" floating away from "soma" at some obscure point of no return. Because in real science, you won't be able to find the exact place where one ends and the other begins. I mean, not in this world, not in this reality, not in a human hospital for human patients you won't. I'm not prepared to argue philosophic or religious or whatever aspects right here and now -- but staying well within the corral of "real science," we're indivisible into body and soul. One human, indivisible... and whether under God or not is a separate question altogether.

>A disease can be (I am sure there are more causes) - bacteriological,
>from a virus, from certain proteins, cause by the ingestion of certain
>substances, caused by malfunctioning or corruption of body organs et
>al. or it can be produced by the mind in response to something
>of an emotional nature. You *may* be able to think a cold and get one,
>*BUT* that does not mean that all colds are from the mind.

Of course not. A disease can be caused by anything you dislike. By "you" I mean your psyche AND your soma -- they can't dislike ANYTHING separately. They are simply not equipped, biochemically, with latches and keys that would allow your body to get sick and your mind not to participate, or your mind to get, say, depressed and your body to be clueless about the fact and jump of joy. By "your mind" I don't mean the 5% of your (and anyone else's) mind capable of cognition; that's possible of course, you get the flu and you "cognize" that you feel like sh...t, but that's not necessary. The overwhelming majority of functions your mind performs are not cognitive functions. The overwhelmingly larger part of your mind -- or 95% of your "psyche" -- will know anyway you've got that bug, or have had one drink too many. And your immune system, part of your soma, will, on the other hand, know if you're heartbroken from a failed relationship, or disappointed at not getting that promotion you've hoped for.

And your eyes, the very place where the connection is the most intimate, the very spot where one transforms into the other at the speed of over a million electrochemical impulses/bits of information per second -- material into abstract and back, one million times per second -- more than anything else make the dividing of "human" into "psycho" and "somatic" transcend ridiculous.

"Psycho" and "somatic" don't get sick separately and don't get well separately. They don't know how.

Elena

-
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Re: Science and Metaphysics (was: VISION FREEDOM = update)

- *Subject:* Re: Science and Metaphysics (was: VISION FREEDOM = update)
 - *From:* "Jack S." <phate@phish.nether.net>
 - *Date:* Wed, 10 Apr 1996 19:15:57 -0400 (EDT)
-

On Wed, 10 Apr 1996, Mark Jones wrote:

```
>
> From: mat@tekbases.metricka.com (Marco A. Terry)
> >on their last msg, Elena said:
> >>
> >> At 11:30 AM 4/9/96 -0400, Marko A. Terry wrote:
> >> >(...)The myopia was psychosomatic.
> >> [Elena:]
>
> [Elena:]
> >> We've created a language of false and empty distinctions and have
>
> We could say that this defect is the result of scientific materialism.
> But it's more the result of human thinking from within any paradigm.
> Some adherents of scientific materialism have superstitions just as
> some adherents of (fill in the blank: taoist mysticism? spiritualism?
> reiki?).
```

I dont belive in that spritual stuff.. We are all simply human beings, why do people have to bring spritualism here?

>

Eugene

- Prev by Date: [Psychosomatic diseases, or Cutting humans into pieces](#)
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another choice

- *Subject:* another choice
 - *From:* freelynn@mars.superlink.net
 - *Date:* Wed, 10 Apr 1996 20:37:49 -0400
-

a good point from Mark, often, i think, overlooked, when using the Louise Hay line of thought:

>Over time, though one may not have specifically chosen myopia, myopia may be the end result of the physical, emotional, and cognitive choices one has made.

This reminds me of the phrase - "beware of what you ask, you may receive it." Just recently i was thinking of the Greek goddess that asked for eternal life. She forget to mention that it would be nice to be healthy as well. Her lot in life turns out to be, eternal misery.

So long for now,
freda

- Prev by Date: [Re: Science and Metaphysics \(was: VISION FREEDOM = update\)](#)
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Re: Low/high vs. structural/functional myopia

- *Subject:* Re: Low/high vs. structural/functional myopia
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Wed, 10 Apr 1996 20:34:51 -0500
-

On Mon, 08 Apr 1996 18:06:09 -0400 Elena <solusrex@soho.ios.com> wrote:

[...]

>Addendum: I've seen an unaided 20/20 for the first time EVER this Saturday.
>I put on my +1,5 glasses while riding (not driving!!!) on the highway for an
>hour and a half and doing my "passenger seat exercises." When I finally
>removed them... hey presto. I immediately rushed outside (although the
>weather was yacky) and took a long walk. The 20/20 clarity was still
>intermittently there when I came back. It's gonna be sooooo good...

All the way as I was reading your message I was getting ready to slam you as what you wrote I consider to be next to nonsense. But then I reached the Addendum. Gosh, is that true?! Even when I discount your reported 20/20 to 20/40 it still looks amazing. If you started somewhere from the neighborhood of -8.0 D nine months ago and are now able to see 20/20 unaided even for a brief period of time, this is a great achievement. You must be special - in mind and body. I think nobody else on this list has yet reported a progress that is beyond the limit of about 1.50 D that I think is achievable (I posted this some time ago).

So, please tell us more about what you do.

Stefan Stefanov

-
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Re: Diet and eyesight

- *Subject:* Re: Diet and eyesight
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Date:* Thu, 11 Apr 1996 15:23:32 +0100 (BST)
-

Steev wrote:

>
> Just a couple of questions about diet.
>
> I'm almost a vegetarian (I occasionally eat fish)

Snap

>..... and I was wondering if
> taking extra vitamins would be beneficial to my sight and if so, what types.

I'm not speaking as an expert, but I experienced my first "clear flash" two days after taking "Eye Bright" from Healthcrafts. This contains Vitamins A D and B2 plus extract from the Eyebright herb (*Euphrasia* spp). I've been too excited to stop taking it and see if the clear flashes disappear. (Yes, a middle-aged middle-class-ish Englishman can get excited but don't tell anyone) Its possible that the "clear flashes" occurred as a result on a few months of Visual Therapy and not the pills.

>
> Also I've been hearing about bilberry here which I hadn't heard of before. What
> experience have people had with this and where can I get it in the UK? Up to
> now I haven't seen it anywhere, but I may be looking in the wrong places.

> _
> (_
> _)teev@darkside.demon.co.uk
I'd also be interested.

Thanks,

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK

E-mail: P.Croyden@sussex.ac.uk

Tel: +44 (0) 1273 606755 x2964

FAX: +44 (0) 1273 271956

- Prev by Date: [Re: Low/high vs. structural/functional myopia](#)
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Re: Myopia questions

- *Subject:* Re: Myopia questions
 - *From:* chews@rockvax.rockefeller.edu (Sek Jin Chew) (by way of Kathryn Baker <chews@rockvax.rockefeller.edu>)
 - *Date:* Thu, 11 Apr 1996 09:08:45 -0600
-

Can someone help me formulate a response to this view that eyes may learn to accommodate - but are structurally still not 20/20... I'm continuing with research helping my daughter do a I-Search research paper in high school biology. I posted her questions on this list. I also sent them to many web sites. I've been trying the exercises since I found the I_see list and have had improvement. I now wear my daughter's glasses since my glasses are too strong.

THANKS For you input.

Kath

>>>1. Why do objects become clear when they are close to the myopic eye?
>>Sorry. I don't quite follow.

>

>This is aimed at the structural changes between normal eyes and myopic

>Do the eye forget how to constrict or relax?

The structural change is that the myopic eye is elongated compared to the normal one.

Specifically, the vitreous chamber length is increased (distance from the lens to the retina).

The lens and cornea are no different from normal eyes.

Thus, myopia is not due to a "forgetting" of lens relaxation, but due to an excessive growth of the eye.

>We've read the "myopic eyes focus beyond the length of the eye..." but what >does that really mean?

The focal point of a myopic eye is in front of the retina.

I'm unsure of the context of that statement you quoted, but it has recently been found that myopic children who have progressive myopia do not focus

accurately through their spectacles.
Their focal point falls behind the retina.
As a result, the eyeball tries to elongate to match the focal point to the
retinal position.
(hypothesis based on animal experiments).

>We've gone to a CK doctor - he's expensive and has to have 5 levels of
>height in the eye's structure and when the vision is as poor as ours there
>is no guarantee that it will get to 20/20 and one must still wear the
>'flattening' contact periodically like a retainer for braces.

I'd avoid "CK" or orthokeratology.
Ref: Berkely orthokeratology study - no long term benefits in retarding the
progression of myopia. This was a long-term NIH sponsored project, with a
convincing outcome.

>Can I read this somewhere - or site it in the paper?
It's published in Chinese. A colleague of mine in Taiwan worked on this for
his Ph.D , which is published in Chinese. Prof. Luke L.K. Lin

>>Bates method not shown to be successful.
>Likewise, I'd really be grateful for information.
>I was so excited to hear of the prospect of improving my vision I started
>exercising my eyes and for the first time in my life I reversed the trend.
>I didn't want to wear my contacts - I put on old glasses with 10 year past
>subscription! and began looking for my other glasses - the lenses are too
>strong!

It's no longer being investigated.
The only paper is in Bates original book - Better Sight Without Glasses.
The comparable technique in China/Taiwan is palming or ocupressure point
massage.

Again, no documented positive long-term effects.
You must realize a distinction between clearer vision from these methods,
and a real change in the refractive state of the eye (or axial length).
The latter are the hard evidence of a real change in the eye.
Vision can be affected by many factors, including transient changes in
accommodation.

Sek
Sek Jin Chew, MD, PhD
Dy. Director, Singapore Eye Research Institute
Sr. Lecturer, NUS
c/o Rockefeller University

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Re: Low/high vs. structural/functional myopia

- *Subject:* Re: Low/high vs. structural/functional myopia
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Thu, 11 Apr 1996 13:26:02 -0400
-

At 08:34 PM 4/10/96 -0500, stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov) wrote:

>

>All the way as I was reading your message I was getting ready to slam you as
>what you wrote I consider to be next to nonsense.

I also got a message from Linda who "didn't get the middle" of my post. The reason I cited the Spanish study and some (but not all) of my thoughts around it was to 1)satisfy my petty ego with a little scientific proof of my old theory -- "all myopia is not created equal;" 2>alert someone considering PRK (for instance) or parenting a myopic child to the existence of a DNA-encoded FORECAST of the tendency of his/her myopia to progress indefinitely OR to stop anyway; while at this point it's not something that can practically influence decision-making (for lack of availability of specific genetic profiling), it may become so in the future; 3)argue low pragmatic value of the structural vs. functional juxtaposition on both molecular and functional levels where it ceases to exist; 4)hopefully discover a lurking biochemist among the members of the group who would suddenly get and share insight as to what can be done in terms of diet, supplements, etc. to modify one's "somatic behavior"-- something I've had some success with after questioning a couple of knowledgeable neuroscientists (who unfortunately have no special interest in refractive error problems) and reading some excruciatingly difficult (for an M.A.) books on neuroendocrinology of perception. I feel quite desperate because I don't know nearly enough and I think it HAS to be studied, it's a big part of the puzzle; 5)remind the proponents of the "genetic" theory of myopia that no decisive genetic proof (which would be a specific gene) has been found in any studies specifically designed to probe into genetic sources of myopia; correlations, markers, etc. are just what they are -- proof of

potential, not of imminence.

Does it still sound like nonsense? I try to avoid talking nonsense as best I can, but of course I might not always succeed. However, the instances where what I'm expressing is an alternative/conflicting opinion should be exempt from the category of "nonsense." Not thinking what you think doesn't make my thinking nonsense. Different things make perfect sense to different people. This of course goes both ways.

> But then I reached the
>Addendum. Gosh, is that true?! Even when I discount your reported 20/20 to
>20/40 it still looks amazing. If you started somewhere from the neighborhood
>of -8.0 D nine months ago and are now able to see 20/20 unaided even for a
>brief period of time, this is a great achievement. You must be special - in
>mind and body. I think nobody else on this list has yet reported a progress
>that is beyond the limit of about 1.50 D that I think is achievable (I
>posted this some time ago).
>
>So, please tell us more about what you do.

Coming soon. I'm not holding back a trade secret -- I wish I had a simple straightforward "answer" like the Vision Freedom guy (btw Mr. Severson, you promise not to be my penpal and then keep on sending me messages, a promise is a promise, please stop, OK?). Do this and this and it works like a charm. But it's really a paella rather than a hard-boiled egg, if you know what I mean. Damn it's not easy to explain. Nothing of what's going on with my vision is "by the book," not even by the Bates et al. I have pieces of paper all over the place with captured "translations" into verbal of what I'm doing as nonverbally as can be -- every time I feel I can formulate it I write it down. But it needs to be organized before I attempt to convey it to others. I will, I promise.

Elena

-
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 - Next by Date: [vegetarianism](#)
 - Prev by thread: [Re: Low/high vs. structural/functional myopia](#)
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vegetarianism

- *Subject:* vegetarianism
 - *From:* G.Raman@cyber-quest.com
 - *Date:* 11 Apr 1996 18:28:54 EDT
-

Hello, I am a vegetarian (I do not eat red meat, fish or chicken, but I do drink milk and eat eggs). I was wondering if I am missing any special nutrients crucial for eyesight by being a vegetaian. Also I was wondering if anyone could fill me in on what billberry does to help the eyesight. In addition:

1. I recently went out and bought a pair of plus lenses (+1.5, my eyesight is currently -1.75 -1.75). When exactly should I be wearing them , and should I only use them for close up work or also for longer distances.

2. I have a 17" mag inovision monitor with a .26 dot pitch. I use my computer about 45 minutes a day. Using the adjustment knobs it is possible for me to shrink the screen size down to 14". Should I use my monitor with a 17" screen or a 14" screen, I have heard that both ways are beneficial.

- Prev by Date: [Re: Low/high vs. structural/functional myopia](#)
- Next by Date: [If Eugene can't do it...](#)
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If Eugene can't do it...

- *To:* i_see@indiana.edu
 - *Subject:* If Eugene can't do it...
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 11 Apr 1996 18:57:52 -0500 (EST)
 - *In-Reply-To:* <Pine.LNX.3.92.960411143116.25347A-100000@phish.nether.net>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 11 Apr 1996, Jack S. wrote:

```
> I was doing some work on plus lens VT, and stumbled on a thought it would
> only work if one has a functional myopia....
>
> or can it work on a -1.5D myopia?
>
> thanx, Eugene
```

Eugene, (Jack?)

First of all, -1.5D of myopia CAN BE functional. Since you are still in your teens, your prospects are very good.

Here's another tip. Get out and move your body a lot.

Take walks.

Enjoy the outside.

Even if this means not reading I SEE!

I used to wear -1.5D glasses and I now enjoy sparkingly clear vision when I am outside in the daytime. Even my night vision is very good without glasses. I'm sure you will be able to achieve at least this much.

Frankly, Eugene, if it is true that you cannot overcome your myopia, I think I'd might as well close down this list.

All the "greats" of vision improvement have admitted that high myopia in

people who have worn glasses for long periods of time is much more stubborn than the lower degrees. All of them say that having worn glasses makes it much harder to go back to normal.

You are a classic case of a myope who has an excellent chance of recovering complete distance vision capability.

Eugene, if you can't do it, no one can.

Now Eugene, you said last week that you were seeing an eye doctor. Now did you? If so, what were the results (and procedure of evaluation)?

--Alex

-
- Prev by Date: [vegetarianism](#)
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RE: Diet and eyesight

- *Subject:* RE: Diet and eyesight
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Fri, 12 Apr 96 08:47:01 UT
-

Check for Bilberry at health food store unders the Blackmores brand which is also available in Australia.

george

From: owner-i_see@indiana.edu on behalf of Steev Clark
Sent: Wednesday, April 10, 1996 7:03 AM
To: i_see@indiana.edu
Subject: Diet and eyesight

Just a couple of questions about diet.

I'm almost a vegetarian (I occaisionally eat fish) and I was wondering if taking extra vitamins would be beneficial to my sight and if so, what types.

Also I've been hearing about bilberry here which I hadn't heard of before.

What

experience have people had with this and where can I get it in the UK? Up to now I haven't seen it anywhere, but I may be looking in the wrong places.

_
(_
_)teev@darkside.demon.co.uk

-
- Prev by Date: [If Eugene can't do it...](#)
 - Next by Date: [Another myopic topic...](#)

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Another myopic topic...

- *To:* i_see@indiana.edu
 - *Subject:* Another myopic topic...
 - *From:* Tara Banfield <koneko@koneko.seanet.com>
 - *Date:* Fri, 12 Apr 1996 13:10:48 -0700
 - *Sender:* owner-i_see@indiana.edu
-

I've been following along for some time now, and have noticed that when the subject of the eye structure of a myope comes up, someone points out that the shape of the myopic eye is **not** round. I know this is typical, because my eye doctor told me once that he'd never before seen anyone as myopic as I was who had perfectly round eyeballs. So what I'm trying to figure out is: WHY the heck am I so nearsighted? I have no astigmatism, but have discovered (no thanks to my eye care professionals) that I do NOT have binocular vision. Unless I'm moving (walking, driving, etc.) I have to deliberately move, at least a little (or constantly shift my eyes), to see clearly. So it's that and myopia.

I do tend to enjoy close work (crafts, etc.) and spend as much time at my computer as my schedule will allow. Close up, I tend to look at things with only one eye (I just discovered this), but that doesn't work with distance vision! My muscles have never loosened up easily; despite several years of gymnastics I was never able to do the splits, and I have to warm up before I go for a walk. Could it be that my eye muscles are yanking my eyes in slightly odd directions? Dad's got the same thing. If my lenses are too convex, can that be remedied directly without surgery? Any hypotheses will be absorbed with utter fascination. Thanks!

-Tara B.

-
- Prev by Date: [RE: Diet and eyesight](#)
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Re: If Eugene can't do it...

- *Subject:* Re: If Eugene can't do it...
 - *From:* "Jack S." <phate@phish.nether.net>
 - *Date:* Fri, 12 Apr 1996 17:18:16 -0400 (EDT)
-

On Thu, 11 Apr 1996, Alex Eulenberg wrote:

> On Thu, 11 Apr 1996, Jack S. wrote:

>

> > I was doing some work on plus lens VT, and stumbled on a thought it would
> > only work if one has a functional myopia....

> >

> > or can it work on a -1.5D myopia?

> >

> > thanx, Eugene

>

> Eugene, (Jack?)

>

> First of all, -1.5D of myopia CAN BE functional. Since you are still in
> your teens, your prospects are very good.

>

> Here's another tip. Get out and move your body a lot.

>

> Take walks.

>

> Enjoy the outside.

>

> Even if this means not reading I SEE!

>

> I used to wear -1.5D glasses and I now enjoy sparkingly clear vision when
> I am outside in the daytime. Even my night vision is very good without
> glasses. I'm sure you will be able to achieve at least this much.

>

> Frankly, Eugene, if it is true that you cannot overcome your myopia, I think
> I'd might as well close down this list.

>

> All the "greats" of vision improvement have admitted that high myopia in
> people who have worn glasses for long periods of time is much more

> stubborn than the lower degrees. All of them say that having worn glasses
> makes it much harder to go back to normal.
>
> You are a classic case of a myope who has an excellent chance of
> recovering complete distance vision capability.
>
> Eugene, if you can't do it, no one can.
>
> Now Eugene, you said last week that you were seeing an eye doctor. Now
> did you? If so, what were the results (and procedure of evaluation)?
>
> --Alex
>

Thanx Alex!, I just came back from 5 hrs of tennis/basketball/handball
came back and could see the 20/40 with my left eye, right cant see the
20/100 (maybe barely).

I dont use computer alot, i only read ISEE msgs ;) I like to stare alot
in to the distance, and mostly use my eyesight (which is pretty good
outdoors, alot of clear flashes). When I do read ISEE i use the +1
glasses.

I have never worn glasses, going to see the OD on April 23 (at 5pm). My
results as I have tried to figure out how much myopia I have is this: I
can read 82cm before the text becomes slightly warped with the left eye,
and 61cm with the right eye. possibly -1.25L, -1.75R.

My other concern is should I ask the OD to try cycloplegics? My second
(most important) concern is the night vision. I heard that night vision
may be slow to recover, even if I do see 20/20 with bright sunlight. My
vision is pretty bad. Cant even spot a face across the street, if its
pitch black (ie with lights).

Have an eyes day ;)

Eugene

-
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Binocular Vision Exercise

- *Subject:* Binocular Vision Exercise
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 13 Apr 1996 11:52:04 -0500 (EST)
-

Here's a NEW exercise for binocular vision.

Actually, it's for acuity too, but I noticed amazing effects on 3-D perception and the ability to see objects "moving" in the background as I walk around.

Like all eye exercises, this is best done outside. Also, if you have any doubts about the safety of this exercise for your particular eyes, consult an eye care professional.

The first part should be familiar to those who have done "thumb shifting"...

Looking at a distant object, hold your thumb in front of your nose. Now the "distant" object may be several hundred feet away, or it may be a meter away or even less. The important thing is, when you look at it, you should see two "thumbs" in front of it. Now, move your thumb left or right so that the distant image is centered between your two thumb-images. Tilt your head, if necessary, so that the two thumbs are upright and level.

Now, with the other hand (the one that's not sticking up the thumb), cover one eye. Do not move your head or your thumb at this point!! Notice that the thumb that remains is on the same side of the distant object as the eye that you just covered. So if you're covering your right eye, you will now see one thumb to the right of the distant object.

Now, shift your gaze to the thumb without moving your head or your thumb. You may feel tempted to move your thumb or your head, but tell yourself that the thumb is in your center of focus, and that the distant object is to the left (or right, as the case may be). Convince yourself that the thumb is actually in the center of your visual field. You know that it must be, since you're looking straight at it, and it is directly in front of your nose.

Now look at the distant object, and do the same thing. Now the distant object is in your center of focus. Convince yourself that this is true.

Shift back and forth, or rather, left and right, between distant object and thumb.

Repeat, covering the other eye (and using your other thumb -- this will probably be more convenient).

Finally, put it all together, doing it with both eyes simultaneously (classic thumb-shifting).

If one eye is "dominant" you will probably encounter much resistance when doing this exercise. If you feel pain, discontinue this exercise.

After doing this for a minute or so, I found that 3D perception was remarkably improved, as was acuity.

I have a feeling that this is very similar to the "muscle treatment" that J.P. Walker referred to in his "Changes in Corneal Astigmatism" paper. For more details, see this paper at

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/parker.html

I would appreciate any comments (posted to I SEE, of course) from people who have tried this exercise.

--Alex

-
- Prev by Date: [Re: If Eugene can't do it...](#)
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Re: Another myopic topic...

- *Subject:* Re: Another myopic topic...
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 13 Apr 1996 14:12:48 -0500 (EST)
-

On Fri, 12 Apr 1996, Tara Banfield wrote:

> my eye doctor told me once that he'd never before seen anyone as myopic as I
> was who had perfectly round eyeballs. So what I'm trying to figure out is:
> WHY the heck am I so nearsighted? I have no astigmatism

First of all, let's get a few things straight. When it is said that the myopic eye is "elongated" this refers to its shape front to back. Eye doctors practically never measure the front-to-back elongation of your eye. If they do say you have "long eyes", it's probably because they measure your myopia and then conclude from that that your eye must be elongated. In very high myopia, however, the fact that the eye has been lengthened of the eye can be directly observed. At the retina, there is often evidence of stretching known as the "myopic crescent."

Now when your doctor said your eyes were perfectly round he only could have been talking about the shape of your cornea, the fact that you have no astigmatism. Astigmatism refers to a bulging in the curvature of one's cornea along one "meridian" or diameter-line of the cornea at a certain angle (the "axis" of astigmatism).

>, but have
> discovered (no thanks to my eye care professionals) that I do NOT have
> binocular vision. [...]

> Could it be that my eye muscles are yanking my eyes in
> slightly odd directions?

What it sounds like to me is the following. BECAUSE you don't use both eyes at the same time, your eye muscles AREN'T yanking your eyes in the way that normally produces astigmatism. To keep both eyes aligned is a tricky task. By eliminating the binocular factor, you give your recti muscles (the ones that make a cross centered on your cornea) the

opportunity to concentrate on creating that "perfect" tension around each eye.

> Dad's got the same thing. If my lenses are too
> convex, can that be remedied directly without surgery? Any hypotheses will
> be absorbed with utter fascination. Thanks!

Well, you might try the "binocular vision exercise" I just posted. Check with your doctor if you think it might be "risky" for you. I actually predict that if you learn to use both eyes at a time, you will actually CREATE astigmatism, at least temporarily. Your eye doctor will of course say that this is impossible.

For some more insight into the matter, see...

"Changes in Corneal Astigmatism"

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/parker.html

--Alex

-
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Tips for a Young Myope

- *Subject:* Tips for a Young Myope
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 13 Apr 1996 15:25:27 -0500 (EST)
-

>

> Thanx Alex!, I just came back from 5 hrs of tennis/basketball/handball
> came back and could see the 20/40 with my left eye, right cant see the
> 20/100 (maybe barely).

I have found that vigorous exercise sometimes makes my vision better, sometimes worse. There was an article in an old optical journal about an otherwise normal-eyed optometrist who became myopic after bowling a while. He carried around some myopic (minus) lenses to put on after a few rounds. If your body gets a workout, your eye muscles will also feel the drain and tense up.

Some ideas:

- 1) Rest your eyes by palming for a half hour or so after each workout.
- 2) Eat foods to replenish your store of vitamins and minerals and nourish your aching muscles.

I have had best luck with brewer's yeast, which contains protein and lots of B vitamins, as a food supplement to counteract muscle strain.

> I dont use computer alot, i only read ISEE msgs ;) I like to stare alot
> in to the distance, and mostly use my eyesight (which is pretty good
> outdoors, alot of clear flashes). When I do read ISEE i use the +1
> glasses.

Of course Bates would say that you shouldn't "stare" into the distance. Rather, let your eyes wander. It is not important to make out every detail, however. "Trying" to see distant details causes more strain and more myopia.

> I have never worn glasses, going to see the OD on April 23 (at 5pm). My
> results as I have tried to figure out how much myopia I have is this: I
> can read 82cm before the text becomes slightly warped with the left eye,
> and 61cm with the right eye. possibly -1.25L, -1.75R.

You say "warped". Sounds like astigmatism. Good for you that you noticed that the warping depends on the distance of the object. Sounds like functional astigmatism. My bet is your doctor has never heard of such a thing and will want to prescribe you cylinders.

> My other concern is should I ask the OD to try cycloplegics?

There are pros and cons for asking for cycloplegia.

The pros are, if you are given cycloplegics, and the verdict is "myopia", and you subsequently rid yourself of myopia through Vision Freedom (or other method), you will be doing a service to the cause of better eyesight without glasses. You will be offering modern proof that the distinction that eye doctors make between functional and structural myopia is problematic. Most professionals assume that (or act as if) cycloplegics remove the factor of functional myopia, even though this used to be contradicted all the time in the optometric journals. Unlike MD's (ophthalmologists), optometrists used to not be allowed to use those drops (in many states, they still can't). Now, many OD's use these drops too, and the criticism has disappeared from the journals. The last article that I am aware of that dealt with this issue was written in 1972:

* Ludlam, William M., Stephen S. Weinberg, Chester J. Twarowski, Diana P. Ludlam. 1972. Comparison of Cycloplegic and Non-Cycloplegic Ocular Component Measurement in Children. American Journal of Optometry and Archives of American Academy of Optometry 49, 805-817.

The authors concluded that refraction with cycloplegia is actually LESS reliable than without, given a competent refractionist. I add that modern scientists have ignored their recommendation. In order for a myopia study to be considered "scientific" nowadays, cycloplegia MUST be used. Today's scientists still cling to the myth that cycloplegics always "relax accommodation", even when the actual muscular actions underlying accommodation is still a subject of debate. This is unfortunate, since it makes the experiment more expensive and cuts down on the potential number of subjects.

However, Eugene, YOU know that you do not have perfect distance vision, and you don't need any cycloplegics to prove this to you. Cycloplegics

have NEVER been advocated as a means to "cure" ANYONE of myopia, except in as much as they temporarily neutralize the condition DURING THE EXAMINATION ITSELF. Cycloplegics have been used to apparently slow the progress of "progressive" myopia, but when the use of the drops is stopped, there often occurs an "accommodative binge" and the patient becomes myopic all over again.

In no other area of medicine is a part of the body routinely paralyzed. With cycloplegics, there may be side effects, including allergic reactions, an indefinite reduction in your ability to focus close up. You'll certainly have to wear sunglasses after the examination, and you might not be able to read for many hours without reading glasses (plus lenses).

On the other hand, it might be an interesting experiment to try accommodating while under full cycloplegia. Bates said that it was atropine, the most powerful cycloplegic, did not always paralyze the focusing muscles.

The charge that cycloplegics permanently reduce the ability to focus up close has been leveled in the optometric journals. Some say that the effect is permanent. Right now for you this may not be a problem, but it could be in older age. If you do opt for cycloplegics, note your "near point" as well as your far point before and after cycloplegia. My guess is that if you can exercise your way out of myopia, you should be able to exercise your way out of a cycloplegically-induced reduction in accommodative range.

Bottom line: cycloplegics are not necessary to determine to you the extent of your myopia. Use them only if you want to prove something to the world about the nature of cycloplegia and its relation to myopia, if you intend to prove that structural myopia, as defined by a cycloplegic examination, can be overcome.

> My second

> (most important) concern is the night vision. I heard that night vision
> may be slow to recover, even if I do see 20/20 with bright sunlight. My
> vision is pretty bad. Cant even spot a face across the street, if its
> pitch black (ie with lights).

Here are some random tips: Paradoxically, the more time I spend in the sunshine, it seems, the better my night vision becomes. This has been my experience, and one other I SEE member noted a correlation. Bilberry, of course, is famous for improving night vision. Vitamin A, as everyone knows, is also essential for the retina's ability to react to light. In fact, another word for vitamin A is retinol. Vitamin B complex is also

supposed to help with problems of light sensitivity. Increasing your daily intake of sunshine, vitamin A and B, and trying out bilberry capsules, may improve your night vision. Use your good judgement and find out what works for you!

--Alex

-
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 - Next by Date: [Re: Binocular Vision Exercise](#)
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Re: Binocular Vision Exercise

- *Subject:* Re: Binocular Vision Exercise
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Sat, 13 Apr 1996 17:34:50 -0400
-

At 11:52 AM 4/13/96 -0500, Alex Eulenberg <aeulenbe@indiana.edu> wrote:
>Here's a NEW exercise for binocular vision.

(snip)
> Convince yourself that the
>thumb is actually in the center of your visual field. You know that it
>must be, since you're looking straight at it, and it is directly in front
>of your nose.

A trick to make the convincing part easier -- might work for those familiar with visualization techniques: imagine that your eyes have exchanged places -- your right eye is looking at the world out of your left socket, and vice versa. Sounds crazy but now that I've read some NLP stuff I know why it works -- it breaks the habitual (and inefficient) pattern of visual representation. This one, in particular, may create binocularity quite effortlessly if you make a habit out of looking this way for a few minutes every day. Not necessarily while doing exercises -- just walking down the street, for instance, or even watching TV.

> If you feel pain, discontinue this exercise.

A few months ago, no matter what exercise I was doing, it was painless only as long as it didn't work. If I got a clear flash, whether "induced" or spontaneous, it was incredibly painful. Incredibly. I couldn't believe it because I was really doing nothing -- not squinting, not widening my eyes, not straining, not staring -- just looking the non-habitual "way" -- and the moment it worked, it hurt. I wrote to i-see at that time and someone reassured me. The reassurance consisted in telling me that this person also felt pain but later learned to eliminate it by correct blinking. It took me some time to figure it out but eventually I learned to close my eyes for a few seconds (or longer) the moment the pain started, even if it disrupted the much-sought-for clear flash, and not chase or grab the clarity at the

cost of comfort. It did take a few months before the clarity/pain reflex was gone. I wonder how common this is.

Elena

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Re: Problems

- *Subject:* Re: Problems
 - *From:* JRalls7959@aol.com
 - *Date:* Sat, 13 Apr 1996 17:56:35 -0400
-

I think you should be sure and be very consistent with using reading glasses for all close up work to prevent excessive tone in the ciliary muscle. If you're not improving, you need to go up on the strength of the positive diopter lenses, do more outside work or play, etc. You've got the basic concepts down I think. It's like a weight loss program. If you're not loosing weight then you need to exercise more. I've had lots of patients complain that they are watching their diet and exercising but still can't loose weight. Then you get into specifics. They're still eating meat, cheese, whole milk and walking around the block once. And they are surprised or upset that they don't loose weight and they act like it is just impossible. But they just need to go vege and work up to 20-40 minutes of aerobics until they're sweating 3-5 times a week for months to years.

Surprise!! Your best bet is to nip the problem in the bud when it first starts. I'm really wondering how the medical profession can explain what they've done to people with these negative diopter lenses. It just makes the problem worse. They're a quick fix that make people go blind. If I'm wrong about that I'd sure like some specialist in the field to reassure me that this is not the case.

Julie Ralls, M.D. Family Physician

- Prev by Date: [Re: Binocular Vision Exercise](#)
- Next by Date: [Re: Your Recent Survey](#)
- Prev by thread: [Re: Problems](#)
- Next by thread: [Re: Problems](#)
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Re: Your Recent Survey

- *Subject:* Re: Your Recent Survey
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sun, 14 Apr 1996 18:45:49 -0400 (EDT)
-

Hi - I am one of the invisible women on the list. I, too, believe that there is a somatic component to my myopia/astigmatism. Before I ever heard of VT I discovered Louis Hay's "You Can Heal Your Life." I began by noticing how closely physical symptoms of friends and family coincided with attitudinal stance. After I became more comfortable with being "imperfect" myself, I took notice of MY symptoms, and made changes in my thoughts to relieve them. I effectively cured the recurrent, blinding headaches I used to have, simply through mental affirmation.

I have experienced a number of clear flashes this last week. The reason? I think it is because I have been able to clearly and calmly state my beliefs, even when people who are important in my life disagreed. That used to scare me - I feared rejection, or damnation - but found it is possible now to agree to disagree, yet remain in relationship (I hope my daughters were paying attention:). Since I am more able to accept myself as I am, maybe others are finding it easier, too.

I enjoy reading the less technically oriented posts, too.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Fri, 5 Apr 1996, Linda Lee wrote:

> I often feel that the topics of discussion are fairly technical and
> i can't believe that no-one is interested in the fuller, emotional
> implications of eye disorders. I for one would like to hear from
> people who are approaching VT from that angle. I know you exist
> because Dr. Kaplan keeps selling books!
>
> There is more to this VT thing than eye charts and diopters. Surely

> some of you less vocal types have experiences or opinions to report.
>
> Linda
>
>
>

-
- Prev by Date: [Re: Problems](#)
 - Next by Date: [Clear Flash Pain](#)
 - Prev by thread: [Tips for a Young Myope](#)
 - Next by thread: [Clear Flash Pain](#)
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Clear Flash Pain

- *Subject:* Clear Flash Pain
 - *From:* Tim.Patterson@cciw.ca
 - *Date:* Mon, 15 Apr 1996 09:15:47 -0400 (EDT)
-

>as long as it didn't work. If I got a clear flash, whether "induced" or
>spontaneous, it was incredibly painful. Incredibly. I couldn't believe it
>because I was really doing nothing -- not squinting, not widening my eyes,
>not straining, not staring -- just looking the non-habitual "way" -- and the
>moment it worked, it hurt. I wrote to i_see at that time and someone
>reassured me. The reassurance consisted in telling me that this person also
>felt pain but later learned to eliminate it by correct blinking. It took me
>some time to figure it out but eventually I learned to close my eyes for a
>few seconds (or longer) the moment the pain started, even if it disrupted
>the much-sought-for clear flash, and not chase or grab the clarity at the
>cost of comfort. It did take a few months before the clarity/pain reflex
>was gone. I wonder how common this is.

>Elena

I have also experienced pain with clear flashes, although I wouldn't call it intense pain. It's like my eye(s) is pulling hard. Unfortunately, after I close my eyes, I almost always lose the clear flash.

Tim

-
- Prev by Date: [Re: Your Recent Survey](#)
 - Next by Date: [Re: Role of iris in accommodation](#)
 - Prev by thread: [Re: Your Recent Survey](#)
 - Next by thread: [Re: Role of iris in accommodation](#)
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Re: Role of iris in accommodation

- *Subject:* Re: Role of iris in accommodation
 - *From:* JRalls7959@aol.com
 - *Date:* Mon, 15 Apr 1996 23:06:28 -0400
-

Well, I think talking to an ophthalmologist would be very frustrating, and has been for me. However, other primary care physicians seem to be more open. I took some information to the California Academy of Family Physicians meeting this spring. The information was about the research of behavioral optometrists. I think all my patients who become myopic should be informed that there is more than one school of thought on myopia, I should be able to inform them of the schools of thought and give them referrals to various practitioners in the area for whatever treatment option they choose. After reviewing the information myself, I would strongly encourage vision therapy and discourage the use of negative diopter lenses. I think all family physicians should be aware that the debate is still on regarding myopia. Most of the younger ones I have spoken to had no idea there was another school of thought. The Academy acknowledged that alternative treatments may be valuable. This has not been acknowledged by any ophthalmologist that I know of. I have submitted an article for one FP publication and we shall see. I think if physicians or other health care professionals would look at the information without letting the ophthalmologists do all the thinking, we'd have a very different standard of care. All it takes is a few articles in some primary care journals to get this debate into the medical community. No one should have corneal surgery without full informed consent. The state of affairs is really sad but I hope to put in my 2 cents to see that it changes. I'd like to see some O.D.s write up some stuff for publication in pediatric or family practice journals.

Julie

-
- Prev by Date: [Clear Flash Pain](#)
 - Next by Date: [Re: Diet and eyesight](#)
 - Prev by thread: [Clear Flash Pain](#)

- Next by thread: [Re: Science and Metaphysics](#)
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Re: Diet and eyesight

- *Subject:* Re: Diet and eyesight
 - *From:* JRalls7959@aol.com
 - *Date:* Mon, 15 Apr 1996 23:19:04 -0400
-

I got bilberry at the local health food store in tablet form. On one bottle it said the RAF night fliers in WWII were given the jam regularly as it was known to improve night vision. Maybe you guys still make the jam. That would be better tasting than these tablets.

julie

- Prev by Date: [Re: Role of iris in accommodation](#)
- Next by Date: [Re: Science and Metaphysics](#)
- Prev by thread: [RE: Diet and eyesight](#)
- Next by thread: [New Web Site on VISION](#)
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Re: Science and Metaphysics

- *Subject:* Re: Science and Metaphysics
 - *From:* JRalls7959@aol.com
 - *Date:* Mon, 15 Apr 1996 23:25:44 -0400
-

I would just like to get really off track and point out that all this stuff is really, really complicated. To say that a cold is caused by a virus is a partial truth. Just something as simple as a cold is multi-factorial. If the virus is present, then why do only 3 out of 5 people in a household get a cold? You need the virus, a susceptible host, the process of transmission, and an active enough infection for symptoms to be manifest. The immune status is a major factor and the mind has a tremendous effect on the immune system. My theory is that the flu season is actually caused by the Holiday Season, not the presence of viruses in the winter. If we would slow down like we are supposed to near the winter solstice, hibernate a bit, cut out the cards, the shopping, the piles of food, cooking, cleaning etc, any uncomfortable family gatherings, we'd all feel a lot better. I personally would make exceptions for little kids, but I feel better without all that baggage.

Supposedly, the flu season is not caused by cold weather per say but by more people being indoors. Well if that were true, you would expect the onset of the season to be soon after the school year starts, because that's when you have the largest shift of people going from spending a lot of time outdoors, to staying indoors. But that's not when it occurs. My bottom line, I think myopia is much more physical than emotional but I am open to learning new things.

Julie Ralls, M.D., Family Physician and non-expert

- Prev by Date: [Re: Diet and eyesight](#)
- Next by Date: [Re: Low/high vs. structural/functional myopia](#)
- Prev by thread: [Re: Role of iris in accommodation](#)
- Next by thread: [Re: Science and Metaphysics](#)

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Re: Low/high vs. structural/functional myopia

- *Subject:* Re: Low/high vs. structural/functional myopia
 - *From:* JRalls7959@aol.com
 - *Date:* Mon, 15 Apr 1996 23:27:08 -0400
-

I too have those brief moments of 20/20. They get more frequent and longer lasting. I was -4.5 L, -4.0 R. I have had several measurements showing a drop of one diopter bilaterally, but I can tell I have not yet dropped the second diopter but I am working on it. I think it will take time and effort to stabilize my eyes at that 20/20 point.
julie

- Prev by Date: [Re: Science and Metaphysics](#)
- Next by Date: [Optometrists - part of the evil](#)
- Prev by thread: [Re: Low/high vs. structural/functional myopia](#)
- Next by thread: [Patching "dominant" eye vs. "good" eye](#)
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Optometrists - part of the evil

- *Subject:* Optometrists - part of the evil
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Mon, 15 Apr 1996 23:10:54 -0500
-

On Sat, 13 Apr 1996 17:56:35 -0400 JRalls7959@aol.com wrote:

>Your best bet is to nip the problem in the bud when it first
>starts. I'm really wondering how the medical profession can explain what
>they've done to people with these negative diopter lenses. It just makes the
>problem worse. They're a quick fix that make people go blind. If I'm wrong
>about that I'd sure like some specialist in the field to reassure me that
>this is not the case.
>Julie Ralls, M.D. Family Physician

I couldn't agree more!!! I RAGE, RAGE against those stupid, unfeeling, mechanical, unimaginative optometrists who prescribe minus glasses to children utterly convinced that they are doing good by correcting an error and enabling the child to see well and rejoice in good vision.

Miserable bastards. My mind can't fathom it how deluded modern optometrists can be. I want to bring in one other factor - parents/teachers. It is sometimes parents (or teachers who alert parents) who notice that their child is squinting and cannot see well who hurry to take their beloved son or daughter to an optometrists to right the wrong. I for one got my first pair of glasses at 10 after my father noticed that I could not read the license plates of cars while he could. I measured -1.25 D bilaterally the first time. Later on, he was scolding me for not using my glasses to read (my form of plus lense therapy). I am unfortunate to have had no support and understanding from my parents with regard to visual matters. I feel happy that I can be very different with my children.

So, widespread proliferation of the view of preventability of myopia and its reversibility if acted early will help in making the world less myopic. However, I continue to claim that at a later stage (when structural changes occur) myopia remains preventable, but largely not reversible. At this point I cannot dump everything else in my life and set up an international foundation to popularize this view worldwide (Alex is doing a good job in this direction). But a world changing, all-out effort will require long and

not easy to set up studies (Dr. Granet reported recently on sci.med.vision that one such study was in the pipeline). You can't convince the establishment if you don't have the necessary studies. I don't approve of some members on the list (mostly females) speaking negatively of "numbers". If what I/we stand for is right the numbers will come out right.

This topic was extensively discussed in a thread I started on sci.med.vision last October - "Myopia should not exceed 3.0 D". If you have a spacious newsserver you can try digging the tread out with DejaNews.

Regards,

Stefan

-
- Prev by Date: [Re: Low/high vs. structural/functional myopia](#)
 - Next by Date: [Eyebright, Bilberry: Side effects](#)
 - Prev by thread: [Re: Science and Metaphysics](#)
 - Next by thread: [Re: Optometrists - part of the evil](#)
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Eyebright, Bilberry: Side effects

- *Subject:* Eyebright, Bilberry: Side effects
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 16 Apr 96 08:36:58 UT
-

Does anyone know if these have any side effects or whether it's safe for a woman to take them just before or while she's pregnant.

thanks

- Prev by Date: [Optometrists - part of the evil](#)
- Next by Date: [Plus lens therapy, revisited \(a brain's perspective\)](#)
- Prev by thread: [Re: Optometrists - part of the evil](#)
- Next by thread: [Re: Eyebright, Bilberry: Side effects](#)
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Plus lens therapy, revisited (a brain's perspective)

- *Subject:* Plus lens therapy, revisited (a brain's perspective)
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 16 Apr 96 10:02:02 UT
-

My question is this: what benefit is there for wearing plus lenses for long distance viewing (ie. other than for close work)?

I'm just thinking about this not from an optical point of view but from the brain's. What is the difference between a blurred image seen by the naked myopic eye and one produced by a myopic eye (-2.50) and probably made more blurred (at least in my case) by the plus lens (+1.00) ?

How would the brain know (since it is what makes the muscles adjust) what to do?

The same question applies even for close work with plus lenses while pushing the objects too far beyond the person's field of vision.

george

- Prev by Date: [Eyebright, Bilberry: Side effects](#)
- Next by Date: [Re: Could you answer Questions for I-Search high school research paper? THANKS](#)
- Prev by thread: [Re: Eyebright, Bilberry: Side effects](#)
- Next by thread: [Re: Could you answer Questions for I-Search high school research paper? THANKS](#)
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Re: Could you answer Questions for I-Search high school research paper? THANKS

- *Subject:* Re: Could you answer Questions for I-Search high school research paper? THANKS
 - *From:* JRalls7959@aol.com
 - *Date:* Tue, 16 Apr 1996 11:04:03 -0400
-

To K.Baker's daughter-sorry, I accidentally erased your address

Do you consider acupuncture, reading glasses, or biofeedback natural? I'll try and give my opinion on #7. I am a family physician. I read a book by a behavioral optometrist and started doing focusing exercises (also recommended by my yoga teacher) and went down on the prescription of my lenses. I dropped 1/4 of my prescription in 6 months. I then visited a behavioral optometrist who teaches at the local school of optometry who gave me several journal articles so I will give you some of those references. If you want more, let me know.

I have tried to discuss this subject with ophthalmologists but have yet to get a satisfactory explanation for the etiology of myopia, the cause of my improvement and the reason why I heard about this vision therapy from a book in a gift catalogue and not from an M.D.. I now know there are natural ways to improve myopia. I believe anyone who works at it can improve their vision. I have started an acupuncture series. In this doctor's office there is a poster which lists those diseases that the World Health Organization considers to be responsive to acupuncture. Myopia in children is on the list. I will be looking for the studies which back this up.

Here's some references for you:

Goss, David, Effect of spectacle correction on the progression of myopia in children- a literature review. Journal of the American Optometric Association., Vol 65, No. 2 2/94.

Woo, George C, Wilson, Anne, Current Methods of Treating and Preventing Myopia, A review, Optometry and Vision Science, Vol, 67, no 9, p 719-727, 1990

(this is my favorite) Sherman, Arnold, O.D., Myopia Can Often Be Prevented, Controlled or Eliminated, Journal of Behavioral Optometry, Vol 4, No. 1, p 16, 1993.

Trachtmen, Joseph, Biofeedback of Accommodation to Reduce Myopia: A Review, American Journal of Optometry and Physiological Optics, Vol 64, No 8, pp639-643, 1987.

Grosvenor, Theodore, OD PhD, The Results of Myopia Control Studies Have Not Been Encouraging. Journal of Behavioral Optometry, Vol4 no1 p17 1993.
julie

-
- Prev by Date: [Plus lens therapy, revisited \(a brain's perspective\)](#)
 - Next by Date: [Re: Science and Metaphysics \(was: VISION FREEDOM = update\)](#)
 - Prev by thread: [Plus lens therapy, revisited \(a brain's perspective\)](#)
 - Next by thread: [More on Flu Seasons](#)
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Re: Science and Metaphysics (was: VISION FREEDOM = update)

- *Subject:* Re: Science and Metaphysics (was: VISION FREEDOM = update)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 16 Apr 1996 10:17:14 -0500
-

I liked your post very much, especially

>My theory is that the flu season is actually caused by the Holiday
>Season...

This thought is timely for me since I've had a preoccupation lately with assuming responsibility for everything that happens to me or around me (not control or self-absorbed fits of blame, but responsibility.) I plan to be more vigilant this winter. Winter is a great time to work, watch, and wait.

Mark

- Prev by Date: [Re: Could you answer Questions for I-Search high school research paper? THANKS](#)
- Next by Date: [More on Flu Seasons](#)
- Prev by thread: [Re: Science and Metaphysics \(was: VISION FREEDOM = update\)](#)
- Next by thread: [No Subject](#)
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More on Flu Seasons

- *Subject:* More on Flu Seasons
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 16 Apr 1996 10:49:50 -0500
-

>This thought is timely for me since I've had a preoccupation lately
>with assuming responsibility for everything that happens to me
>or around me (not control or self-absorbed fits of blame, but
>responsibility.)

To link this more closely to vision improvement, I should mention that when I remember this attitudinal stance and commit to it with my full intent, I experience a slight increase in perceptual clarity and a greater sense of involvement in what is happening at the moment.

Mark

-
- Prev by Date: [Re: Science and Metaphysics \(was: VISION FREEDOM = update\)](#)
 - Next by Date: [Re: Problems](#)
 - Prev by thread: [Re: Could you answer Questions for I-Search high school research paper?](#)
[THANKS](#)
 - Next by thread: [Correspondence with Richard Allen](#)
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Re: Problems

- *Subject:* Re: Problems
 - *From:* JRalls7959@aol.com
 - *Date:* Tue, 16 Apr 1996 15:28:30 -0400
-

I have this Calvin and Hobbes cartoon that illustrates my understanding of glasses and surgery. I got the lenses when I was about 8 and was soooo excited because I suddenly saw so clearly. Calvin is throwing up a water balloon into the air. He catches it and it pops all over him. He's soaking wet and says something like, "How come an idea that looks so good at first turned out to be so retarded."

I got one ophthalmologist friend to really take time and sit down and discuss my concerns with me. He told me I should have been instructed not to wear the negative lenses while doing close up work as this could cause accommodative spasm and worsen my myopia. If I was told that it went in one ear and out the other. I wore those things from the moment I woke up until going to sleep and did tons of reading with them. I don't have the records so I do not know how my eyes changed in grade school but I know they didn't change much after high school. I did have astigmatism come and go on exams but I never noticed it subjectively.

After that conversation, I called a friend who is a cellular pathologist (this is a specialist who knows a whole, whole lot about lots of stuff that would fit on the head of a pin). Let's just call him Dan Q____e. He's myopic. I wanted detailed info on the ciliary muscle, but he couldn't get me the info I wanted. I asked him if he had been told not to wear his glasses for close up work. He said "No, but I was told to be sure and wear the lenses regularly before each doctor visit" I asked why that was. He said, "Because if you don't wear the glasses, your vision gets a little better." I said, Dan, Duh!!!!

That was the end of the conversation. I think he still thinks I'm in dreamland because all these really, really smart doctors couldn't have made such a mistake.

Julie

- Prev by Date: [More on Flu Seasons](#)
- Next by Date: [Re: Optometrists - part of the evil](#)
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Re: Optometrists - part of the evil

- *Subject:* Re: Optometrists - part of the evil
 - *From:* JRalls7959@aol.com
 - *Date:* Tue, 16 Apr 1996 21:13:57 -0400
-

When I was reading Kaplan's book I asked a friend in education if it was true that brains were four-eyed or if that was just a stereotype. She said it was true according to the education literature. She was prescribed lenses in jr hs. She said she fought with her mother for a year as she hated them and refused to wear them. Her mother insisted, as it was "Doctor's orders". Her eyes were measured a year later at 20/15. The second doctor explained that the first must have made a measurement error.

Then I started taking histories on all my patients who came in with glasses. Lots with new onset of myopia as adults. My father (another family physician) said my oldest brother had a diagnosis of myopia in his teens which reversed the next year. He too refused to wear the glasses. So I'm still sitting here in shock that I was turned into a geek and almost had my eyes cut on and this medical stuff is full of contradictions but all these really smart people still buy into it. I need some tylenol.

julie

- Prev by Date: [Re: Problems](#)
- Next by Date: [Re: Eyebright, Bilberry: Side effects](#)
- Prev by thread: [Optometrists - part of the evil](#)
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Re: Eyebright, Bilberry: Side effects

- *Subject:* Re: Eyebright, Bilberry: Side effects
 - *From:* Ari Solovyova <asolovy@indiana.edu>
 - *Date:* Tue, 16 Apr 1996 21:04:32 -0500 (EST)
-

Dear George,

Neither of my two favorite herbal references gives any warnings about eyebright. They are usually very thorough in this respect. (One is "The Herb Book" by John Lust, and the other is "Likarski Roslini" ["Medicinal Plants"], a comprehensive Ukrainian herbal encyclopedia.)

As for bilberry, the Ukrainian book says it may cause constipation and worsen the condition of people with weak intestinal peristalsis.

I think I'll mention their other effects too while I'm at it.

Eyebright is astringent (helps against diarrhea), reduces inflammation, and lowers blood pressure. Its infusion is used for cold symptoms and hay fever.

Bilberry is astringent, antiseptic, good for hypochromic anemia, gall bladder stones and kidney stones, gout, rheumatism, eczema, psoriasis, skin rashes, atherosclerosis, hypertension. Bilberry leaf is used for diabetes, all kinds of kidney and bladder diseases, and enterocolitis.

The Ukrainian book also contains a long list of chemical constituents for bilberry and references to studies (in the former SU, herbalism was a respected part of medical science as you may know).

Hope this is helpful.

Ari

On Tue, 16 Apr 1996, George Tohme wrote:

> Does anyone know if these have any side effects or whether it's safe for a

> woman to take them just before or while she's pregnant.
>
> thanks
>
>

-
- Prev by Date: [Re: Optometrists - part of the evil](#)
 - Next by Date: [Correspondence with Richard Allen](#)
 - Prev by thread: [Eyebright, Bilberry: Side effects](#)
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Correspondence with Richard Allen

- *Subject:* Correspondence with Richard Allen
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Tue, 16 Apr 1996 21:23:30 -0500
-

Perhaps some of you know Richard Allen, a behavioral optometrist practicing in England and an occasional contributor to sci.med.vision. I've had some worthy private correspondence with him and asked him for permission to share it with I_SEE. He gave his consent and I am gladly posting his main reply (I have cut out some unessential - related to computer connectivity problems - detail).

Richard Allen's views about myopia very closely match mine.

Stefan

Return-path: <Richard@eyescolc.demon.co.uk>
Date: Sat, 06 Apr 1996 22:23:56 +0000 (GMT)
From: Richard@eyescolc.demon.co.uk (Richard Allen)
Subject: Re: Is myopia curable?
To: stefansi@ctrvax.Vanderbilt.Edu
Reply-to: Richard@eyescolc.demon.co.uk
Lines: 119

Stefan,

In message <01I37DEAYRRM8XCEG5@ctrvax.Vanderbilt.Edu>
you wrote:

> Richard,
>
> You posted a very good answer in the tread "How to prevent myopia" on
> sci.med.vision on April 3.

Thanks

> I agree with what you said about the preventability vs cure vs
> "compensation" of myopia. As you seem to possess an insight that is rare

> among the "established" optometric and ophthalmic community, let me ask you
> what I think is the crucial question: IS MYOPA CURABLE? Assume my definition
> of "cure" is THE SAME as yours.

I think you'll find that my opinion is shared by most behavioural optometrists.

In my experience (and with my current understanding) myopia can be cured TO A DEGREE. My current feelings are that more than 1.5 D of myopia is probably set anatomically, and there is no way a patient is going to get to read 6/6 (20/20) without some form of aid. Some of my (American) mentors (especially Dr Paul Harris, of BABO) have much more experience in this field, and have managed greater degrees of cure.

> As the correlation between the components of the eye is most often broken by
> axial elongation, I think, an answer to the above question should center
> (not exclusively, of course) on whether there is any method capable of
> reducing the axial length of the eyeball. Examples of such methods include
> any kind of eye exercise that your mind can muster (with or without
> stress-releaving lenses), pharmacological treatment (this option is for the
> future and should usually be coupled with the next to really qualify as
> cure), psychological treatment (to better understand the causes of myopia
> and possibly enhance "vision consciousness"), etc.

I don't think that there is any method of getting the eyeball to shorten after it has lengthened. My approach is to try and prevent things getting to the stage where anatomical changes take place. Regrettably this isn't always possible - sometimes patients come in already anatomically myopic; sometimes sometimes they don't follow advice; sometimes it seems that nothign works. I don't have all the answers (but I'm trying to increase my understanding of things).

IMHO There are 4 components to myopia:

1. Anatomical mis-match between refraction of cornea/lens and axial length of eye. This seems to result from prolonged abuse of the visual system - near centered work done to excess, often in less than ideal ergonomic conditions both physically and visually.
2. Excessive ciliary muscle activity (and/or inadequate ciliary relaxation) after near centred tasks. This seems to be how most myopes start off - transient distance blur.
3. Psycho-perceptual effects - it seems that myopes want to see everything "super-clear". Perhaps to some extent that's because eyecare professionals have conditioned them to this mode by the standard refraction examination technique, which majors on getting the best possible VA for distance, and not looking too closely at what the eyes are doing for close work.

4. Genetic pre-disposition. Myopic parents seem to have myopic kids. Now those against this debate might argue that the genetic component cannot (yet) be proven, and the cause might be environmental - children imitating their parents and concentrating on near centred tasks, perhaps also adopting an inappropriate posture, etc.. However, I think that the genetic pre-disposition component is valid, especially if a population base view is taken. According to various authorities (sorry - my way of saying that I've forgotten the reference!) the Inuit eskimoes (?Alaska) had a practically zero incidence of myopia until they were taught to read. The population with one of the longest histories of written civilisation, and using very complicated signs too - the Chinese - have become characterised as a myopic nation. I don't know whether any recent studies have been done which truly determine the real incidence of myopia in the orientals.

I think that of these four, numbers 2 and 4 go through 3 to result in 1.

Regards,

Richard

--

Richard Allen BSc FCOptom FAAO DCLP
Optometrist & Contact Lens Practitioner
Colchester Vision Therapy Centre

-
- Prev by Date: [Re: Eyebright, Bilberry: Side effects](#)
 - Next by Date: [Re: Science and Metaphysics](#)
 - Prev by thread: [More on Flu Seasons](#)
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Re: Science and Metaphysics

- *Subject:* Re: Science and Metaphysics
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Wed, 17 Apr 1996 12:13:31 -0400 (EDT)
-

I couldn't agree more! The feeling of being at the mercy of the holiday season generates enough stress to last the whole year! We almost never get sick the years we stay home for the holidays. Our celebration at home is more seat-of-the-pants than major organizational event. We don't have a lot of "shoulds" or "have to's" - something I see a lot of when visiting relatives. I just returned from a visit, and yes, I have a cold! I had doors and windows open, but

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Mon, 15 Apr 1996 JRalls7959@aol.com wrote:

> (snip) My theory is that the flu season is actually caused by the Holiday
> Season, not the presence of viruses in the winter. If we would slow down
> like we are supposed to near the winter solstice, hibernate a bit, cut out
> the cards, the shopping, the piles of food, cooking, cleaning etc, any
> uncomfortable family gatherings, we'd all feel a lot better. I personally
> would make exceptions for little kids, but I feel better without all that
> baggage.

> Supposedly, the flu season is not caused by cold weather per say but by
> more people being indoors. Well if that were true, you would expect the
> onset of the season to be soon after the school year starts, because that's
> when you have the largest shift of people going from spending a lot of time
> outdoors, to staying indoors. But that's not when it occurs. My bottom
> line, I think myopia is much more physical than emotional but I am open to
> learning new things.

>
> Julie Ralls, M.D., Family Physician and non-expert
>

- Prev by Date: [Correspondence with Richard Allen](#)
- Next by Date: [Re: Eyebright, Bilberry: Side effects](#)
- Prev by thread: [Re: Science and Metaphysics](#)
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Re: Eyebright, Bilberry: Side effects

- *Subject:* Re: Eyebright, Bilberry: Side effects
 - *From:* kope@primenet.com (LeRoy Kopisch)
 - *Date:* Wed, 17 Apr 1996 10:16:51 -0700 (MST)
-

At 08:36 AM 4/16/96 UT, George Tohme wrote:

>Does anyone know if these have any side effects or whether it's safe for a
>woman to take them just before or while she's pregnant.

>

>thanks

>

George:

I and my wife have been taking bilberry faithfully for the past 8 or 9 months and are very favorably impressed with the results..I have been carefully watching for detrimental side effects and as of now have not detected any... Whether it would effect a pregnancy I don't have the least idea.. And at our age I really do not think we will find out..

About 4 or 5 months ago we recommended to a friend of ours back in Illinois who was having major eye problems after a stroke, that she try bilberry and be very careful if she detected any thing detrimental occuring that might be attributed to the bilberry..She started taking the berry and on her next appointment to an eye specialist in Springfield, Illinois she brought up the subject to get his opinion.

To both hers and my surprise, he said take it by all means. that there is some research on bilberry being done at t the University of Illinois and it was looking very good.

In our last conversation with her she is still having major eye problems and can't see that the berry has helped her a lot.

The thing I am curious about, is anyone aware of this research at the U of I and is there anyway we can find out about their findings

LeRoy Kopisch

- Prev by Date: [Re: Science and Metaphysics](#)
- Next by Date: [Re: Optometrists - part of the evil](#)
- Prev by thread: [Re: Eyebright, Bilberry: Side effects](#)
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Re: Optometrists - part of the evil

- *Subject:* Re: Optometrists - part of the evil
 - *From:* "Jack S." <phate@phish.nether.net>
 - *Date:* Wed, 17 Apr 1996 16:26:03 -0400 (EDT)
-

d

On Mon, 15 Apr 1996, Stefan Stefanov wrote:

> On Sat, 13 Apr 1996 17:56:35 -0400 JRalls7959@aol.com wrote:

>

> >Your best bet is to nip the problem in the bud when it first
> >starts. I'm really wondering how the medical profession can explain what
> >they've done to people with these negative diopter lenses. It just makes the
> >problem worse. They're a quick fix that make people go blind. If I'm wrong
> >about that I'd sure like some specialist in the field to reassure me that
> >this is not the case.

> >Julie Ralls, M.D. Family Physician

>

> This topic was extensively discussed in a thread I started on sci.med.vision
> last October - "Myopia should not exceed 3.0 D". If you have a spacious
> newsserver you can try digging the tread out with DejaNews.

What was the article about? Thanx, Eugene

>

> Regards,

>

> Stefan

>

>

-
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informed consent

- *Subject:* informed consent
 - *From:* JRalls7959@aol.com
 - *Date:* Thu, 18 Apr 1996 02:02:17 -0400
-

I mailed off my medical license renewal today. In the application it states, "New legislation requires physicians to provide patients with an informational brochure on breast cancer treatment options prior to providing treatment or performing a biopsy. A 32-page brochure has been developed by the California Department of Health Services and is available from the Medical Board of California free of charge." Information is given as to how to obtain this brochure.

I think similar informed consent should be required before people are treated with glasses or surgery. They should be informed that there is an alternative school of thought and research on alternatives. They should be informed that the World Health Organization considers myopia in children to be treatable with acupuncture (I recently read this, but not the studies on it which I am told are mostly in Chinese, any references would be appreciated).

I wrote to a consumer advocacy group about my concerns. They referred my concerns to an M.D. who does not think there are good alternative for myopia. If you have an opinion on this, personal experience, references, or papers, please write to:

Sidney M. Wolfe, M.D., Director
Public Citizen Health Research Group
2000 P. St. NW, Ste. 700
Washington, D.C., 20036

thanks
Julie Ralls, M.D.

- Prev by Date: [Re: Optometrists - part of the evil](#)
- Next by Date: [Eyebright: side effects](#)
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Eyebright: side effects

- *Subject:* Eyebright: side effects
 - *From:* Ari Solovyova <asolovyo@indiana.edu>
 - *Date:* Thu, 18 Apr 1996 09:48:50 -0500 (EST)
-

Dear all,

Here's what I received from a subscriber of alt.folklore.herbs (she copied this out of "Rodale's Illustrated Encyclopedia of Herbs".)

"German experimentation suggested that 10 to 60 drops of the tincture could induce confusion of the mind and cephalalgia; violent pressure in the eyes with lacrimation, itch, redness, and swellings of the margins of the lids, dim vision, photophobia, weakness, sneezing, coryza, nausea, toothache, constipation, hoarseness, cough, expectoration, dyspnea, yawning, insomnia, polyuria (excessive urination), and diaphoresis."

Before you start worrying, however, consider that herbal tincture is a very potent preparation. Only a few drops are supposed to be taken at a time. What they put in capsules, on the other hand, is just powdered dry herbs. It's a mystery to me why those capsules are supposed to be effective. All traditional herbal medicines (Russian and Chinese, in particular) use herbs that are cooked or prepared in some way. I guess I'll have to ask on alt.folklore.herbs about it :-)

Ari

-
- Prev by Date: [informed consent](#)
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Obsessive myopia

- *Subject:* Obsessive myopia
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Thu, 18 Apr 1996 12:03:04 -0500
-

I was planning to write this months ago. Anyway, I now have a testimonial from another person to back it up, so this is also a good time.

After we outgrow the puberty stage when the eyes are more susceptible to refractive changes if abused, other factors that cause myopia increase in importance. These are primarily psychological factors but in my opinion, they still account, combined, for no more than 40% of the total. Close work is responsible for most of the rest.

Two and half years ago when I first got glasses with a cylindrical component I had severe headaches. These lasted not for 2-3 weeks as most optometrists would warn (my otherwise impeccable Zeiss optometrist also said so) but for 5-6 months. I did everything the power of my intellect came up with as a way out - rechecking prescription from various other sources, books, reduced and gradually increasing wear, etc. But let me tell you what really struck my mind as I was browsing through a book by some British MD from the 1970s. He wrote that some people with refractive problems get so obsessed by their condition that they blame everything on it and really make it almost a central point of their lives. Many of these people lack a clearly defined purpose in life so they latch onto their myopia subconsciously or not considering it almost as a source of meaning.

I have felt on a number of occasions this kind a feeling exuding from postings to I_SEE (mostly from females). While I wouldn't get into analysis of this now (for interested I would recommend the works of Nietzsche), I am pleased to post the answer of a PRK patient (a good 'net friend of mine) to a question I asked her yesterday on sci.med.vision (both follow). Note the underlying joie de vivre, the total engrossment in what one is doing. I only hope that her awakening to the potential dangers of close work does not cause her problems.

Stefan Stefanov

Subject:

Re: PRK

Date:

18 Apr 1996 04:31:07 GMT

From:

Stefan Stefanov <stefansi@ctrvax.vanderbilt.edu>

Organization:

Vanderbilt University

Newsgroups:

sci.med.vision

References:

1 , 2

sue777@nai.net (Susan Reynolds) wrote:

>Sorry I can't consider myself an "unbias" source, because I had PRK done.
>But if you want opinions, mine is that it was the best thing I ever did. I
did go

>to Canada since my myopia was -8 and -7, and I DID have both eyes done at
>the same time.

>

>I've had no problems, no side affects, no regrets.... only great vision.
It was

>done 6 months ago, and my vision is now 20/25. Hope this helps. Sue

Hi Sue,

Once again let me congratulate you (this time also in public) on your
great PRK results. Comparing them to available distributions of outcomes
in your myopic range, you are on the lucky side.

Let me ask you a couple of questions: How much close work do you usually
do every day, and do you think close work has affected your vision
negatively during the last six months now that you see 20/25?

Best,

Stefan

Return-path: <sue777@nai.net>

Date: Thu, 18 Apr 1996 06:55:59 -0400

From: sue777@usa.nai.net (Susan Reynolds)

Subject: Re: PRK
X-Sender: sue777@mailhost.nai.net
To: Stefan Stefanov <stefansi@ctrvax.Vanderbilt.Edu>

Hi Stefan: So nice to hear from you again. It's so funny you asked me that question about "close work" affecting my eyes in a negative way... I was JUST thinking about that question myself earlier this morning.

I have totally taken my vision for granted. It's great, and I do everything and anything I want to do, and my eyes never fail me. On occasion people have asked "how I can spend so much time on the computer" without my eyes hurting or getting a headache. I have always just shrugged, never even occurred to me that it could be a problem.

I spend at least 8 hours a day staring at this monitor... sometimes more. And when I'm not doing this I am helping kids with homework, helping hubby with his paperwork, or reading. I never realized it before, but I guess I DO really push my eyes to the limit. But.... no problems.

I have been on the Net and chatting with people who would say "I have to get off of here before my eyes totally go nuts" and I can never relate to what they mean.

So I guess the answer is "no"... haven't noticed a negative thing about all the close work I do with my PRK eyes. <G> I was just wondering this morning if I am HURTING my eyes with all this close work, but I sincerely doubt it. I think I would be noticing some problems, if that were the case. Oh, and keep in mind, on top of all this close work, I only get about 3-4 hours of sleep per day. I have heard that alone is enough to bother some people's eyes. Yes, I guess I AM very lucky. Bye for now.... Sue

-
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Re: Optometrists - part of the evil

- *Subject:* Re: Optometrists - part of the evil
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Thu, 18 Apr 1996 12:46:22 -0700 (PDT)
-

Julie;

I started optometry school two years ago specifically to go into vision therapy. It helped me and my daughter a lot and I was intrigued. So I worked part-time as a vision therapist for a couple of years before taking the big plunge to quit my nice secure government job and return to school at my advanced age!

I arrived in town and went to buy some car insurance from the agent right across the street from the school. She proceeded to tell me of her identical twin daughters (now in their twenties) who were both diagnosed with myopia when children at the school I attend. This school is one of the few optometry schools left that still believes in "functional" or "behavioral " optometry by the way. They prescribed both little girls minus lenses. As it turns out, one little girl dutifully wore her glasses and now years later is a moderate myope. Her twin sister refused to wear the glasses and guess what? I saw her in the office and she wears no lenses and sees fine (I have no specific data on her vision).

So that kind of shook me up. Why am I going to school anyway when people can just ignore all the stuff OD's recommend and do much BETTER!?

I still don't know, but have decided to stick this out, learn the traditional crap, and get my license. Then, I can hopefully look more into alternative methods of reducing/preventing myopia, binocular problems, visually-related learning problems, etc. By the way, I think occupational therapists have some good ideas on the mind/body connection that I will incorporate into my practice (if I can get through this stress-mill!). I enjoy your posts a lot by the way.

Herb

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Vision Freedom

- *Subject:* Vision Freedom
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 18 Apr 96 13:07:00 PDT
-

Has anyone bought whatever it is that Vision Freedom advertises? See extract below. Are they to be recommended? I'm interested but it sounds a bit commercial to me.

Thanks
Caroline

ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT VISION FREEDOM

But you're not a doctor! Why should I believe YOU? History is full of new "breakthrough" technology from "outsiders" where the "professionals" have failed. Penicillin and airplanes, to name a few. The Wright brothers were bicycle mechanics!

Is this the age-old "Bates" method? No! Bates advocated relaxation....Vision Freedom is mechanical....(Exact opposites.)

If you have tried the "Bates" method to improve your vision, with or without any degree of success....You'll be pleasantly amazed.

Are they pinhole glasses? NO! Unlike pinhole glasses, when your VISION FREEDOM glasses are removed, your vision will be noticeably improved, WITHOUT your prescription glasses or contact lenses.

How does VISION FREEDOM work? Muscles control your vision. Your eye has muscles that adjust the focus (the image you see through it's lens) by physically changing your eyes' shape 35,000 to 100,000 times a day, much like an auto-focus camera. They are constantly changing the shape of your eyes to clearly focus on different objects to the best of your eye's current muscle strength and ability. Your lens' position changes as a result

of your eye muscles moving your eye back and forth, back and forth....

Your eye's ability to clearly focus on different objects is limited only by your eye muscles' strength. With VISION FREEDOM, you will exercise and strengthen your eye muscles as you read.. As a result, your vision WILL improve.

-
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Bilberries again

- *Subject:* Bilberries again
 - *From:* Steev Clark <steev@darkside.demon.co.uk>
 - *Date:* 18 Apr 96 20:40:04 GMT
-

After my query about bilberry someone suggested getting them frozen from the supermarket. Are these likely to be the right sort? Although I haven't been and looked yet, I would expect that these will be a lot cheaper than any tablets, but I suppose that I may have to eat a lot to do any good.

Any views?

—
(
_)teev@darkside.demon.co.uk

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Re: Vision Freedom

- *Subject:* Re: Vision Freedom
 - *From:* "Jack S." <phate@phish.nether.net>
 - *Date:* Thu, 18 Apr 1996 16:45:50 -0400 (EDT)
-

On Thu, 18 Apr 1996, Richards, Caroline wrote:

>
> Has anyone bought whatever it is that Vision Freedom advertises? See
> extract below. Are they to be recommended? I'm interested but it sounds a
> bit commercial to me.
>
> Thanks
> Caroline
>

We had a number of discussions abt VF, please look at the archives in
March or Feb.

No need to explain this over and over again.

Have an eyes day, and remember to look up often ;)
Eugene

-
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Re: Obsessive myopia

- *Subject:* Re: Obsessive myopia
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Thu, 18 Apr 1996 18:11:13 -0400
-

At 12:03 PM 4/18/96 -0500, stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov) wrote:

>
>sue777@nai.net (Susan Reynolds) wrote:

(this, too, on top of all those peaches and cream):

>Oh, and keep in mind, on top of all this close work, I only get about 3-4
>hours of sleep per day.

It's a bird! It's a plane! It's...

And I was beginning to wonder.

Elena

-
- Prev by Date: [Re: Vision Freedom](#)
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Re: Myopia should not exceed 3.0 D

- *Subject:* Re: Myopia should not exceed 3.0 D
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Thu, 18 Apr 1996 19:41:57 -0500
-

>> This topic was extensively discussed in a thread I started on sci.med.vision
>> last October - "Myopia should not exceed 3.0 D". If you have a spacious
>> newsserver you can try digging the tread out with DejaNews.

>

>What was the article about? Thanx, Eugene

The main thesis was/is that myopia is to a large extent an iatrogenic disease (i.e. caused by doctors) and can be prevented if corrective lenses are not prescribed/worn so zealously. The title of the thread stems from the fact that if the eye is NEVER corrected it cannot go beyond about 3.0 D which is the refractive error at which close work from about 33cm/13in would cause no accomodation. Higher refractive errors are due to the fact that a corrected eye is used again for close distance work whereby the myopic process is retriggered and perpetuated.

Regards,

Stefan Stefanov

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Re: informed consent

- *Subject:* Re: informed consent
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Thu, 18 Apr 1996 20:40:36 -0500
-

On Thu, 18 Apr 1996 02:02:17 -0400 JRalls7959@aol.com wrote:

>I wrote to a consumer advocacy group about my concerns. They referred my
>concerns to an M.D. who does not think there are good alternative for myopia.
> If you have an opinion on this, personal experience, references, or papers,
>please write to:

>
>Sidney M.Wolfe, M.D., Director
>Public Citizen Health Research Group
>2000 P. St. NW, Ste. 700
>Washington, D.C., 20036
>
>thanks
>Julie Ralls, M.D.

Does Sydney Wolfe MD has an e-mail address?

Stefan

-
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Re: Obsessive Myopia

- *Subject:* Re: Obsessive Myopia
 - *From:* p9205755@student.anu.edu.au (Alistair Phillips)
 - *Date:* Fri, 19 Apr 1996 13:04:34 +1000
-

Hi all,

This is the first time I've tried posting to a mailing list so lets hope it works. First some background about me. I am 22 years old, male and have been wearing glasses since I was ten (Twelve years count them). I got them soon after moving from Adelaide to Sydney and changing schools. My current level of Myopia is around -5.25 in both eyes according to the optometrist and I currently wear -3.75 lenses for both eyes with some correction for astigmatism.

Now my situation Last year I took off my glasses and stopped wearing them after reading Jane Goddard's Natural Vision Improvment abd Jacob Libermann's Take Off Your Glasses and See and I did notice some improvment but a lack of commitment (I wasn't palming or putting any real effort apart from not wearing my glasses anymore)and everyone saying don't be stupid you can't fix your eyes you'll just hurt them more. Began to wear me down. So When I moved house back into my parents house I put my glasses back on saying that I needed them to move, and I haven't taken them off again.

Anyway recently I broke up with my long term girlfriend and I have been blaming alot of things on my Myopia. Stuff like we broke up because of it. I'm too precise and picky because of it. I don't have a normal life because of it. I also found myself wondering what effect my break up would have on my vision ,it seems very up and down recently.

I would seem that I'm a victim off Obsessive Myopia. What are your thoughts?

Al

Ps. I would still like to improve my vision I just have make a stronger commitment again.

```
 , _/
<o/ / It's not falling that hurts
# | It's hitting the ground
< \ |
 / Alistair Phillips
 / a.phillips@student.anu.edu.au
 < / |
 & |
 <o\ /
 / =%@ /
```

-
- Prev by Date: [Re: informed consent](#)
 - Next by Date: [Results of the third month: \(Who wants to bet???\)](#)
 - Prev by thread: [Re: Myopia should not exceed 3.0 D](#)
 - Next by thread: [Results of the third month: \(Who wants to bet???\)](#)
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Results of the third month: (Who wants to bet???)

- *Subject:* Results of the third month: (Who wants to bet???)
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Fri, 19 Apr 96 08:05:27 UT
-

Hello ISEEers,

I just got back from my monthly visit to the optometrist.

The result: an improvement of 0.25 in both eyes.

So now I'm at L:-2.25, R:-2.75.

The optometrist said next month we'd be able to confirm that because it could be because I may have trained myself to read the blur!!! Well I don't think so but we'll see.

So folks, that was a good quick news update brought to you from DownUnder. Keep up your exercises, your balanced diet, your relaxation program and any other thing that you think is good for you and your eyes.

george

-
- Prev by Date: [Re: Obsessive Myopia](#)
 - Next by Date: [Few Questions](#)
 - Prev by thread: [Re: Obsessive Myopia](#)
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Few Questions

- *Subject:* Few Questions
 - *From:* Ashwin Panjabi <ashwin@asiaonline.net>
 - *Date:* Fri, 19 Apr 96 20:30:19 HKT
-

1. After you perform PRK or RK or LASIK can your eyesight become bad again or is the effect of PRK,RK,LASIK permanent?
 2. What is the highest degree of myopia before you go blind?
-

- Prev by Date: [Results of the third month: \(Who wants to bet???\)](#)
- Next by Date: [Re: Bilberries again](#)
- Prev by thread: [Results of the third month: \(Who wants to bet???\)](#)
- Next by thread: [Re: Few Questions](#)
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Re: Bilberries again

- *Subject:* Re: Bilberries again
 - *From:* Ari Solovyova <asolovyo@indiana.edu>
 - *Date:* Sat, 20 Apr 1996 13:24:47 -0500 (EST)
-

Fresh berries are always better than dried (for all medicinal plants); and according to my Russian herbal references, bilberry juice or fresh berries are the most effective form of bilberry.

Just my 2.000 roubles worth. :-)

Ari

On 18 Apr 1996, Steev Clark wrote:

```
> After my query about bilberry someone suggested getting them frozen from the
> supermarket. Are these likely to be the right sort? Although I haven't been and
> looked yet, I would expect that these will be a lot cheaper than any tablets,
> but I suppose that I may have to eat a lot to do any good.
>
> Any views?
> _
> (_
> _)teev@darkside.demon.co.uk
>
>
>
```

-
- Prev by Date: [Few Questions](#)
 - Next by Date: [Re: Few Questions](#)
 - Prev by thread: [Bilberries again](#)
 - Next by thread: [Re: Bilberries again](#)
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Re: Bilberries again

- [Date](#)
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Re: Few Questions

- *Subject:* Re: Few Questions
 - *From:* JRalls7959@aol.com
 - *Date:* Sat, 20 Apr 1996 17:22:25 -0400
-

per Woo and Wilson , Current Methods of Treating and Preventing Myopia, A Review, Optometry and Vision Science, Vol. 67, no9 pp719-727- you can have both over and under correction with RK

>From Sher, Trobe and Weingeist- New Options for Vision Loss, Patient Care, September 15, 1995 re Laser-

-regression of more than 1.00 Diopters (this occurs in 12% of patients with myopia of up to -3.00D, 28% with -3.10 to -6.00, and 60% with more than -6.00 D)

-reduction in best corrected visual acuity of more than one Snellen's chart line in 3-4% of patients with myopia of -1.00 to -6.00D and a greater reduction in patients with more severe myopia.

p.62

Julie Ralls, M.D. Family Medicine

- Prev by Date: [Re: Bilberries again](#)
- Next by Date: [Re: Vision and Metaphysics](#)
- Prev by thread: [Few Questions](#)
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Re: Vision and Metaphysics

- *To:* I_see@indiana.edu
 - *Subject:* Re: Vision and Metaphysics
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Sat, 20 Apr 1996 21:47:07
 - *Priority:* normal
 - *Reply-to:* llee@comox.island.net
 - *Sender:* owner-i_see@indiana.edu
-

I understand that there are some people in this user group who believe that vision and metaphysics have nothing in common. That is wonderful! I appreciate that you have the right to express your opinion and ask only that you allow me to expressing mine.

Can we not keep this valuable exchange of ideas free from any pressure to conform to any notion of what VT is or isn't?

When i make a posting expressing my views, i receive many personal comments from people (not always female!) who share my experiences. Generally they begin their letters by asking me to keep their correspondence private, as they feel uncomfortable going public for fear of derision. That is very unfortunate, don't you think? Are we not all looking for answers to the same problems? Do we have to pick sides? Does everything have to be a battleground?

Maybe someone out there has the answer we're all looking for but we haven't made it safe for them to speak up. We would all lose.

Two thousand years ago someone said how great it would be if we were all nice to each other for a change and they nailed him to a tree. Maybe we could try another approach.

Here's hoping.

I don't remember who said it, but i agree: <keep looking up!>

Linda, AKA (mostly female)

-
- Prev by Date: [Re: Few Questions](#)
 - Next by Date: [Natural Vision FAQ \(fwd\)](#)
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 - Next by thread: [Re: Vision and Metaphysics](#)
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Natural Vision FAQ (fwd)

- To: i_see@indiana.edu
 - Subject: Natural Vision FAQ (fwd)
 - From: Vic <root@cia.com.au>
 - Date: Sun, 21 Apr 1996 19:10:00 +1000 (EST)
 - Sender: owner-i_see@indiana.edu
-

>>>> Forwarded message from GeoVic@aol.com

Vic,

I have myopia, astigmatism, and presbyopia. It seems to me that, if my vision were to improve, thanks to, say, eye exercises, all the way to normal vision, over a period of time, I'd have to get a whole series of new eyeglass prescriptions along the way to continue driving and using a computer. This could be a very expensive proposition. Any ideas? (If this is covered in the FAQ, I'm sorry, I missed it. Please just point me to it.)

Thank you,

George Victor

<< End forwarded message

!!! What's wrong with McDonald's?, now you can judge for yourself..
!! Uncensored and unstoppable on the WWW: <http://www.McSpotlight.org/>
! (Spread the word, please add these 3 lines to your signature file)

-
- Prev by Date: [Re: Vision and Metaphysics](#)
 - Next by Date: [Re: Transition Glasses](#)
 - Prev by thread: [Re: Vision and Metaphysics](#)
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Re: Transition Glasses

- *To:* Vic <root@cia.com.au>, I_see@indiana.edu
 - *Subject:* Re: Transition Glasses
 - *From:* "Linda Lee" <llee@comox.island.net>
 - *Date:* Sun, 21 Apr 1996 10:21:18
 - *Priority:* normal
 - *Reply-to:* llee@comox.island.net
 - *Sender:* owner-i_see@indiana.edu
-

Here are some suggestions i have about keeping the cost of transition glasses to a minimum.

Personally, i shop second hand stores. My local one has a big bin of used glasses that i can surf through. I just look through the glasses and choose a pair that gives me blurrier vision than i now have. They cost a dollar a pair and so i can afford to make mistakes. Then i take them to the local glasses store and ask them to check the prescription. They are happy to do this if i take no more than five pairs in and come during slow times. If the glasses have a weird astigmatism correction then i'm out a buck and i don't use them.

My brother is particularly good at finding glasses that have no astigmatism correction. He holds the lense up to a light and looks through it at some lettering in the distance while rotating each lense individually. He says he can see a variation in the view if there is an astigmatism. I can't see what he sees, so i take him shopping with me. This is probably not practical for most of you since he lives on the west coast of Canada, but it works for me!

I have also found that it is possible to grind down lenses to a lower prescription, but probably within some limits. I once ordered a pair of glasses when i started VT and found that by the time they arrived,

one week later, my prescription was 1/2 a diopter weaker. The optician took the glasses back and ground them down to suit me.

Another thing you can do is to buy a pair of cheap reading glasses, ie plus glasses, and wear them over your regular glasses for close up work. This looks silly but it works. I have a pair of +1.5 that i wear at the computer when i have my 20/20 contacts or glasses on. You can also do this when you are reading close up.

And of course, the latest thing is 'computer glasses'. I stopped in at the local dispensing optician recently and told them i wanted a pair of reduced contact lenses for use at the computer and they gave me a pair for trial that were 1.5 diopter less then my normal myopic correction. That's the first time i ever prescribed my own lenses! If you are shy about asking your OD about 40/20 glasses, you could use the same ploy.

You can also check with friends to see if they have any old lenses kicking around. Invariably they will tell you that they have no idea what prescription they are, but that they are 'blind as a bat' without them. Check them out with the optician and use them if they work.

(aside) It always amazes me that people can effortlessly recite complicated pharmaceutical or nutritional prescriptions they are taking but are completely ignorant about what's happening right in front of their eyes. (end aside)

I understand that you are wearing bi-focal lenses, and so none of these hints might help you. Perhaps you can get into a habit of switching glasses to suit your viewing needs, ie, minus lenses for far away and plus lenses for close up. I understand that common VT wisdom is to ignore astigmatism corrections in transition glasses.

. . . and i think that is everything i know about cheap transition glasses . . .

Linda

• **Follow-Ups:**

- [Re: Transition Glasses](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [Re: Transition Glasses](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>

- Prev by Date: [Natural Vision FAQ \(fwd\)](#)
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Re: Natural Vision FAQ (fwd)

- *To:* i_see@indiana.edu
 - *Subject:* Re: Natural Vision FAQ (fwd)
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Sun, 21 Apr 1996 10:30:51 -0600
 - *Sender:* owner-i_see@indiana.edu
-

At 07:10 PM 4/21/96 +1000, you wrote:

>

>I have myopia, astigmatism, and presbyopia. It seems to me that, if my vision
>were to improve, thanks to, say, eye exercises, all the way to normal vision,
>over a period of time, I'd have to get a whole series of new eyeglass
>prescriptions along the way to continue driving and using a computer. This
>could be a very expensive proposition. Any ideas? (If this is covered in the
>FAQ, I'm sorry, I missed it. Please just point me to it.)

This is generally true, but one way to cut down on costs is to reuse your frames, and to avoid all the "extras" (eg. coatings - is scratch resistance so important if you're going to get new lenses in a few months?).

If you do this, new lenses should be in the US\$50-65 area (unless they're bifocals, in which case they'd be more), not too bad when you consider the benefits accrued from VT (eg. say you're -5.00 and you get new lenses every 1.00 shift; that's 3 or 4 sets [at the -1.00 level you're around 20/40, which is legal for driving everywhere I've been and fine for computer work, so you may not want lenses at all] for about \$200, plus you've probably got a couple of frames from old glasses). So is clear vision without glasses worth \$200?

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

- Prev by Date: [Re: Transition Glasses](#)
- Next by Date: [Re: Vision and Metaphysics](#)
- Prev by thread: [Natural Vision FAQ \(fwd\)](#)
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Re: Vision and Metaphysics

- *To:* i_see@indiana.edu
 - *Subject:* Re: Vision and Metaphysics
 - *From:* stefansi@ctrvx.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Sun, 21 Apr 1996 14:50:51 -0500
 - *Sender:* owner-i_see@indiana.edu
-

>I understand that there are some people in this user group who
>believe that vision and metaphysics have nothing in common. That is
>wonderful!

Linda,

I appreciate this post of yours. I notice it has been implicitly directed to me so I'd take the time to respond.

You'll be surprised to know how metaphysical I am. You have probably never met someone as metaphysical. The most important thing is that we cannot be qualified as belonging to a certain school of thought. The reason for this is that any qualification is off something while we are off NOTHING. With this stipulation I can align myself to the neo hinduism or philosophical linguistics (some names in the field: Derrida, Ricoeur, Lacan, Levinas, Owens, Valerie). We regard matter as a frozen thought, therefore we are something like Idealistic monists. Matter or energy (these are equivalent - see Einstein) are a fallout of the Asymmetric Tendency in the universe whereby Thought cannot sustain its purity and in attempt to get to Know itself gives birth to matter (the me vs the other antinomy in French existentialism). The wickedness manifests itself through Thought not finding itself self-sufficient. To cut it short, I am presently working into unifying the purely Idealistic paradigms (Kant, Hegel, Heidegger, Kierkegaard, Sartre) with Utilitarian paradigms. Beyond Beauty and Uninterestedness I observe the utilitarian aspect in, for example, bees visiting flowers, or the firs having needles.

The guilt that you touched upon in one of your previous postings we regard as petty humanistic. The Guilt we mean is the Unsustainability of the Symmetry (or the Difference). A material equivalent in nuclear physics is

the discovery that none of the three basic symmetries held. However, it is in quantum physics where materialists and we, idealists, tend to converge - the "laws" in quantum physics most closely resemble esthetics principles and music.

>I appreciate that you have the right to express your
>opinion and ask only that you allow me to expressing mine.

I have never forbidden you to express your opinion. Post as much as you want. The power to let you through rests with Alex.

>Can we not keep this valuable exchange of ideas free from any
>pressure to conform to any notion of what VT is or isn't?

If a post conveys an idea it asserts something. This should not be thought of as pressure by independent minds. Any idea can be supported or challenged by others. The history of the world is one of the rise and fall of ideas.

>When i make a posting expressing my views, i receive many personal
>comments from people (not always female!) who share my experiences.
>Generally they begin their letters by asking me to keep their
>correspondence private, as they feel uncomfortable going public for
>fear of derision. That is very unfortunate, don't you think? Are
>we not all looking for answers to the same problems? Do we have to
>pick sides? Does everything have to be a battleground?

The "battleground" is a result of the Difference. I join you in extending an invitation to all who have not spoken publicly so far to do so. These people may possess valuable and enlightening ideas for the benefit of all. As to picking sides, there is a point in development after which All people are the same. Until then the Difference rules.

I enjoy a great self-confidence because I feel the pulse of the Universe (anyone can claim this, of course). I have never seen anyone more self-confident than me. But I have seen many people as self-confident as me. Recent examples are Richard Fuld, Chief Executive Officer of Lehman Brothers Holding, Inc. (a top-five Wall Street investment bank) whom I met this Friday, and the former British Prime Minister Baroness Margaret Thatcher whom I had the honor of meeting Wednesday. I believe we have reached the "Sameness level".

The above is the reason why we welcome confusion as a most valuable experience. After each confusion we emerge stronger. I shall only be too grateful to those who point to where I wrong. Furthermore, I beg you to. Companies pay millions to consultants to tell them what they do wrong. Of course, I have the right to respond critically. But I am not pompously proud not to change my mind. It is through total humbleness and loss of the self that we reach Unity.

>Maybe someone out there has the answer we're all looking for but we
>haven't made it safe for them to speak up. We would all lose.

Please come forward. The enlightened have no fear.

>Two thousand years ago someone said how great it would be if we were
>all nice to each other for a change and they nailed him to a tree.
>Maybe we could try another approach.

I think he was naive. God died in the Church. To the masses, Religion is
Philosophy. To the few, Philosophy is Religion.

>

>Linda, AKA (mostly female)

I admit, I may have hurt the fair sex. Please, pardon me, I meant nothing
sexist. It's probably the too many statistical studies that I read. There,
the two most common predictors are gender and age. Since I don't know the
age of posters, I tried to "predict" by gender. From now on I shall try to
abstain from making this distinction when not quoting statistical studies.

Best regards,

Stefan Stefanov

-
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 - Next by Date: [hs paper](#)
 - Prev by thread: [Re: Vision and Metaphysics](#)
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hs paper

- To: I_SEE@indiana.edu
 - Subject: hs paper
 - From: JRalls7959@aol.com
 - Date: Sun, 21 Apr 1996 19:49:46 -0400
 - cc: kbaker@lanl.gov
 - Sender: owner-i_see@indiana.edu
-

I tried to answer some of the questions, but when I tried to send those answers out, my computer disconnected from AOL. S I'll try sending several short messages. For some reason, that has worked in the past when a piece of mail won't go through.

1. Why do objects become clear?

I think this is better explained with diagrams. Check out an ophthalmology text or a basic camera book. It has to do with how the light is bent as it enters the eye and where the bent rays meet in the back of the eye. If you really want detail, I can try and write it out but it takes a while and in this case a picture is worth a thousand words.

julie

-
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 - Prev by thread: [RE: Transition Glasses](#)
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hs paper

- *To:* I_SEE@indiana.edu
 - *Subject:* hs paper
 - *From:* JRalls7959@aol.com
 - *Date:* Sun, 21 Apr 1996 20:00:58 -0400
 - *cc:* kbaker@lanl.gov
 - *Sender:* owner-i_see@indiana.edu
-

Some of these answers are from a technical side, some from a practical patient view side

2. glasses vs contacts

For me glasses were more comfortable for my eyeballs, but less for my face. I developed dry eyes in medical school and had a horrible time trying to get contacts that didn't start burning and irritating my eyes after a few hours. I'd be asked if I had conjunctivitis because they would get blood shot. With the glasses I didn't need any of those cleaning solutions, the mess and bother, like a makeup kit. Contacts were more expensive.

The glasses are a pain though too. You look like a geek. You do your eye make-perfect then cover it all up with those lenses. The glasses don't strap around your face so you always have this annoying foreign object in the periphery of your vision. Kids call you four-eyes. You get picked last for field games. None of the boys will kiss you. Even if they would, you think they won't. you can never be a cheerleader. You don't smile as much. It is really awkward to try and relax with your boyfriend in front of the TV and makeout while watching TV. (And I had such dry eyes that I couldn't wear the contacts in the evening, they hurt too much. So I'd switch to the glasses by dinner time, just when I needed to be the most sexy and elegant.) You have to take the glasses off to kiss him then put them back on to see the movie.

On, off, on, off. It spoils the mood. When people hug you, your frames get bent. etc.

julie

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hs paper

- To: I_SEE@indiana.edu
 - Subject: hs paper
 - From: JRalls7959@aol.com
 - Date: Sun, 21 Apr 1996 20:14:15 -0400
 - cc: kbaker@lanl.gov
 - Sender: owner-i_see@indiana.edu
-

3. I got contact lenses in grade school, hard. This was before soft lenses were introduced. There were some studies showing hard lenses might slow the progression of myopia. My doctor also wanted me to be beautiful and I did look better without the glasses, and I felt better about how I looked. Then soft lenses came in. They were much more comfortable. I think the gas permeable lenses are healthier for the cornea. More oxygen can get to the surface of the eye (at least that is what I remember being told). With my dry eyes, I was given soft lenses with the highest water content. Those seem to feel the best and cause the least redness and irritation. I ended up using extended wear lenses but taking them out each night and tossing them after 2 weeks. The extended wear users had higher rates of corneal ulceration. All my doctors recommended against my using contacts overnight with my dry eyes. The risk of ulceration and infection was too high. I dreamed of the day I would get laser surgery and wake up in the morning and see the clock clearly. Now I wouldn't touch the surgery because I think the non-surgical alternatives are better.

julie

-
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hs paper

- *To:* I_SEE@indiana.edu
 - *Subject:* hs paper
 - *From:* JRalls7959@aol.com
 - *Date:* Sun, 21 Apr 1996 20:21:02 -0400
 - *cc:* kbaker@lanl.gov
 - *Sender:* owner-i_see@indiana.edu
-

4. Laser sort of evaporates cells. It breaks molecular bonds without damaging adjacent tissues. With it you can reshape the cornea and change its curvature. Thus you change how much the light bends as it enters the eye. You might want to look at a physics book, the section on optics to learn about this. I need to review it myself. It has been a while. There is minimal damage to the cornea. I've now had several friends get this and they see 20/20 and love the results. I think it's a horrible idea compared to vision therapy.

RK cuts the eye. There is more scarring with RK. The doctor makes several radial incisions around the cornea. This causes the cornea to flatten a little. Again, a diagram would be good here. RK is less precise than the laser.

julie

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hs paper

- *To:* I_SEE@indiana.edu
 - *Subject:* hs paper
 - *From:* JRalls7959@aol.com
 - *Date:* Sun, 21 Apr 1996 20:28:58 -0400
 - *cc:* kbaker@lanl.gov
 - *Sender:* owner-i_see@indiana.edu
-

5. Side effects- per Woo and Wilson, Current Methods of Treating and Preventing Myopia, A Review, Optometry and Vision Science, Vol, 67, no 9 pp 719-727 For RK- "Under correction or over-correction, increased glare sensitivity, photophobia, monocular diplopia, fluctuation of vision, increased or irregular astigmatism, regression of the refractive change, and early onset of presbyopia. Also recurrent corneal erosions, iritis, microbial keratitis, corneal perforations, hyphema, cataract, endophthalmitis, intrastromal abscess, corneal iron lines, limbal vascularization and epithelial implantation cysts. Complete loss of vision can follow large perforations of the anterior capsule of the lens, infection of the corneal incisions, and in eyes with abnormal corneas." p 720. Now take a look at a PDR. The percentages of these side effects are very small, but a patient should be aware of the risks. In the PDR you can look up thousands of drugs and their side effects. The lists of side effects look horrible and you would think no one should ever be taking such dangerous drugs. But you have to compare risk versus benefit. Few people get severe side effects and many people can benefit from medication.

julie

-
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hs paper

- To: I_SEE@indiana.edu
 - Subject: hs paper
 - From: JRalls7959@aol.com
 - Date: Sun, 21 Apr 1996 20:43:19 -0400
 - cc: kbaker@lanl.gov
 - Sender: owner-i_see@indiana.edu
-

5. Side effects- From Sher, Trobe, Weingeist- New Options for Vision Loss, Patient Care, September 15, 1995. Laser- bacterial infection- 0.1 % corneal hazing in the healing process which usually fades. Severe, permanent haze that may interfere with vision occurs in fewer than 1% of patients. Most ophthalmologists believe that it is safer than using extended-wear contact lenses.

-regression of more than 1.00 diopters(this occurs in 12% of patients with myopia of up to -3.00 D, 28% with -3.10 D to -6.00 D, and 60% with more than -6.00 D)

- reduction in best corrected visual acuity of more than one Snellen's chart line in 3-4% of patients with myopia of -1.00 to -6.00 D and a greater reduction in patients with more severe myopia.

-a halo around lights sufficient to impair night driving in 12%

p 62

I found it interesting that this Dr. Sher has the same name as a Dr. Sher who coauthored another article on the Laser in Arch Ophthalmology, vol 109, nov 1991. That is a specialty journal. In that journal the reader is notified that Dr. Sher at one time had investments in the company that developed the laser. Also that company, VISX, helped fund the research. So the reader should be aware that an economic bias might exist. Science doesn't happen in a vacuum. (this would be a whole nother research paper) . But Patient Care, which is for primary care physicians like myself, does not mention that connection. The Patient Care article explains the surgery very well and the diagrams are good too.

julie

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high school paper

- *To:* I_SEE@indiana.edu
 - *Subject:* high school paper
 - *From:* JRalls7959@aol.com
 - *Date:* Sun, 21 Apr 1996 21:24:23 -0400
 - *cc:* kbaker@lanl.gov
 - *Sender:* owner-i_see@indiana.edu
-

7. Can myopia.... Yes- I don't have specific references but according to a local doctor of Oriental Medicine, myopia in children can be treated with acupuncture. This is the position of the World Health Organization according to Dr. Tung of Corona del Mar, California. This is't natural but it is non-surgical. Also there are acupressure points that can be used to improve vision. You can use biofeedback, reading glasses, visual hygiene measures, exercises, the Bates method. Here' s some references:

-Sherman, Arnold, O.D., Myopia Can Often be Prevented, Controlled or Eliminated, Journal of Behavioral Optometry, Vol. 4, No 1 p16, 1993. (This is my personal favorite)

Leber, Leray, PhD., Wilson, Thomas, O.D., Myopia Reduction Training- With A Computer Based Behavioral Technique, A Preliminary Report, Journal of Behavioral Optometry, Vol 4, No 4, p 87, 1993.

Orfield, Antonia, MA, OD Seeing Space, Undergoing Brain Re-Programming to Reduce Myopia, Journal of Behavioral Optometry, Vol5, No 5, p123, 1994

Trachtmen, Joseph N. Biofeedback of Accommodation to Reduce Myopia: A Review, American Journal of Optometry and Physiological Optics, Vol. 64, No 8, pp 639-643. 1987.

Grosvenor, Theodore, OD PhD, The Results of Myopia Control Studies Have Not Been Encouraging, Journal of Behavioral Optometry, Vol 4, No 1, p 17, 1993.

Gottlieb, Raymond, "Neuropsychology of Myopia" Journal of Optometric Vision Development, Vol 13, no 1 March 1982, pp 3-27- This article nicely outlines

the different theories on the etiology of myopia.

Julie Ralls, M.D., Family Medicine

- Prev by Date: [hs paper](#)
- Next by Date: [Re: Transition Glasses](#)
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Re: Transition Glasses

- *To:* Linda Lee <llee@comox.island.net>
 - *Subject:* Re: Transition Glasses
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 22 Apr 1996 09:49:12 -0400 (EDT)
 - *cc:* I_see@indiana.edu
 - *In-Reply-To:* <m0uB3p5-001HrC@comox.island.net>
 - *Sender:* owner-i_see@indiana.edu
-

My solution to transition glasses costs no more than I was already spending - I have been using disposable lenses for the last 4 years. The trick is to gradually reduce the prescription as my vision improves :)

Since my right and left eye are near the same, and lenses come in six-packs, I have anywhere from three to six (maybe nine) weeks to decide if I want to reduce again.

I also have glasses, with no correction for astigmatism, that are even weaker than the contact lenses. Some days I go with out any correction, when I am at home and doing un(visually)demanding chores. I cleared and mulched the flower beds quite nicely without lenses, and enjoyed it greatly. I am finding that many things I can do without lenses are more satisfying than the things I must have lenses for. Jumping on the kids' trampoline, eating, playing ball with the kids, juggling, napping, and though it scares Elena, driving in familiar places with our bright Florida sunshine.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

- **References:**

- [Re: Transition Glasses](#)

- *From:* "Linda Lee" <llee@comox.island.net>

- Prev by Date: [high school paper](#)

- Next by Date: [Re: Bilberries again](#)

- Prev by thread: [Re: Transition Glasses](#)

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Re: Bilberries again

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* Re: Bilberries again
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Mon, 22 Apr 1996 09:26:52 -0500 (CDT)
 - *In-Reply-To:* <3176fcde@darkside.demon.co.uk>
 - *Sender:* owner-i_see@indiana.edu
-

Are the frozen bilberries only available in the UK?

On 18 Apr 1996, Steev Clark wrote:

> After my query about bilberry someone suggested getting them frozen from the
> supermarket. Are these likely to be the right sort? Although I haven't been and
> looked yet, I would expect that these will be a lot cheaper than any tablets,
> but I suppose that I may have to eat a lot to do any good.

-
- Prev by Date: [Re: Transition Glasses](#)
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Re: Transition Glasses

- *To:* llee@comox.island.net
 - *Subject:* Re: Transition Glasses
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Mon, 22 Apr 1996 14:47:19 -0500
 - *Cc:* I_see@indiana.edu
 - *In-Reply-To:* Your message of "Sun, 21 Apr 1996 10:21:18." <m0uB3p5-001HrC@comox.island.net>
 - *Sender:* owner-i_see@indiana.edu
-

Thanks for the tips on low cost lens reduction.

Can a correction for astigmatism be ground out?
In other words, I could get a lower prescription, then have my existing lenses ground re-ground. However, I look forward to eliminating my astigmatism correction eventually. It has never remained the same over the years anyway and has most likely already changed. Can it be ground out? (I don't know much about lenses except for the usual concave/convex stuff with a smattering of focal point trivia.)

Mark
mjones@pencom.com

- **References:**
 - [Re: Transition Glasses](#)
 - *From:* "Linda Lee" <llee@comox.island.net>

- Prev by Date: [Re: Bilberries again](#)
- Next by Date: [Detecting cylinder](#)
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Detecting cylinder

- *To:* i_see@indiana.edu
 - *Subject:* Detecting cylinder
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Tue, 23 Apr 1996 00:08:35 -0500
 - *Sender:* owner-i_see@indiana.edu
-

On Sun, 21 Apr 1996 10:21:18 +0000 Linda Lee <llee@mail.comox.island.net> wrote:

>My brother is particularly good at finding glasses that have no
>astigmatism correction. He holds the lense up to a light and looks
>through it at some lettering in the distance while rotating each
>lense individually. He says he can see a variation in the view if
>there is an astigmatism. I can't see what he sees, so i take him
>shopping with me. This is probably not practical for most of you
>since he lives on the west coast of Canada, but it works for me!

You are referring to an effective field method to test for cylindrical component in the spectacle lens. I believe anyone can learn to use it.

To put it simply, since the existence of a cylinder makes the refractive power different in every meridian, by gradually rotating the lens while looking through it with one eye you should be able to see changes/distortions in the image. You have to hold the glasses pretty stable and keep the distance between them and the viewing eye the same.

Trying this with my former 20/20 glasses which have some negative cylinder at approximately zero degrees I actually notice that letters get compressed horizontally, i.e. they get thinner (at 0 deg) and normal, i.e. fatter (at 90 deg).

The trick is to learn to distinguish between changes due to minification/magnification caused by a possible shift in the viewing distance (it's not easy to hold the glasses at perfectly the same distance while rotating them) and more "weird" changes as described above.

Regards,

Stefan Stefanov

- Prev by Date: [Re: Transition Glasses](#)
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RE: Transition Glasses

- *To:* "I_SEE" <i_see@indiana.edu>
 - *Subject:* RE: Transition Glasses
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 23 Apr 96 07:30:03 UT
 - *Sender:* owner-i_see@indiana.edu
-

Isn't driving great without glasses!!! It gives a good dose of confidence that my vision is getting better.

BTW, what's your 20/20 prescription?

george

From: owner-i_see@indiana.edu on behalf of Mary Marlowe
Sent: Monday, April 22, 1996 11:49 PM
To: Linda Lee
Cc: I_see@indiana.edu
Subject: Re: Transition Glasses

My solution to transition glasses costs no more than I was already spending - I have been using disposable lenses for the last 4 years. The trick is to gradually reduce the prescription as my vision improves :)

Since my right and left eye are near the same, and lenses come in six-packs, I have anywhere from three to six (maybe nine) weeks to decide if I want to reduce again.

I also have glasses, with no correction for astigmatism, that are even weaker than the contact lenses. Some days I go with out any correction, when I am at home and doing un(visually)demanding chores. I cleared and mulched the flower beds quite nicely without lenses, and enjoyed it greatly. I am finding that many things I can do without lenses are more satisfying than the things I must have lenses for. Jumping on the kids' trampoline, eating, playing ball with the kids, juggling, napping, and though it scares Elena, driving in familiar places with our bright Florida sunshine.

Mary Marlowe

phishes@pbfreenet.seflin.lib.fl.us

- Prev by Date: [Detecting cylinder](#)
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20/20 correction?

- *To:* I_see@indiana.edu
 - *Subject:* 20/20 correction?
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Tue, 23 Apr 1996 11:43:41 -0400 (EDT)
 - *Reply-To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Sender:* owner-i_see@indiana.edu
-

george wrote:

> Isn't driving great without glasses!!! It gives a good dose
> of confidence that my vision is getting better.

> BTW, what's your 20/20 prescription?

> george

> _____

These were my numbers

R -5.50 -75 axis 175

L -5.75 -75 axis 5

back in January 1996. I haven't been checked since then, so that is the most accurate I have. I personally notice a shift in accuity between my two eyes. Sometimes they are the same, sometimes one or the other is a little clearer.

Mary Marlowe

phishes@pbfreenet.seflin.lib.fl.us

- Prev by Date: [RE: Transition Glasses](#)
- Next by Date: [First visit to an O.D.](#)
- Prev by thread: [Detecting cylinder](#)
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First visit to an O.D.

- To: I_see@indiana.edu
 - Subject: First visit to an O.D.
 - From: Eugene <phate@phish.nether.net>
 - Date: Tue, 23 Apr 1996 18:19:20 -0400 (EDT)
 - Sender: owner-i_see@indiana.edu
-

Just came back from my local O.D. I decided to see what my power would be for nearsightedness. Here's what happened:

First the lady took me to this dark room, showed some small letters, for 2 secs, then did that to the other eye, when that was over, i believe she did a glaucoma test. She told me to wait for the doctor.

I waited for about 20mins, and then the doctor called, he asked me whats my visual problem is, etc. Then he made me sit in this chair, and showed some letters, they were so blurry, I couldnt see any of them!!. Anyway he started flippinf the lenses, and asking better or worse, I honestly answered. Then he did a convergeance test, by moving the pencil in different directions. Then he started to "squeezing the letters," and asking me if its better or not. Astigmatism test? Then he showed me a tic-tac-toe board, and asked me which lines (horizontal, or vertical) looked sharper, I kept saying the horizontal ones, since they seemed blacker, he concluded the exam, by writing me the prescription, and asking me to and pick glasses, I refused, and just took the prescription and left.

My prescription is:

OD -1.50 sph.
OS -1.25 sph.

Obviously no astigmatism.

Now I have something to compare to, as my vision improves! ;)

have an eyes day,
Eugene

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Eye Doctors

- *To:* I_SEE@indiana.edu
 - *Subject:* Eye Doctors
 - *From:* JRalls7959@aol.com
 - *Date:* Wed, 24 Apr 1996 02:35:08 -0400
 - *cc:* kbaker@lanl.gov
 - *Sender:* owner-i_see@indiana.edu
-

When I first wanted to get the 20/40 lenses I called a couple of places because I didn't want to take off work to see the doctor just for this. I wanted to go somewhere like lens crafters and just get the lenses and try the idea out. They didn't know what I was talking about. They weren't familiar with the concept. I had to argue a little about it. I'd ask- what would it hurt, even if it doesn't help? Finally I called my doctor and we discussed it. He'd be willing to give it a shot but I'd have to come in- and I was paying this guy cash for services for the last few years. When I had first called, I told the receptionist what I wanted to do. She goes, "Oh, that's the old school!" I'm thinking, old school? What old school? You guys knew about this all along and never told me!. I had a chance to try this in second grade but nobody bothered to inform me of this possibility? M____r F____s!!!!!!!!!!!!!! If this works, I'm going to strangle you all, non-violently of course .It turned there was a women's sailing conference starting at 8:30, and my eye appointment was at 9. So I just whited out my old prescription, dropped each side by 0.5 diopters, xeroxed it and got another set of glasses on my own and cancelled the appointment. I really don't need a doctor when I have white out.

I think it will be funny historically that a Dr. discounted Bates. I've just skimmed his books. He saw example after example of phenomenon that made it clear to him that the established paradigm was wrong. Myopia and astigmatism spontaneously reversing. It's not supposed to do that.

I was told I had long eyes. They grew too long. It was genetic. Now I've been asking people about their vision history for over a year now. How are all these adults growing long eyes? So many adults with a new onset of myopia. Several friends and my oldest brother were prescribed lenses but didn't wear them. Now they see fine. I wore mine. What a goof! Bates' method does see a bit kooky but at least he was doing less harm than those that ridiculed him.

julie

- Prev by Date: [First visit to an O.D.](#)
- Next by Date: [Ready to take the first step....](#)
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Ready to take the first step....

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* Ready to take the first step....
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Wed, 24 Apr 96 11:03:00 PDT
 - *Encoding:* 22 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Hi

I'm fairly new to all of this and my eyes aren't very bad (-0.5 and -1), but I'd like to try to correct them naturally.

I've read lots of what you've all been saying and I have been out and got some +3.0 glasses (they seemed about right for reading).

I've worked out already that I misjudge distances with them (I fell 'up' the stairs yesterday when I didn't take them off after having tried them!), but assuming I stick strictly to reading and not moving around in the future, can someone reassure me that there is nothing I can do to harm my eyes in this way? I just wondered, because if I do bring something close enough to be unblurred (for a moment), it is much bigger than it should be.

I suppose I could always ask an optician but I don't trust their opinions anymore!

Thanks

Caroline Richards

-
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Ready to take the first step....

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Re: Ready to take the first step....

- *To:* richardc@sydney.btap.bt.com
 - *Subject:* Re: Ready to take the first step....
 - *From:* JRalls7959@aol.com
 - *Date:* Wed, 24 Apr 1996 17:42:38 -0400
 - *cc:* I_SEE@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Sure looks to me like it's the close up work with the negative diopter lenses that will harm your eyes, not the other way around. The positive lenses should protect your eyes. Myopes get more glaucoma, retinal detachment, vitreous degeneration. I don't know the mechanism but it related to lots of close up work.

Julie Ralls, M.D. Family Medicine

- **Follow-Ups:**
 - [Re: Ready to take the first step....](#)
 - *From:* Eugene <phate@phish.nether.net>
- Prev by Date: [Ready to take the first step....](#)
- Next by Date: [Re: First visit to an O.D.](#)
- Prev by thread: [Ready to take the first step....](#)
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Re: First visit to an O.D.

- To: JRalls7959@aol.com
 - Subject: Re: First visit to an O.D.
 - From: Eugene <phate@phish.nether.net>
 - Date: Wed, 24 Apr 1996 18:09:08 -0400 (EDT)
 - cc: I_SEE@indiana.edu
 - In-Reply-To: <960424174520_198216763@emout16.mail.aol.com>
 - Sender: owner-i_see@indiana.edu
-

On Wed, 24 Apr 1996 JRalls7959@aol.com wrote:

```
> so was there any discussion as to the cause of your vision problem or
> alternative treatment?
> julie
>
```

My primary reason to go there was to get my diopters, thats it, and to check the health of my eye. He told me he would give me not full strength glaasses. SO evidently he wouldnt treat it.

- Prev by Date: [Re: Ready to take the first step....](#)
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Re: Ready to take the first step....

- *To:* JRalls7959@aol.com
 - *Subject:* Re: Ready to take the first step....
 - *From:* Eugene <phate@phish.nether.net>
 - *Date:* Thu, 25 Apr 1996 20:29:50 -0400 (EDT)
 - *cc:* richardc@sydney.btap.bt.com, I_SEE@indiana.edu
 - *In-Reply-To:* <960424174237_198214619@emout15.mail.aol.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Wed, 24 Apr 1996 JRalls7959@aol.com wrote:

```
> Sure looks to me like it's the close up work with the negative diopter lenses
> that will harm your eyes, not the other way around.  The positive lenses
> should protect your eyes.  Myopes get more glaucoma, retinal detachment,
> vitreous degeneration.  I don't know the mechanism but it related to lots of
> close up work.
> Julie Ralls, M.D.  Family Medicine
>
```

I fully 110% agree, maybe genetic myopia accounts for 5% of the cases, but mostly its close work. I currently wear +1 for pc , and +2 for reading.

eugene

-
- **References:**
 - [Re: Ready to take the first step....](#)
 - *From:* JRalls7959@aol.com
 - Prev by Date: [Re: First visit to an O.D.](#)
 - Next by Date: [update](#)
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Re: Ready to take the first step....

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update

- *To:* <i_see@indiana.edu>
 - *Subject:* update
 - *From:* Alexandra Furmark Hill <furmark@pipeline.com>
 - *Date:* Fri, 26 Apr 1996 16:17:22 -0400
 - *Sender:* owner-i_see@indiana.edu
-

Hi there just thought I would let everyone know about my last visit to the opticians. To bring everyone up to date. I started VT right about the 26th of december 1995 my starting prescription was

-5.50 R
-5.75 .25 180 L

one month later jan.1996 I had my first eye exam with rather exciting results.

-4.75R
-4.75L still a slight astigmatism

I was fitted with some T glasses at -3.50 each eye no correction for the astigmatism.

I went back for another exam a couple of days ago and my latest results are

-4.25 each eye no astigmatism

I could read the 20/15 line with my right eye with this prescription so I would say my right eye is slightly stronger.
Kept the same T glasses.

I find walking outdoors to be the greatest thing to do. It gives me the greatest pleasure. My clear flashes some days seem to last the whole walk. Reading the newspaper is so much easier now. But this computer is still a drag I can't last very long in front of it.

update

good luck one and all
alexandra

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Re: Re: update

- *To:* <phate@phish.nether.net>
 - *Subject:* Re: Re: update
 - *From:* Alexandra Furmark Hill <furmark@pipeline.com>
 - *Date:* Sun, 28 Apr 1996 15:14:31 -0400
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, Apr 26, 1996 8:57:00 PM, Eugene wrote:

>Thats awesome, alexandra! can you please tell us what vt technqiues you
>have used to bring your prescription down?

>
>thanx,
>eugene
>

Well this might take a while. The first month I practically palmed the whole time. I barely left my apartment. I also tried every exercise. I read all the books I could find. I got a full spectrum light and sunned with that or stood outside and sunned every day. I take eyebright tea twice a day. (less than that lately.) The brand of tea is crystal star it is a blend. I took a slew of vitamins now I just take vital eyes by source naturals it is pretty much everything I was taking in one pill. I also take pycnogenol by the same company. They are pretty pricey but I just decided to dive right in and try everything I could.

I think there has been a couple of turning points one being relearning how to blink. I can't stress enough how important this was. Originally my blinks were very sticky. I literally sat in a chair and blinked for about an hour. Now my blinks are natual and effortless. I used to have to tell myself to blink now I take it for granted.

When I started VT I went cold turkey used no glasses for about a week then found and old pair. Found out later the old pair was -4.50 each with a correction on the left for an astigmatism.

I could go on forever describing everything I have been through emotionally and otherwise but I will try and refrain and just let you know what routine I have.

Wake up stretch my eyes. First I blink hard squeeze my eyes shut then open them wide a few times. Look up count to five, look down count to five, look up down rapidly ten times. do the same for left to right. then circle your eyes slowly stopping at all the numbers on a imaginary clock face, first clockways then counterclockways. Remember to breathe, this is a yoga exercise. Then I visualize energy in the back of my head going through to my retina blink three times look up then down, left right left, right, to the third eye then straight out. Then palm for about ten minutes. Also I blink very rapidly many times. All this is done before I get out of bed. Oh also I sometimes do accupressure which I do several times a day. I think they are described in Libermans book. Massage my shoulders and sometimes my face.

Get up take vitamins and eyebright tea.

If I am really being good I do standing meditation and some tai chi. Standing meditaion was one of the things that got me started on VT. I would be meditating and my left eye would tear a lot it was as if it was trying to balance out which it did. It still tears from time to time less intensely then before. I don't know what it means but it made me think more about the regenerative properties of the eyes. Two exercises in particular neck circles and the universal stance. Both of these work your eyes.

One very important thing I try to do every day is to take a long walk. Which is so great. Can't recommend it enough.

Also I do Dr. Kaplan's swing ball a couple of times a day. Thank you Dr. Kaplan :)

If I'm being really good I throw on a cd and palm for about a half hour or more.

My shoulders really were a killer in the beginning. They needed alot of self massage. I also sometimes wash out my eyes sometimes with eyebright tea sometimes just plain water.

I use to do alot of swinging and yawning but don't lately.

Well that is enough. I probably left some stuff out.

Good luck with your efforts. and thanks for the reply
alexandra

- **Follow-Ups:**
 - [Re: Re: update](#)
 - *From:* Eugene <phate@phish.nether.net>

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Don't give up

- *To:* i_see@indiana.edu
 - *Subject:* Don't give up
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Date:* Mon, 29 Apr 1996 15:24:54 +0100 (BST)
 - *Sender:* owner-i_see@indiana.edu
-

If you have just started Visual Therapy as a cure for myopia and are finding that it doesn't seem to be working, don't give up.

The optical trade may say there's nothing in it, but if you follow the Usenet group sci.med.vision, you will see that they are unable to quote any studies disproving it. Many people have asked in that forum for references to such studies, but are always met with either a deafening silence or a change of subject or simple abuse.

I cannot offer you any objective proof that it works, but here's my story so far. Its nowhere near as good as others (especially Elena's :-)) but I'm becoming more of an optimist every day and my experiences have certainly convinced me.

My Background

=====

51 year old, been myopic for 40ish years, the first 20 with glasses and contact lenses the last 20 with glasses only. I use a computer for most of the day. I've had a gradual increase in myopia over the years with my latest prescription 18 months ago :-

L -4.25 Prism 1 deg

R -3.75 Prism 2 deg

Both with a small amount of astigmatism.

I started having doubts about the optical trade three years ago when I went to see if it was possible to remove the need for prisms by eye exercises. The vehement denial that anything could be done made me

feel uneasy at the time - I wondered why he should be so cross. Some time later, a colleague told me that he had reversed his trend towards presbyopia by using the Bates Method. After my experience over the prisms, I thought "why not give it a try - it cannot do any harm"

I started seriously at the end of October last year, and within a week had received a great benefit. There was no change at all in my visual acuity, but the change in my 3-D awareness meant that I could go walking on the nearby hills in drizzle and mist without my glasses - normally they steam over and I can't see anything. This may not seem that exciting, but it brought with it an awareness that much of vision is to do with the mind.

I struggled on for the next 4 months with no more progress, other than realising how much my eyesight varied. How could it? - according to the men in white coats the eyeball is solid. What kept me going was knowing personally someone who had had success and hearing over the Net of those who had made substantial progress.

Then - magic - although for some time, some objects had shimmered when I looked at them in a certain way, this had not been accompanied by any improvement in acuity. However, while washing up the dishes, I suddenly became aware that I could see the garden plants with a vastly improved clarity. This was proof to me that the standard theory that myopia had no cure was wrong and was a marvellous experience.

Shortly after this I had a second superb experience. I suddenly found, with no effort at all and my eyes feeling completely relaxed, that I could make out the features of someone about 150 feet away. This was amazing, as my rough calculations make it close to the theoretical best resolution of 1 minute of arc. I've not been able to reproduce this since, but the memory will stay with me for a long time and shows me that even after 40 years of misuse my equipment is still in working order.

The third encouraging event was standing 42 paces from a car and being able to read the number plate for about twenty seconds. My normal distance without glasses is 3 to 4 paces.

This happened about six weeks ago and my day-to-day eyesight has not improved. Surprisingly, this doesn't worry me, as I still have frequent "clear flashes" and feel pretty sure that it will come good in time.

My current blocks are

- a) The inability to get relaxation from palming, although I do see black for the first ten seconds of palming after sunning.
b) Not being able to visualise with my eyes shut.
Any suggestions in these areas gratefully received.

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk
Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

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Full spectrum lighting

- *To:* i_see@indiana.edu
 - *Subject:* Full spectrum lighting
 - *From:* choracsek@wwdc.com
 - *Date:* Mon, 29 Apr 1996 18:26:42 +0000
 - *Comments:* Authenticated sender is <choracsek@WWDC.COM>
 - *Priority:* normal
 - *Sender:* owner-i_see@indiana.edu
-

I'd like to install some new fluorescent lighting in my home. General Electric manufactures some tubes which it calls "Natural Color". Does anyone know if these tubes are 'full spectrum', or do they only reproduce the visual spectrum of sunlight?

Carl Horacsek

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Re: Re: update

- *To:* Alexandra Furmark Hill <furmark@pipeline.com>
 - *Subject:* Re: Re: update
 - *From:* Eugene <phate@phish.nether.net>
 - *Date:* Mon, 29 Apr 1996 20:19:50 -0400 (EDT)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <199604281914.PAA16733@pipe1.nyc.pipeline.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Sun, 28 Apr 1996, Alexandra Furmark Hill wrote:

> On Fri, Apr 26, 1996 8:57:00 PM, Eugene wrote:

>

> >Thats awesome, alexandra! can you please tell us what vt technqiues you
> >have used to bring your prescription down?

> >

> >thanx,

> >eugene

> >

> Well this might take a while. The first month I practically palmed the
> whole time. I barely left my apartment. I also tried every exercise. I read
> all the books I could find. I got a full spectrum light and sunned with
> that or stood outside and sunned every day. I take eyebright tea twice a
> day. (less

• References:

- [Re: Re: update](#)

- *From:* Alexandra Furmark Hill <furmark@pipeline.com>

- Prev by Date: [Full spectrum lighting](#)
- Prev by thread: [Re: Re: update](#)
- Next by thread: [Don't give up](#)

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 - [Re: Personal update](#), *Andy Tenka*
 - [Re: Personal update](#), *Herbert T. Black*
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- [Vision fitness lenses](#)
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
- [Re: Vision fitness lenses](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [Visit to Tony Paul Gaynor](#)
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 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
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 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
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 - *From:* Sid Gudes <cougar@roadrunner.com>
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 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
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- [eye work-out exercises](#)
 - *From:* Hoy Chow <chow@spock.ytr.on.doe.ca>
- [astigmatism question](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- [Re: Progress report](#)

- *From:* carlwils@cln.etc.bc.ca (carla wilson)
- **Re: Progress report**
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- **Myopia reference book forwarded request for questions.**
 - *From:* Kathryn Baker <kbaker@lanl.gov>
- **Re: astigmatism question**
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- **Eyesight deteriorated**
 - *From:* Kim & David Green <green@c031.aone.net.au>
- **Re: Eyesight deteriorated**
 - *From:* Elena <solusrex@soho.ios.com>
- **Re: Eyesight deteriorated**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Magic Chinese Eye Protector**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Sunning**
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **Re: Sunning**
 - *From:* mat@tekbases.metrica.com (Marco A. Terry)
- **Re: Sunning**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **informed consent**
 - *From:* JRalls7959@aol.com
- **Re: Sunning**
 - *From:* mjensen@crl.com (Mark Jensen)
- **Re: Sunning**
 - *From:* JRalls7959@aol.com
- **RE: Sunning**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **Vision and sleep..**
 - *From:* mat@tekbases.metrica.com (Marco A. Terry)
- **Re: Sunning**
 - *From:* furmark@pipeline.com
- **Gazing vs. Staring**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **Re: Vision and sleep..**
 - *From:* Elena <solusrex@soho.ios.com>
- **Re: Sunning**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **Re: Sunning**
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)

- [Re: Eyesight deteriorated](#)
 - *From:* Kim & David Green <green@c031.aone.net.au>
- [Re: Gazing vs. Staring](#)
 - *From:* Vic <root@cia.com.au>
- [Re: Eyesight deteriorated \(fwd\)](#)
 - *From:* Andy Tenka <c22at@eng.delcoelect.com>
- [Personal update](#)
 - *From:* Steev Clark <steev@darkside.demon.co.uk>
- [Exercises](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [Re: Personal update](#)
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 - *From:* Sid Gudes <cougar@roadrunner.com>
- [Re: Personal update](#)
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- [Re: Personal update](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)

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ozone & eyes

- *To:* i_see@indiana.edu
 - *Subject:* ozone & eyes
 - *From:* as@twics.com (andreas schneider)
 - *Date:* Wed, 1 May 1996 00:16:36 +0900
 - *Sender:* owner-i_see@indiana.edu
-

summer approaching, increasing ozone levels: i feel as if my eyes suffer from it. keratokonus and contact lenses.

i would appreciate very much any similar experiences or advice ,

thanks a lot,

andreas schneider

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RE: Don't give up

- *To:* "Peter Croyden" <P.Croyden@sussex.ac.uk>
 - *Subject:* RE: Don't give up
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 2 May 96 04:10:57 UT
 - *Cc:* "I_SEE" <i_see@indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

Peter,

there are a number of factors that would affect what you 'see' during palming:

(I'm assuming that you are fully covering your eyes so that no external light can filter through to your eyelids)

- 1- the state of your mind: people can't relax 100% (only dead people can do it) so it is quite normal to have some mental images popping up as long as they do not cause any physical tension which brings me to the next point...
- 2- If the eyelids are shut tight putting some pressure on the cornea, or if the hands are pushing against it, then you may experience some light patches
- 3- sometimes after using the eyes for an extended period of time I find that when close my eyes (without exerting any muscular tension to do that) the eyelids sort of vibrate and at the same time some tiny lights appear.

Having said all that make sure that you're not looking for darkness when palming otherwise you may see the Mother Ship crossing the Milky Way.

I agree with you, it's 10% physical and 90% mental.

Now, palming after sunning produces a light darkness which I think is caused by some hyperactivity in the retina due to its exposure to intense light.

Edging is a mental process that doesn't have anything to do with vision (of course you have to see the thing first). being able to visualise things is something that you can learn and has a positive impact on your memory skills. Contrary to what people think, we all have photographic memory. otherwise we wouldn't be able to recognise our family, the houses we live in...

Start with something simple like a letter on the eye chart, break it down into pieces.... I also found that since I started VT about 4 months ago, my visual memory became much better probably because I now pay more attention to what I'm looking at especially faces (which was a major problem for me because I meet a lot of people and I feel bad when I don't recognise them)

hope this helps

george

> >My current blocks are

> >a) The inability to get relaxation from palming, although I do see
> >black for the first ten seconds of palming after sunning.

>

> What do you see after the initial 10 seconds? it should be pretty dark with
> the eyes covered.

Difficult to describe, but not jet black. A bit like the Milky Way with even more stars, but each one is not very bright. There are also lighter areas, which increase in number as my eye-strain increases. Its also interesting that the more frustrated I get with not getting relief, the worse it gets. I started off in this game thinking that the solution was going to be purely physical and that "exercises" were all you need to do. Now I'm beginning to feel that the "exercises" are there just to help the mind do what it should be doing all along. i.e. following the Alexander Technique idea of not doing the wrong thing, rather than trying too hard to do the correct thing. What do you find most successful?

> What happens if you palm without sunning first?

Straight into the Milky Way.

> >b) Not being able to visualise with my eyes shut.

>

> What are you trying to visualise? are you trying to draw an object or word
> sort of like edging it?

Just trying to remember any object. Either from something I've just seen or dragging it out of memory. I haven't been able to draw or edge at all.

> Can you visualise other 'things' (events, trips, walk...)? how about the face

> of someone? you should be able to do that.

Very fleetingly and very faintly. I've found it interesting that several other people I've asked can not see anything - even though they've got good eyesight, although they can all see black when palming.

Thanks again for the interest and keep up the good work.

Peter

--

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Tel: +44 (0) 1273 606755 x2964

FAX: +44 (0) 1273 271956

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Vision fitness lenses

- To: i_see@indiana.edu
 - Subject: Vision fitness lenses
 - From: carlwils@cln.etc.bc.ca (carla wilson)
 - Date: Tue, 7 May 1996 16:28:39 -0700
 - Sender: owner-i_see@indiana.edu
-

I have a question which I am sure has already been discussed. It's about vision fitness lenses. I am ordering some new contact lenses and rather than ordering the full strength perscription that the optometrist has given me, I'd like to ask her to order a reduced perscription. How much is a reduced perscription usually reduced by? .25, .50? With this reduced perscription, will it still be safe for me to drive? When ordering new lenses for glasses, is it usually reduced by the same amount? If not, how much?

Thanks for the help,
Carla

carla wilson
school district 52

- **Follow-Ups:**
 - [Re: Vision fitness lenses](#)
 - From: Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- Prev by Date: [RE: Don't give up](#)
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Re: Vision fitness lenses

- *To:* carla wilson <carlwils@cln.etc.bc.ca>
 - *Subject:* Re: Vision fitness lenses
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Wed, 8 May 1996 13:35:46 -0400 (EDT)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <9605072318.AA09288@sparky.etc.bc.ca>
 - *Sender:* owner-i_see@indiana.edu
-

I reduced mine by .25 (-4.00 from -4.25). However, that might not seem like enough, so get them to give you a sample pair of disposables (all the manufacturers give them out). It has worked for me. I wear plus lenses (+1.75) on top of my contacts when ever I read or us the computer - really makes a difference. The next box I get will be -3.75's.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Tue, 7 May 1996, carla wilson wrote:

> I have a question which I am sure has already been discussed. It's about
> vision fitness lenses. I am ordering some new contact lenses and rather
> than ordering the full strength perscription that the optometrist has given
> me, I'd like to ask her to order a reduced perscription. How much is a
> reduced perscription usually reduced by? .25, .50? With this reduced
> perscription, will it still be safe for me to drive? When ordering new
> lenses for glasses, is it usually reduced by the same amount? If not, how
> much?

>
> Thanks for the help,
> Carla

>
>
> carla wilson
> school district 52
>

>
>

- **References:**

- [Vision fitness lenses](#)
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)

- Prev by Date: [Vision fitness lenses](#)
- Next by Date: [Visit to Tony Paul Gaynor](#)
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Visit to Tony Paul Gaynor

- *To:* "Alistair" <p9205755@student.anu.edu.au>
 - *Subject:* Visit to Tony Paul Gaynor
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 09 May 96 11:35:00 PDT
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 106 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Hi Alistair

I decided to include the whole group in my reply because someone else may have some comments to help either of us.

I'm really not sure whether you should go cold turkey or not. How bad are your eyes? It's ok for me to do that because mine are -0.5 and -1.0, which just means I can't read bus numbers/signposts from far away. Perhaps it should be a decision you take based on your likelihood to continue if you put yourself off too soon! How about getting some weaker glasses? (I guess that leads to extra expense unless you use contact lenses but at least then you would be doing your eyes some good all the time whilst not being too uncomfortable in yourself).

To be quite honest, I was disappointed with Tony (Sydney 607 2125) but I'm confused as to how much of it was personal and how much of it was because I think he could have done things better. I'm supposed to go back for a second day but I don't think I shall. I didn't feel comfortable with him and I didn't like the setting (his home with his wife around half the time). I felt in the way and it didn't feel very professional.

When I asked him questions he talked round the subject a lot, but I didn't always get a straight answer. He spent a lot of time on the reasons why your eyes could be bad and in improving those reasons, but he didn't test my eyes or try to see if my sight was better.

He based most of his analysis of me and my state from muscle testing. I

forget the name; it begins with K (kineisiology??? Something like that).

It's often used to test food allergies. The trouble was, I felt it was a bit subjective. Here's how it goes:

You hold out your arm horizontally and to the side and he presses down on it. You try to resist it being pushed downwards. This is the 'standard'. Then he does something like touch you on a certain spot on your shoulder or show you a picture that will indicate how left brain-dominated you are or make you hold/think about a particular food or whatever. Then he tests again and says whether you were affected by what had happened. If you are and you can no longer resist his pressure, your general 'balance' is bad and your eyesight should be stressed. If you aren't, then that situation is ok for you.

The trouble is, he says he presses with the same pressure each time but it feels all very subjective to me. I reckoned I could influence the results if I tried. I never felt stronger or weaker after what he'd just done; it felt more as if he pressed harder or less hard, although he assured me that he had been measured and was consistent.

Perhaps I'm just a sceptic but I'd rather have had a test that measured something objectively..

He did go over the routine Bates stuff, like palming and sunning. He also showed me how he splashes his closed eyes with water and then puts his face in hot and then cold water to refresh his eyes. He showed me how he does his eye exercises whilst doing a mild workout on a trampoline, which he says is good for lymphatic drainage. He ended up with some meditation to get rid of the natural stress that he says light often causes due to a traumatic birth from a safe dark place into a harsh brightly lit world.

He says that there can be 4 major causes of eyesight problems and he uses muscle testing to see which is the most likely cause in your case. He said mine was mostly emotional, as opposed to due to food intake, purely physical or whatever the fourth one was. He went further and said that something happened to me on 18th November, 1976 and that it influenced my eyesight.

(I can't think of anything specifically but my family had split up and it's quite possible that something happened that day.)

Quite a mixture, but in each case he 'proved' that what we had just done had done my eyes good by means of the muscle test, which didn't convince me!

I've rambled on at you quite enough now. For the moment my only dedicated eye care is avoiding my lenses (no big deal for me, as I explained) and making sure that I sit as far away from my computer screen/television//book as I can whilst still seeing well enough not to get irritable! At work I have a scheduler reminder that prompts me every 20 minutes to look up for a while and focus on something distant.

I'm happy that these actions will stop my eyes getting worse, but I don't have much faith in them improving. I can't seem to make a time for palming for more than about 30 seconds. I find it very uncomfortable unless I can lean forwards on my arms and at work people will think I'm asleep! I'm contemplating sunning but am worried about getting wrinkley skin around my eyes! I occasionally use an eye patch at home as a substitute for palming.

If someone could really convince me that it would do some good I'd be happy to use one all the time whilst watching television. or reading.

That's all for now, sorry it isn't better news. Perhaps someone else will jump in with something to correct my gloomy outlook!

Caroline

Hi there Caroline,

How was the thing with Tony? Do you think it would be worth going to for me if I had to come up to Sydney. (how can I get in contact with him - he might want to run a course down in Canberra). I have started to go without my glasses again but I am just starting slowly and not wearing them until I leave home. Next I'll leave them off when I ride my bike to Uni then I leave them off all the time unless I'm in a lecture or looking for someone or climbing. What do you think? or should I just go cold turkey. I find the hardest part not putting them on Straight away when I get up. Then I'll have to introduce palming and sunning into my daily routine.

Regards

Alistair

-
- Prev by Date: [Re: Vision fitness lenses](#)
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forward of Re: Visit to Tony Paul Gaynor

- To: i_see@indiana.edu
 - Subject: forward of Re: Visit to Tony Paul Gaynor
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Thu, 09 May 1996 18:36:10 -0500
 - Sender: owner-i_see@indiana.edu
-

The following is just my personal opinion based on what Caroline stated in her e-mail note. If there are those that have been helped by either muscle-testing or Tony Paul Gaynor, then perhaps it's all a matter of the compatibility of personal styles. I was motivated to say something because I have had a tiny bit of experience with alternative methods of healing.

Mark

----- Forwarded Message

Return-Path: mjones@hp7201

(1.37.109.11/16.2) id AA018491792; Thu, 9 May 1996 09:23:12 -0500

Return-Path: <mjones@hp7201>

To: richardc@sydney.btap.bt.com

Cc: p9205755@student.anu.edu.au, mjones@hp7201

Subject: Re: Visit to Tony Paul Gaynor

Date: Thu, 09 May 1996 09:23:12 -0500

From: Mark Jones <mjones@hp7201>

Caroline,

I read your report on your visit to Tony Paul Gaynor with great interest. My first thought was to trust your feelings and avoid him like the plague. He does not stike me as someone who can listen, see, feel, and self-lessly help someone. I have seen muscle-testing for allergies and it can be influenced by a practitioner who is him- or her-self unbalanced (IMHO).

>confused as to how much of it was personal and how much of it was because I
>think he could have done things better.

Don't worry about it. It sounds like your intuition was perceiving signs that he was a bit off in his application of his model.

It sounds like he is overly attached to his model.

>He ended up with some meditation to get rid
>of the natural stress that he says light often causes due to a traumatic
>birth from a safe dark place into a harsh brightly lit world.

This is a good indicator of an unbalanced wacko. Birth and light are inevitable. To make birth the focus of one's dissatisfaction with life can be a self-pitying cop-out. I have known a few people for whom birth from the dark into the oh so cold and harsh bright world was an issue. I did not feel compatible with them.

>He says that there can be 4 major causes of eyesight problems and he uses

Well, there are a number of factors that can influence eyesight. Robert Kaplan's book is very good in exploring some of those different factors.

>Quite a mixture, but in each case he 'proved' that what we had just done had
>done my eyes good by means of the muscle test, which didn't convince me!

Rhetorical question: Why was it important to him that you believe as he does or accept his model?

>have a scheduler reminder that prompts me every 20 minutes to look up for a
>while and focus on something distant.

That's great!

>have much faith in them improving.

I sometimes feel trapped by my circumstances and thus prevented from taking all the steps I would like to empower my eyes. During those times, I continue palming and sunning and make strategic plans for the time when I can take the next step.

>contemplating sunning but am worried about getting wrinkley skin around my
>eyes!

Sunning is great. Often, as I get in my car to go to or from work, or when I'm out walking, I'll pause for a minute or more to close my

eyes, turn my face to the sun and drink in the warmth and light, sending it to my eyes and all over my body. If you are worried about wrinkles, you may be interested in Tai Chi or Chi Gung, both of which are renowned for producing youthful, vigorous bodies among dedicated practitioners.

>That's all for now, sorry it isn't better news. Perhaps someone else will
>jump in with something to correct my gloomy outlook!

Cheer up! You're OK just as you are.

Mark

P.S. By the way, do you think I should post this to the i_see list?

----- End of Forwarded Message

-
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Progress report

- *To:* i_see@indiana.edu
 - *Subject:* Progress report
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Thu, 09 May 1996 00:43:06 -0500
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 09 May 1996 11:35:00 -0700 (PDT) "Richards, Caroline" <richardc@sydney.btap.bt.com> wrote:

[...]

>I'm happy that these actions will stop my eyes getting worse, but I don't
>have much faith in them improving.

Oh, how I wish you were wrong! How I wish I were wrong. Maybe I am, I don't know. In any case, I am not dying to have my eyes "lasered".

Now, I think I can report a 0.25D improvement. This after six months of "intensified" VT, which basically means quitting using weaker glasses while reading and use just my bare eyes (i.e. use even more plus). Plus lenses in the form of weaker minus is virtually all I do in terms of VT for lifestyle reasons. But still I think this is the most powerful VT technique. The 0.25D is reported in accordance with the principle of conservatism (in accounting, Linda :), recognize losses, defer gains). It has not been verified by an optom yet. I am still frustrated that autorefractors are not as common in the US as they are in Europe.

I'd be interested to hear updated accounts on the progress others have made. Also, do you experience increased acuity fluctuation (to the best that you can judge) after starting VT?

Thanks in advance for any replies.

Stefan

- **Follow-Ups:**

- [Re: Progress report](#)

- *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

- Prev by Date: [forward of Re: Visit to Tony Paul Gaynor](#)

- Next by Date: [Sunning](#)

- Prev by thread: [forward of Re: Visit to Tony Paul Gaynor](#)

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Sunning

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Sunning
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 10 May 96 17:00:00 PDT
 - *Encoding:* 6 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Sorry if this has been asked before, but what happens if you try sunning through glass? Is it beneficial/harmful/no use at all?

Thanks
Caroline

-
- Prev by Date: [Progress report](#)
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Re: Progress report

- *To:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Subject:* Re: Progress report
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Date:* Fri, 10 May 1996 10:39:33 +0100 (BST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <01I4HEH5T9UQ8WYQ5R@ctrvax.Vanderbilt.Edu> from "Stefan Stefanov" at May 9, 96 00:43:06 am
 - *Sender:* owner-i_see@indiana.edu
-

Stefan wrote:

[snip]

> Also, do you experience increased acuity fluctuation (to the best that you
> can judge) after starting VT?

Before I started VT, I was aware of only a very slight reduction of acuity as I went through the day. I now get very large swings throughout the day. Sometimes the best is in the evening (unless I've consumed a couple of pints of cider :-). I'm aware that measurement of oneself as the experimental subject is a dodgy area, but most of the variables (e.g. level of illumination, distance, size of letters) are constant and the changes are far too large to be self-deception (probably :-)

I do feel quite cross with the Ophthalmic trade for not investigating VT. We have to call it a trade. Any profession would have jumped at the chance of having techniques at its disposal that are rational safe and simple. At the moment, we are all scrabbling around in the dark trying to find the most effective techniques. I started out with the book by Benjamin which I interpreted as a set of exercises, but am quickly going off that approach. I recently bought Bates original book and I think I've found my spiritual home.

I know its changing the subject, but the Bates approach seems to be very similar to the Alexander Technique. If you've not heard of it before, then its worth looking at. Its a process for eliminating

habits of reaction and mis-use of the body. I got interested when I suddenly developed severe neck pains, caused by bad posture and thought that there must be something better than pain killers. It works like a charm and has something going for it that most of the so-called Alternative Therapies do not. The Nobel Prize winner for Medicine in 1973 gave half his peroration on it. Even ophthalmologists would find it difficult to completely dismiss that. (on second thoughts, they wouldn't but who cares). Both methods stress that one shouldn't try too hard and my best results have always come when I've been in a "balanced state of rest"

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk
Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

● **References:**

- [Progress report](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)

- Prev by Date: [Sunning](#)
- Next by Date: [Scratched Glasses](#)
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Scratched Glasses

- *To:* i_see@indiana.edu
 - *Subject:* Scratched Glasses
 - *From:* choracsek@wwdc.com
 - *Date:* Thu, 9 May 1996 16:46:18 +0000
 - *Comments:* Authenticated sender is <choracsek@WWDC.COM>
 - *Priority:* normal
 - *Sender:* owner-i_see@indiana.edu
-

I have gone looking through my old glasses and have found a pair that would be just right for + lens therapy while working on the computer. The problem is that I was quite young when I used them and was less than careful about how they were laid down. As a result, both lenses are scratched up at just the points I'm supposed to look through. Does anyone know of some method by which they could be repaired? The lenses are made of glass.

KGH

- Prev by Date: [Re: Progress report](#)
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Re: Visit to Tony Paul Gaynor

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: Visit to Tony Paul Gaynor
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Fri, 10 May 96 10:20:17 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

"Richards, Caroline" <richardc@sydney.btap.bt.com> wrote to
'Alistair' <p9205755@student.anu.edu.au> and I_SEE
>Hi Alistair
>
>I decided to include the whole group in my reply because someone else may
>have some comments to help either of us.
>
>I'm really not sure whether you should go cold turkey or not. How bad are
>your eyes? It's ok for me to do that because mine are -0.5 and -1.0, which
>just means I can't read bus numbers/signposts from far away. Perhaps it
>should be a decision you take based on your likelihood to continue if you put
>yourself off too soon! How about getting some weaker glasses? (I guess
>that leads to extra expense unless you use contact lenses but at least then
>you would be doing your eyes some good all the time whilst not being too
>uncomfortable in yourself).
>
>To be quite honest, I was disappointed with Tony (Sydney 607 2125) but I'm
>confused as to how much of it was personal and how much of it was because I
>think he could have done things better. I'm supposed to go back for a
>second day but I don't think I shall. I didn't feel comfortable with him
>and I didn't like the setting (his home with his wife around half the time).
> I felt in the way and it didn't feel very professional.
>
>When I asked him questions he talked round the subject a lot, but I didn't
>always get a straight answer. He spent a lot of time on the reasons why
>your eyes could be bad and in improving those reasons, but he didn't test my
>eyes or try to see if my sight was better.
>
>He based most of his analysis of me and my state from muscle testing. I
>forget the name; it begins with K (kineisiology??? Something like that).

> It's often used to test food allergies. The trouble was, I felt it was a
>bit subjective.

rest snipped

I know Tony personally and he is a fine gentleman. His approach as described in your post is a style taught in Natural Vision Improvement, and is not for everybody. Some love this form of feedback. I find when we are strong self thinkers, kinesiology or muscle testing may not suit our style. I personally do not use muscle testing and allow my patients to find their own solutions. Since you are in the Sydney area make contact with my friend Simon Grbevski at 2-597-3030. He is a behavioural Optometrist doing some fine things in the field of vision improvement. With regard to "doing eye exercises". I find living my new visual habits more important than whether I remember to palm or sun. My eyes tell me when to rest and look differently. More questions give me a shout. Have you read Seeing Without Glasses or The Power Behind Your Eyes?

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

"What you see from you heart is clear, so look with love!"

Check out our Web Page
<http://www.sunshine.net/www/0/sn0011/>

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-
- Prev by Date: [Scatched Glasses](#)
 - Next by Date: [Re: Sunning](#)
 - Prev by thread: [Visit to Tony Paul Gaynor](#)
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Re: Sunning

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: Sunning
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Fri, 10 May 1996 11:49:21 -0600 (MDT)
 - *Sender:* owner-i_see@indiana.edu
-

At 05:00 PM 5/10/96 PDT, you wrote:

>

>Sorry if this has been asked before, but what happens if you try sunning
>through glass? Is it beneficial/harmful/no use at all?

Don't know about what Bates said, but many VT practitioners feel that part of the benefit of sunning is receiving UV light, which apparently stimulates certain cells in the eye. Glass (in the U.S. at least) is made to block UV light. This would limit the benefit of sunning.

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

- Prev by Date: [Re: Visit to Tony Paul Gaynor](#)
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Re: Sunning

- To: i_see@indiana.edu
 - Subject: Re: Sunning
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Fri, 10 May 1996 09:11:06 -0500
 - Sender: owner-i_see@indiana.edu
-

[MODERATOR'S NOTE: FOR THOSE OF YOU NEW TO THE LIST, SUNNING IS TO BE DONE WITH THE EYES CLOSED, GLASSES OR NO. -- Alex <owner-i_see@indiana.edu>]

>Sorry if this has been asked before, but what happens if you try sunning
>through glass? Is it beneficial/harmful/no use at all?

I don't really know. My body knows that sunning without glasses is more relaxing and pleasurable. It also feels like my relationship to the sun is more direct. When I sun my eyes, I usually take off my glasses and watch and empty my hands of whatever I'm carrying. If I'm at home I may also empty my pockets and wear a hat. Since my personal focus is to pay attention to the energy, I don't want any metal distorting the flow, especially around my eyes. (I know it sounds metaphysical, but what's important is what you experience.)

Putting aside the glasses as you directly nourish the eyes is also a symbolic gesture.

Mark

-
- Prev by Date: [Re: Sunning](#)

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Re: Vision fitness lenses

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: Vision fitness lenses
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Fri, 10 May 96 10:20:26 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

Carla Wilson wrote on Tue, 7 May 1996 16:28:39 -0700

>I have a question which I am sure has already been discussed. It's about
>vision fitness lenses. I am ordering some new contact lenses and rather
>than ordering the full strength perscription that the optometrist has given
>me, I'd like to ask her to order a reduced perscription. How much is a
>reduced perscription usually reduced by? .25, .50? With this reduced
>perscription, will it still be safe for me to drive? When ordering new
>lenses for glasses, is it usually reduced by the same amount? If not, how
>much?

>
>Thanks for the help,
>Carla
>
>
>carla wilson
>school district 52

The vision fitness lenses may be a reduction from +0.5 to as much as +2.00 from your conventional compensating lenses. It all depends how much you relax and let your inner vision direct your outer eyes to see. Have the doctor add plus lenses in 0.25 steps until you reach 20 /40. In most states and provinces you can legally drive with this level of visual acuity, although you will need to watch night driving and wintery weather conditions of rain and mist. I usually instruct my students to keep a stronger pair, say to 20/25 in their cars. I personally find that I can weaken the contact lens prescription more than the eyeglasses. In many cases the contacts are overly strong in older prescriptions. There are some progressive Optometrists in your area. Find those who offer vision therapy. Trust this helps.

Enjoy the summer light you I-seers out there.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

"What you see from you heart is clear, so look with love!"

Check out our Web Page

<http://www.sunshine.net/www/0/sn0011/>

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chance to register. E-mail your snail-mail address for a brochure.

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-
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eye work-out exercises

- *To:* owner-i_see@indiana.edu
 - *Subject:* eye work-out exercises
 - *From:* Hoy Chow <chow@spock.ytr.on.doe.ca>
 - *Date:* Sat, 11 May 1996 17:27:58 UTC
 - *Sender:* owner-i_see@indiana.edu
-

Hi, I've been on and off my vision quest for the last 3 months.

I've come across an interesting advertisement for a workout and +diopter glasses of varying degrees. It claims 100% effective reversal of myopia and every form of defect known to man/woman.

The name is Vision Freedom and the address is:

<http://205.138.107.3:80/vision./>

I was wondering if anyone had tried this system out and to what degree of success before I dish out the \$100 that they want for the package. Is this another snake oil salesman preying on our problems?

Regards, Hoy Chow
chow@spock.ytr.on.doe.ca

'I still haven't found what I'm looking for'

-
- Prev by Date: [Re: Vision fitness lenses](#)

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astigmatism question

- To: i_see@indiana.edu
 - Subject: astigmatism question
 - From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - Date: Sun, 12 May 1996 19:24:36 -0500
 - Sender: owner-i_see@indiana.edu
-

The monetary cost of reducing glasses prescription has already been discussed. However, I face one special problem. I have some stigmatism (1.00D and 1.25D, regular, with-the-rule) and the cost of lenses with cylindrical component is much higher. If I go only for sphere (for distant vision), I'll face this nasty problem of seeing weirdly distorted images which will almost certainly frustrate me and most likely will stultify the whole thing. What should I do? However, all my weaker pairs are sphere only and I feel alright using them for near and "mid-range" tasks.

How successful have you been in reducing astigmatism? I recall someone (I think apparently the most successful on the list - Elena) reporting eliminating astigmatism altogether. Any experiences re astigmatism most welcome.

Stefan

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Re: Progress report

- *To:* i_see@indiana.edu
 - *Subject:* Re: Progress report
 - *From:* carlwils@cln.etc.bc.ca (carla wilson)
 - *Date:* Sun, 12 May 1996 16:06:53 -0700
 - *Sender:* owner-i_see@indiana.edu
-

This is in reply to Stefan's posting on 5/9/96.

I haven't yet seen tremendous improvement to my vision because of V.T. However, at this point and time, I don't have a lot of spare time to dedicate to eye exercises. Hopefully that will change this summer. I have, however, experience a lot more fluctuation in acuity. Also, my eyes seem much more relaxed and less prone to strain. There are days when my vision seems clearer and I am able to focus at a farther distance. On those days, I feel very positive and have a lot of faith in V.T. techniques. I have my down days too, and sometimes wonder if it's all worth it. I have also noticed that my sight is dramatically influenced by what I eat. But I have a number of food allergies which of course isn't everybody's case. I do think that this, however, could end up being a major key as to whether V.T. will help me in the long run, which simply means that I believe that if I can stay off certain foods, I'll end up reaping more benefits from my V.T. That's been my experience so far. I hope to hear from others.

Carla

carla wilson
school district 52

- **Follow-Ups:**

- [Re: Progress report](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [astigmatism question](#)

- Next by Date: [Re: Progress report](#)

- Prev by thread: [Re: Progress report](#)

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Re: Progress report

- *To:* carla wilson <carlwils@cln.etc.bc.ca>
 - *Subject:* Re: Progress report
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 13 May 1996 11:56:44 -0400 (EDT)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <9605122256.AA18561@sparky.etc.bc.ca>
 - *Sender:* owner-i_see@indiana.edu
-

I find I forget to breathe sometimes. If I find myself suddenly losing acuity, I consciously BREATHE for about a minute. That, along with blinking, usually restores the sharper vision I am becoming accustomed to. I find this is more useful, for me, than palming. Also, crossing my eyes seems to provide relief from astigmatism. Food make a difference, too.

> techniques. I have my down days too, and sometimes wonder if it's all
> worth it. I have also noticed that my sight is dramatically influenced by
> what I eat. But I have a number of food allergies which of course isn't
> everybody's case. I do think that this, however, could end up being a
> major key as to whether V.T. will help me in the long run, which simply
> means that I believe that if I can stay off certain foods, I'll end up
> reaping more benefits from my V.T. That's been my experience so far. I
> hope to hear from others.

>
> Carla
>
>
> carla wilson
> school district 52
>
>
>

- **References:**

- [Re: Progress report](#)

- *From:* carlwils@cln.etc.bc.ca (carla wilson)

- Prev by Date: [Re: Progress report](#)

- Next by Date: [Myopia reference book forwarded request for questions.](#)

- Prev by thread: [Re: Progress report](#)

- Next by thread: [Sunning](#)

- Index(es):

- [Date](#)

- [Thread](#)

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Myopia reference book forwarded request for questions.

- *To:* i_see@indiana.edu
 - *Subject:* Myopia reference book forwarded request for questions.
 - *From:* Kathryn Baker <kbaker@lanl.gov>
 - *Date:* Tue, 14 May 1996 13:29:29 -0600
 - *Sender:* owner-i_see@indiana.edu
-

Is anyone interested in supplying questions for the traditional school of thought on eye care? If so please read this email I've forwarded.

Hi, My daughter wrote questions which I posted to this list serve and mail to any/all the myopia webs I could find.

She gave her oral presentation yesterday - and school is out in two weeks so we'll probably know how well she did soon. THANKS to all who contributed to her knowledge.

I received the typical answer from this gentleman (Sek Jin Chew, MD, PhD) that myopia is with you forever... old school to think one could do anything through exercise to improve one's blindness lot in life...

I have found success with the exercises - palming and probably sun too much - I haven't given up my hard contact lenses, but when I'm not at work I wear MY DAUGHTER's old prescription and see just fine. So I'm a believer, and I'll try to be patient - as I saw it too Alex THREE YEARS to get to 20/20.

THANKS for all your help, I seldom get time to write, but I read each message and am always learning.

Kath

>Return-Path: <chews@rockvax.rockefeller.edu>
>Date: Tue, 14 May 1996 12:52:44 -0400 (EDT)
>X-Sender: chews@rockvax.rockefeller.edu
>To: Kathryn Baker <kbaker@lanl.gov>
>From: chews@rockvax.rockefeller.edu (Sek Jin Chew)
>Subject: Myopia reference book
>Cc: 104307.760@compuserve.com

>

>Dear Kathryn:

>
>Thank you for your interest in the work of the Myopia International Research
>Foundation (MIRF). I hope that we've been of some help for your daughter.
>
>As one way to improve our service, MIRF will be convening a meeting of the
>top clinicians who treat myopia or do research on it (in humans, not
>animals) in April next year.
>The purpose is to develop a consensus to publish a small book of advice on
>commonly asked questions by concerned parents and myopes.
>
>I would really appreciate your participation in this project.
>We need questions from parents and patients that would help focus the
>efforts of the group.
>As you are probably aware, clinicians often have their own agendas and
>trains of thought which can be surprisingly different from that of their
>patients.
>Thus, for the book to be truly useful, we are gathering as much input as
>possible for helpful people as yourself.
>
>Part of the design stage involves the style and format of the book
>(questions and answers, glossary, etc).
>
>We'd appreciate your consideration and assistance in this project which we
>hope will be of help to all concerned parents.
>
>Thank you again for your support.
>
>With warmest regards,
>
>Sek Jin Chew, MD, PhD
>Vice President
>MIRF
>Sek Jin Chew, MD, PhD
>Dy. Director, Singapore Eye Research Institute
>Sr. Lecturer, NUS
>c/o Rockefeller University
>1230 York Ave, Box 211, NY, NY 10021
>Tel: (212) 327-8381, Fax: (212) 327-8312
>
>
>

- - - - -

Kathryn Baker, MLS
505-667-3766 Fax: 665-4424
LANL LC/GL Law Librarian
MS: A187 Los Alamos, NM 87545

~~~~~  
"Whatever the cost of libraries, it is cheap compared

to the cost of an ignorant nation." -Walter Cronkite  
"Some books are to be tasted, others to be swallowed, & some few  
to be chewed and digested." -Francis Bacon, Eng. philosopher  
The greatest good you can do for another is not just share  
your riches, but reveal to them their own. -Disraeli

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- Prev by Date: [Re: Progress report](#)
 - Next by Date: [Re: astigmatism question](#)
 - Prev by thread: [Re: astigmatism question](#)
 - Next by thread: [Eyesight deteriorated](#)
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Re: astigmatism question

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: astigmatism question
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Fri, 17 May 96 12:37:58 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov) wrote on Sun, 12 May 1996 19:24:36 -0500

>The monetary cost of reducing glasses prescription has already been
>discussed. However, I face one special problem. I have some stigmatism
>(1.00D and 1.25D, regular, with-the-rule) and the cost of lenses with
>cylindrical component is much higher. If I go only for sphere (for distant
>vision), I'll face this nasty problem of seeing weirdly distorted images
>which will almost certainly frustrate me and most likely will stultify the
>whole thing. What should I do? However, all my weaker pairs are sphere only
>and I feel alright using them for near and "mid-range" tasks.

>
>How successful have you been in reducing astigmatism? I recall someone (I
>think apparently the most successful on the list - Elena) reporting
>eliminating astigmatism altogether. Any experiences re astigmatism most
>welcome.

Recall that Astigmatism simply means more nearsightedness (or farsightedness) is one orientation of looking. Depending on the axis of the astigmatism you can determine which orientation or meridian of vision is more blurry by taking a narrow slit and rotating before one eye at a time. You will notice that in one orientation your perception is clear and the meridian at right angles (90 degrees away) is more blurry. It is this difference that is called astigmatism. Also, in conventional thinking we are lead to believe that astigmatism is caused by a difference in curvature of the cornea. In my experience and humble opinion, the corneal representation of astigmatism is an end result of warped perceptions of the mind. So with this in mind here is a technique I have found useful for equalising the perceptions of the two meridians. Use the swingball game mentioned in Seeing Without Glasses, and let the ball swing along the

meridian of the most blur. In this way you begin increasing your perceptual ability along the meridian of your warped or distorted perception. The result is less need for a lens to compensate for that blurriness. BTW. You might also consider what the blurriness means while following the ball. I find having the mind participate increases the power of the therapy. The outcome of all this is you can comfortably reduce the astigmatigmatic lens compensation in your glasses and there are usually no symptomatic side effects. Enjoy your less astigmatic perceptions, and let us know your results.

These comments are provided as information only and not meant to be prescriptive or treatment.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

"What you see from you heart is clear, so look with love!"

Check out our Web Page

<http://www.sunshine.net/www/0/sn0011/>

Join us for an exciting 10 day retreat holiday and adventure and
in Vision Improvement July 12th to 21st, 1996 in Western Canada! Last
chance to register. E-mail your snail-mail address for a brochure.

-
- Prev by Date: [Myopia reference book forwarded request for questions.](#)
 - Next by Date: [Eyesight deteriorated](#)
 - Prev by thread: [astigmatism question](#)
 - Next by thread: [Myopia reference book forwarded request for questions.](#)
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Eyesight deteriorated

- *To:* i_see@indiana.edu
 - *Subject:* Eyesight deteriorated
 - *From:* Kim & David Green <green@c031.aone.net.au>
 - *Date:* Sat, 18 May 1996 18:50:03 +1000
 - *Sender:* owner-i_see@indiana.edu
-

Visited the Optometrist today and discovered that my eyesight has deteriorated from -1.5 dioptres (both eyes) to -2.0 dioptres (both eyes). This is after wearing glasses which started out 0.5D weak for a year. Transition glasses clearly are of no use for me!

I visited an optometrist 2 years ago before a trekking holiday in Nepal. prescription was -2.0 both eyes (what its back too). I improved 0.5D in 4 weeks after the holiday (all walking - no computers for four weeks!).

Has anybody seen a machine like a microscope? You place one eye at a time to the eyepiece and by some magic, an image (such as a zebra) appears to move closer and further away for a few minutes - theory being that this helps with the flexibility of your eye muscles as you try to keep the image in focus. I saw one in Malaysia (Chinese made - like just about everything else) and think it was called a YP-9 eye-protector.

regards David

-
- **Follow-Ups:**
 - [Re: Eyesight deteriorated](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - [Magic Chinese Eye Protector](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- Prev by Date: [Re: astigmatism question](#)
- Next by Date: [Re: Eyesight deteriorated](#)
- Prev by thread: [Myopia reference book forwarded request for questions.](#)
- Next by thread: [Re: Eyesight deteriorated](#)
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Re: Eyesight deteriorated

- To: i_see@indiana.edu
 - Subject: Re: Eyesight deteriorated
 - From: Elena <solusrex@soho.ios.com>
 - Date: Sun, 19 May 1996 23:46:53 -0400
 - Sender: owner-i_see@indiana.edu
-

At 06:50 PM 5/18/96 +1000, Kim & David Green <green@c031.aone.net.au> wrote:
>

>Visited the Optometrist today and discovered that my eyesight has
>deteriorated from -1.5 dioptries (both eyes) to -2.0 dioptries (both eyes).
>This is after wearing glasses which started out 0.5D weak for a year.
>Transition glasses clearly are of no use for me!

IMHO (based on never having owned anything BUT weaker-than-full-correction and/or a-lot-weaker-than-full-correction glasses... while unaware of their potential to be CALLED something, "transitional" or whatever, just aware enough of my physical/emotional/mental senses to figure out they were the only kind that could be humanly tolerated), they are not to be expected to be therapeutic at all. All they do is prevent someone who needs glasses (one of the unnatural "needs" created in people by innumerable, immemorial don't-you-dare-be-natural assaults on their integrity and "aliveness") from coming to greater harm via full correction. Which is not to say it's a small thing. If one needs (has been forced to "need") to take poison, it's only prudent to prefer a diluted, weaker solution to the pure, full-strength stuff...

Elena

-
- Prev by Date: [Eyesight deteriorated](#)

- Next by Date: [Re: Eyesight deteriorated](#)
- Prev by thread: [Magic Chinese Eye Protector](#)
- Next by thread: [Re: Eyesight deteriorated](#)
- Index(es):
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 - [Thread](#)

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Re: Eyesight deteriorated

- *To:* Kim & David Green <green@c031.aone.net.au>
 - *Subject:* Re: Eyesight deteriorated
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Mon, 20 May 1996 08:51:00 -0500 (EST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <199605180850.SAA25466@mail.mel.aone.net.au>
 - *Sender:* owner-i_see@indiana.edu
-

On Sat, 18 May 1996, Kim & David Green wrote:

> Visited the Optometrist today and discovered that my eyesight has
> deteriorated from -1.5 dioptries (both eyes) to -2.0 dioptries (both eyes).
> This is after wearing glasses which started out 0.5D weak for a year.
> Transition glasses clearly are of no use for me!

David, I'd like to know, where did you get the idea about wearing "transition glasses"? Was it from I SEE? From one of Robert-Michael Kaplan's books?

> I visited an optometrist 2 years ago before a trekking holiday in Nepal.
> prescription was -2.0 both eyes (what its back too). I improved 0.5D in 4
> weeks after the holiday (all walking - no computers for four weeks!).

Could you please answer the following questions, which would shed some light on your case?

1. Did you wear glasses before your trek in Nepal?
2. When you got back, how did you determine your improvement? did you switch to a previous -1.50 prescription, or did you make another appointment with your optometrist because the glasses "felt too strong"?
3. What is the strength of your "transition glasses", -1.50 (-0.50 less than a base of -2.0) or -1.00 (-0.50 less than a base of -1.50).
4. Do your glasses have cylinders (for astigmatism)?

When we speak of "transition glasses" it is usually about glasses that are deliberately about a diopter too weak, and it is usually for those who absolutely cannot survive without glasses -- high myopes. They are never -- or at least never should be -- a primary form of therapy, especially for people with -2.00 or less of myopia. Remember, most myopes developed a diopter of myopia or sometimes even two without the encouragement of glasses. Therefore, we know that you can still become more myopic even if you're not wearing your full correction.

This means that even if you are undercorrected by a diopter, it's likely that that amount of "blur" in your life will not be enough to push your eye muscles into action. Myopes develop to be comfortable with a diopter or more of myopia and think of themselves as seeing just fine until their doctor tells them they "need" glasses.

Transition glasses for myopia will only work if you make them work, that is, take every opportunity to look at the smallest, most distant objects as often as possible.

Again, if you're starting out with -2.00 of myopia, and you want to reduce it, you will probably have to go without glasses for the most part of the day, only wearing your "transition" glasses for things like driving that require reliable clear vision.

--Alex

● **References:**

- [Eyesight deteriorated](#)
 - *From:* Kim & David Green <green@c031.aone.net.au>
- Prev by Date: [Re: Eyesight deteriorated](#)
- Next by Date: [Magic Chinese Eye Protector](#)
- Prev by thread: [Eyesight deteriorated](#)
- Next by thread: [Magic Chinese Eye Protector](#)
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Magic Chinese Eye Protector

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Magic Chinese Eye Protector
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Mon, 20 May 1996 09:04:45 -0500 (EST)
 - *In-Reply-To:* <199605180850.SAA25466@mail.mel.aone.net.au>
 - *Sender:* owner-i_see@indiana.edu
-

David Green writes:

> Has anybody seen a machine like a microscope? You place one eye at a time to
> the eyepiece and by some magic, an image (such as a zebra) appears to move
> closer and further away for a few minutes - theory being that this helps
> with the flexibility of your eye muscles as you try to keep the image in
> focus. I saw one in Malaysia (Chinese made - like just about everything
> else) and think it was called a YP-9 eye-protector.

No, I've never seen such a thing, but the principle is familiar. You can achieve the same effect by using reading glasses. Just put on a pair (available at any drugstore -- at least in the US) instead of or on top of your myopia prescription. Or simply take your myopic glasses off! The effect will be that the distant blur point has moved within arm's reach. Now take a picture of a zebra (or whatever) and with your hand move it slowly back front of your eyes.

An elaborated form of this idea is the basis of Brian Severson's "Vision Freedom" program.

You've got to spend hours and hours each week doing it if you want a significant improvement in vision. Otherwise, you can use the lenses as you describe, to "tune up" your distance vision when it starts slipping.

--Alex

- **References:**

- [**Eyesight deteriorated**](#)

- *From:* Kim & David Green <green@c031.aone.net.au>

- Prev by Date: [**Re: Eyesight deteriorated**](#)

- Next by Date: [**Re: Sunning**](#)

- Prev by thread: [**Re: Eyesight deteriorated**](#)

- Next by thread: [**Re: Eyesight deteriorated**](#)

- Index(es):

- [**Date**](#)

- [**Thread**](#)

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Re: Sunning

- *To:* i_see <i_see@indiana.edu>, Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Subject:* Re: Sunning
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 21 May 96 10:39:00 PDT
 - *Encoding:* 25 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

I am definitely of Mark's opinion, but just for interest..... when I went to see Tony-Paul Gaynor recently (Sydney, Australia), he looked directly at the (10am) sun for 5 minutes. He said that he could do it without damage because he had worked up to it. He said that 'normal' people would get damaged eyes purely because of the harmful things they had done like wearing sunglasses. Has anyone else heard of this opinion? If I hadn't seen him for myself I would never have believed it.

He said it is possible to work up to it by 'blinking around the sun' - blinking very rapidly whilst looking at the edge of the sun and moving your eyes around the perimeter. Again, I'm not recommending it, but I'm interested in hearing if anyone else has heard of this and is not worried about damage to the retina.

Caroline

From: Mark Jones
To: i_see
Subject: Re: Sunning
Date: Friday, 10 May 1996 9:11AM

[MODERATOR'S NOTE: FOR THOSE OF YOU NEW TO THE LIST, SUNNING IS TO BE DONE WITH THE EYES CLOSED, GLASSES OR NO. -- Alex <owner-i_see@indiana.edu>]

- **Follow-Ups:**

- [Re: Sunning](#)
 - *From:* mat@tekbases.metrca.com (Marco A. Terry)
- [Re: Sunning](#)
 - *From:* mjensen@crl.com (Mark Jensen)

- Prev by Date: [Magic Chinese Eye Protector](#)

- Next by Date: [Re: Sunning](#)

- Prev by thread: [Re: Sunning](#)

- Next by thread: [Re: Sunning](#)

- Index(es):

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Re: Sunning

- *To:* i_see@indiana.edu (Int. Soc. for Eyesight)
 - *Subject:* Re: Sunning
 - *From:* mat@tekbases.com (Marco A. Terry)
 - *Date:* Tue, 21 May 1996 09:14:44 -0400 (EDT)
 - *In-Reply-To:* <31A35223@mmail.bta.bt.com> from "Richards, Caroline" at May 21, 96 10:39:00 am
 - *Organization:* Metrica, Inc.
 - *Reply-To:* mat@tekbases.com
-

on their last msg, Richards, Caroline said:

>
>
> I am definitely of Mark's opinion, but just for interest..... when I went
> to see Tony-Paul Gaynor recently (Sydney, Australia), he looked directly at
> the (10am) sun for 5 minutes. He said that he could do it without damage
> because he had worked up to it. He said that 'normal' people would get
> damaged eyes purely because of the harmful things they had done like wearing
> sunglasses. Has anyone else heard of this opinion? If I hadn't seen him
> for myself I would never have believed it.
>
> He said it is possible to work up to it by 'blinking around the sun' -
> blinking very rapidly whilst looking at the edge of the sun and moving your
> eyes around the perimeter. Again, I'm not recommending it, but I'm
> interested in hearing if anyone else has heard of this and is not worried
> about damage to the retina.
>
> Caroline
> -----
> From: Mark Jones
> To: i_see
> Subject: Re: Sunning
> Date: Friday, 10 May 1996 9:11AM
>
>
> [MODERATOR'S NOTE: FOR THOSE OF YOU NEW TO THE LIST, SUNNING IS TO BE DONE
> WITH THE EYES CLOSED, GLASSES OR NO. -- Alex <owner-i_see@indiana.edu>]

Ok - I think I can make a quick response to this one. Do you guys

remember when you where kidsa and you use to play with a magnifying glass in a sunny day to burn up stuff. Well, that's what happens (sorta) to the retina if you look directly at the sun. SOme people have strong retinas (I expect) that can withstand some abuse, some dont. I personally wouldnt do it....

cheers.

Marco Terry
Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

"If you cannot convince them.....confuse them."
-my take on life

• **References:**

◦ [Re: Sunning](#)

▪ *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

• Prev by Date: [Re: Sunning](#)

• Next by Date: [Re: Sunning](#)

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Re: Sunning

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: Sunning
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Tue, 21 May 1996 08:23:48 -0500
 - *Cc:* i_see <i_see@indiana.edu>, Mark Jones <mjones@auscsmp.sps.mot.com>
 - *In-Reply-To:* Your message of "Tue, 21 May 1996 10:39:00 PDT."
 - *Sender:* owner-i_see@indiana.edu
-

>...he looked directly at
>the (10am) sun for 5 minutes.

I've read of people who look at the sun with eyes open for long periods of time (as much as a whole day in a ritual context.) I always sun my eyes with eyes closed. I sometimes wonder if gazing at the sun with eyes open can be used in training extraordinary vision in some cases. I wouldn't try it, though, without a trusted experienced teacher (extremely hard to find).

Mark

-
- Prev by Date: [Re: Sunning](#)
 - Next by Date: [informed consent](#)
 - Prev by thread: [Re: Sunning](#)
 - Next by thread: [Re: Sunning](#)
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informed consent

- *To:* I_SEE@indiana.edu
 - *Subject:* informed consent
 - *From:* JRalls7959@aol.com
 - *Date:* Wed, 22 May 1996 01:28:36 -0400
 - *Sender:* owner-i_see@indiana.edu
-

Well, I wrote Public Citizen about my concern that patients are not getting informed consent prior to corneal surgery. They should be informed of all the pros and cons and alternatives, but that does not seem to be the case.

Also the surgery is held up to be a cure for myopia (and one medical journal I recently got said the laser is probably the most heavily marketted medical procedure in history). But myopes have more glaucoma and retinal detachment.

The surgery corrects the visual acuity problem (and even that outcome varies) but not the underlying stretch.

Public Citizen forwarded my letter to an ophthalmologist/neurologist who did not think there was a problem. But I wrote him directly about my concerns and asked for your prayers.

So here's what he said, "The points you raise in your letter of 4/24/96 about further research into alternative treatments for myopia are very valid. I have circulated your letter among my colleagues and perhaps those more expert than I will choose to respond. Thank you for your interest and for stimulating mine." - Jonathan Trobe from U of Michigan.

Again, if you are having sucess with improving your vision please write and inform:

Sidney M. Wolfe, M.D., Director
Public Citizen Health Research Group
2000 P. St NW
Suite 700
Washington, D.C. 20036

I have no e-mail address as yet. I think if the medical profession were going to give equal time to airing the views of behavioral optometry on their own, they would have done so already and I would have read about vision

therapy in a mainstream medical journal instead of from I book I purchased out of a gift catalog. Perhaps a consumer advocacy group can be persuaded to look at all the material with less bias and work to see that better medicine is practiced.

God bless America!

Julie Ralls, M.D., Family Physician

-
- Prev by Date: [Re: Sunning](#)
 - Next by Date: [Re: Sunning](#)
 - Prev by thread: [Re: Eyesight deteriorated](#)
 - Next by thread: [Vision and sleep..](#)
 - Index(es):
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Re: Sunning

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: Sunning
 - *From:* mjensen@crl.com (Mark Jensen)
 - *Date:* Wed, 22 May 1996 04:47:03 GMT
 - *Cc:* i_see <i_see@indiana.edu>
 - *In-Reply-To:* <31A35223@msmail.bta.bt.com>
 - *Organization:* No Junk Mail
 - *References:* <31A35223@msmail.bta.bt.com>
 - *Reply-To:* mjensen@crl.com
 - *Sender:* owner-i_see@indiana.edu
-

On Tue, 21 May 96 10:39:00 PDT, you wrote:

>He said it is possible to work up to it by 'blinking around the sun' -
>blinking very rapidly whist looking at the edge of the sun and moving your
>eyes around the perimeter. Again, I'm not recommending it, but I'm
>interested in hearing if anyone else has heard of this and is not worried
>about damage to the retina.

>
>Caroline

>[MODERATOR'S NOTE: FOR THOSE OF YOU NEW TO THE LIST, SUNNING IS TO BE DONE
>WITH THE EYES CLOSED, GLASSES OR NO. -- Alex <owner-i_see@indiana.edu>]

I know that I am going against the party line, but I sun with open eyes. I learned it that way from yoga. Late afternoon when the intensity is lower, I cover one eye and gaze with the other one in a circular motion about 30 degrees (width of my hand) around the sun. I do it when my old eyes get particularly blurry, one eye at a time, and it is a very wonderful eye strengthener. As long as I keep my eyes moving in a circle, no damage to the retina occurs. It has a very noticeable immediate reduction of blur.

Mark Jensen Double J Apiaries mjensen@crl.com

- **References:**

- [Re: Sunning](#)

- *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [informed consent](#)

- Next by Date: [Re: Sunning](#)

- Prev by thread: [Re: Sunning](#)

- Next by thread: [Re: Sunning](#)

- Index(es):

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Re: Sunning

- *To:* richardc@sydney.btap.bt.com
 - *Subject:* Re: Sunning
 - *From:* JRalls7959@aol.com
 - *Date:* Tue, 21 May 1996 20:34:10 -0400
 - *cc:* I_SEE@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

[Moderator's note: for a description of the permanent retinal damage that can occur as a result of looking directly at the sun, see the I SEE archives

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/maillinglist.html#archives

under "sunning" -- Alex]

Caroline Richards:

```
> when I went to see Tony-Paul Gaynor recently (Sydney, Australia), he
> looked directly at the (10am) sun for 5 minutes. He said that he could do
> it without damage because he had worked up to it. He said that 'normal'
> people would get damaged eyes...
```

I was under the impression that long term excessive sun exposure can contribute to cataracts. Animals have more cataracts in regions where the ozone layer is diminished. So you can work up to this for five minutes and feel no ill effects? But what about doing this regularly and long term effects? It doesn't sound like a good idea to me.

Julie

-
- Prev by Date: [Re: Sunning](#)
 - Next by Date: [RE: Sunning](#)
 - Prev by thread: [Re: Sunning](#)

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RE: Sunning

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* RE: Sunning
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Wed, 22 May 96 06:29:35 UT
 - *Cc:* "I_SEE" <i_see@indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

[Moderator's note: for a description of the instant, permanent blind spots that can result from looking directly at the sun, see the I SEE archives

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/maillinglist.html#archives

under "sunning". Do not attempt open eyed "sunning" unless you are sure you know what you are doing. --Alex]

Caroline,

I live in Sydney and have been sunning (when our stupid weather permits!!) since January. I never would have believed that sunning can be of any good to the eyes until I tried it.

Background: I wore sunglasses for years because (for some reason) my eyes became very sensitive not only to sun light but also to normal daylight (even on a cloudy day).

I started my VT including sunning and in 4 weeks I could drive the car and go outside without my sunglasses. Now my Ray Bans are collecting dust in the glove compartment.

On average, I do the sunning exercise once or twice /day, 2 minutes each time and so far I have not experienced any problems at all in fact It has helped me a lot.

I hope this helps

george

- Prev by Date: [Re: Sunning](#)
- Next by Date: [Vision and sleep..](#)
- Prev by thread: [Re: Sunning](#)
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Vision and sleep..

- *To:* i_see@indiana.edu (Int. Soc. for Eyesight)
 - *Subject:* Vision and sleep..
 - *From:* mat@tekbases.com (Marco A. Terry)
 - *Date:* Wed, 22 May 1996 10:01:36 -0400 (EDT)
 - *Organization:* Metrica, Inc.
 - *Reply-To:* mat@tekbases.com
 - *Sender:* owner-i_see@indiana.edu
-

Hi.

Has anyone noticed that after a short night of sleep (5 hrs in my case) vision sucks in the morning? Sort of like a tired muscle I guess..... Well, must be off.

Marco Terry
Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

"If you cannot convince them.....confuse them."
-my take on life

-
- Prev by Date: [RE: Sunning](#)
 - Next by Date: [Re: Sunning](#)
 - Prev by thread: [informed consent](#)
 - Next by thread: [Re: Vision and sleep..](#)
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Re: Sunning

- *To:* <i_see@indiana.edu>
 - *Subject:* Re: Sunning
 - *From:* furmark@pipeline.com
 - *Date:* Wed, 22 May 1996 16:44:54 GMT
 - *Sender:* owner-i_see@indiana.edu
-

I also sun with my eyes open following Huxley's description. I blink rapidly and swing my head back and forth while looking at the sun then palm afterwards. I also briefly look at the sun at sunset. I have never found sunglasses comfortable.

alex <furmark@pipeline.com>

- Prev by Date: [Vision and sleep..](#)
- Next by Date: [Gazing vs. Staring](#)
- Prev by thread: [RE: Sunning](#)
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Gazing vs. Staring

- *To:* i_see@indiana.edu
 - *Subject:* Gazing vs. Staring
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Wed, 22 May 1996 09:58:23 -0500
 - *Sender:* owner-i_see@indiana.edu
-

I thought this might be of interest to some on this list. The author agreed to let me forward it. The message originally appeared on the ixtlan mailing list.

Mark

----- Forwarded Message

Date: Mon, 20 May 1996 23:54:35 -0500
To: ixtlan@wwa.com
From: dwhodges@legend.txdirect.net (DAV)
Subject: Re: Internal Dialogue

>I have been working at turning off the internal dialogue. Does anyone have
>an advice to offer regarding ways to do this?

>

>I'm getting better at it but I still end up talking to myself about how I'm
>doing in turning off the dialogue.

>

>BJ

Breathing is a major key to silence. 90% of the brain's oxygen needs are supplied by the bottom 20% of the lungs. Shallow breathing (which is what most people do) helps to keep the wheels grinding in the head (the ID). Deep breathing is one aid to achieving silence.

The eyes are also an important factor. I have found that the eyes serve as controls of a sort. Staring, or fixating the eyes is bad. Gazing is useful.

The objective of gazing is to use the full field of vision available. Make yourself aware of everything within your view or area of focus. Allow your eyes to cross slightly and notice both images. Do not try to hold your eyes wide open as you will overwhelm yourself with image stimuli. Allow your eyes to roll slightly, avoiding image fixation. Breathe.

It is my experience that when I have been in a state of mental chatter, it is as if I am centered (off center) within head, pressing outwards. The higher the level of stress, the harder I seem to be pushing outward through my forehead/eyes. Chatter occurs with an outside or outward focus. Interpreted, it is a mental stance, a perspective of oneself as a separate(d) individual, apart from the world outside the body. The mental chatter is indicative of an organic perspective.

As I pull back from the outside world, I shift into a gaze. This shift is like the difference between looking at the world through a telescope (often through the wrong end) and viewing the world upon a large viewing screen. When we fix onto points of vision and stare, as in the telescope analogy, we lose details of the scene at large. When we gaze we are using the eyes from the perspective of the "mental theater." As I pull back, I can feel the shift of focus in my head go from my forehead/eyesocket triangle more towards the center of my head and towards the base of my skull. I become aware of my ears and of what I am hearing in the world around me. As this "movement of my attention" occurs, I feel down into my actual center (from my off-center head central) and I pull away from the sound of my chatter-wheels. I say wheels because once I begin to detach from my surface perspective and its ID, the words begin to sound more like musical notes which cycle and repeat. When I first discovered this "secret" mind-marker, and before I began reformatting my thinking program, the musical notes sounded more like grindings, or noises, than they did like tones.

This cycle may be perceived as color patterns as well as sound patterns if the eyes are shut, but if you work on this with your eyes shut, you may also have to work to keep your sleep program from engaging.

Breathe deeply your air, view don't stare, and become sound aware. These are keys to silence's lair. ~dav~

<http://www.txdirect.net/users/dwhodges/>

----- End of Forwarded Message

- **Follow-Ups:**

- [Re: Gazing vs. Staring](#)
 - *From:* Vic <root@cia.com.au>

- Prev by Date: [Re: Sunning](#)
- Next by Date: [Re: Vision and sleep..](#)
- Prev by thread: [Re: Vision and sleep..](#)
- Next by thread: [Re: Gazing vs. Staring](#)
- Index(es):
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Re: Vision and sleep..

- To: i_see@indiana.edu
 - Subject: Re: Vision and sleep..
 - From: Elena <solusrex@soho.ios.com>
 - Date: Wed, 22 May 1996 12:41:24 -0400
 - Sender: owner-i_see@indiana.edu
-

At 10:01 AM 5/22/96 -0400, Marco Terry wrote:

>Hi.

>Has anyone noticed that after a short night of sleep (5 hrs in my case)
>vision sucks in the morning? Sort of like a tired muscle I guess.....

When you get insufficient sleep it means you get up with your nighttime, sleep-inducing hormones (like melatonin, for one) still circulating in your system, and with insufficient "daytime alertness" hormones that usually take around eight hours of uninterrupted sleep to build up to their normal levels. Some of those are, among other things, responsible for maintaining visual acuity. There are receptors for both kinds in the retina as well as in the brain. So when you get up after a short night's sleep your eyes wind up getting conflicting messages from the inside: "it's night" and "it's day" at the same time. Nothing works properly when flooded with conflicting messages.

Elena

-
- Prev by Date: [Gazing vs. Staring](#)
 - Next by Date: [Re: Sunning](#)
 - Prev by thread: [Vision and sleep..](#)
 - Next by thread: [Gazing vs. Staring](#)
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Re: Sunning

- *To:* mjensen@crl.com
 - *Subject:* Re: Sunning
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Wed, 22 May 1996 10:04:45 -0500
 - *Cc:* "Richards, Caroline" <richardc@sydney.btap.bt.com>, i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Mark,

How long have you been gazing at the sun with eyes open? What trends or sensations have you noticed over the years?

It sounds from your description that you do not look with the sun in the center of your field of vision but 30 degrees off center, rotating the eyes around the sun.

Do you do other yogic exercises in the same session?

Mark (Jones)

-
- Prev by Date: [Re: Vision and sleep..](#)
 - Next by Date: [Re: Sunning](#)
 - Prev by thread: [Re: Sunning](#)
 - Next by thread: [Re: Sunning](#)
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Re: Sunning

- [Date](#)
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Re: Sunning

- To: I_SEE@indiana.edu
 - Subject: Re: Sunning
 - From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - Date: Thu, 23 May 96 10:13:31 -0700 (PDT)
 - Sender: owner-i_see@indiana.edu
-

>[Moderator's note: for a description of the permanent retinal damage that
>can occur as a result of looking directly at the sun, see the I SEE archives
>
>http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/maillinglist.html#archives
>
>under "sunning" -- Alex]

I am pleased that the issue of sunning has once again surfaced. Firstly, understand that the sun DOES BURN thefovea of the eye when the recipient is unwell or unable to emotionally receive and integrate light through the retina into the autonomic nervous system. For a healthy person and a trained eye, looking toward the sun can be a wonderful healing practise, but BE WITH sunlight, even with the eyes closed. I personally trained with a physician of Tibetan Medicine who showed me how to have my eyes open, and look directly at the rising and setting sun for periods up to 5 minutes at a time. This training was a rite of passage and I DO NOT recommend it to my clients or students until they now how to BE with sunlight. I have found that my nearpoint acuity increases by two lines after such a practise. Most of us have too many belief systems and fears associated with letting in light. To receive light is to discover enlightenment, the light within. First, we must clear out the trash that prevents us from being in our own light in a healthy way. In the meanwhile, follow the sunning principles with the eyes closed and enjoy the wonderful colors of sunsets and sunrises.

Thank goodness summer is on the way here in Canada,

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

"What you see from you heart is clear, so look with love!"

Check out our Web Page

<http://www.sunshine.net/www/0/sn0011/>

Join us for an exciting 10 day retreat holiday and adventure and in Vision Improvement July 12th to 21st, 1996 in Western Canada! Last chance to register. E-mail your snail-mail address for a brochure.

-

-
- Prev by Date: [Re: Sunning](#)
 - Next by Date: [Re: Eyesight deteriorated](#)
 - Prev by thread: [Re: Sunning](#)
 - Next by thread: [Scratched Glasses](#)
 - Index(es):
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Re: Eyesight deteriorated

- To: i_see@indiana.edu
 - Subject: Re: Eyesight deteriorated
 - From: Kim & David Green <green@c031.aone.net.au>
 - Date: Fri, 24 May 1996 19:31:43 +1000
 - Sender: owner-i_see@indiana.edu
-

At 08:51 AM 5/20/96 -0500, you wrote:

>

>David, I'd like to know, where did you get the idea about wearing
>"transition glasses"? Was it from I SEE? From one of Robert-Michael
>Kaplan's books?

No, I read about them in a book which I think was written by a Barbara Goodyear.

>Could you please answer the following questions, which would shed some
>light on your case?

>

>1. Did you wear glasses before your trek in Nepal?

Yes, for about 4 years. During the trek I only wore fairly weak prescription sunglasses, if anything.

>2. When you got back, how did you determine your improvement? did you
>switch to a previous -1.50 prescription, or did you make another

>appointment with your optometrist because the glasses "felt too strong"?

Made appointments with an optometrist 2 days before leaving and one day after I returned. This was done deliberately as I expected some improvement after not

seeing a computer screen for 4 weeks (which was magic!) I'm a software engineer and can't really get away from them short of changing career.

>3. What is the strength of your "transition glasses", -1.50 (-0.50 less
>than a base of -2.0) or -1.00 (-0.50 less than a base of -1.50).

The glasses I had were 0.5D weaker than full prescription.

>4. Do your glasses have cylinders (for astigmatism)?

No.

Thanks for your comments re-transition glasses. For the moment I'll stick to

just wearing my glasses when driving. I refuse to use them now at work. I can feel my eyes straining to hold focus. Besides, my visions fine out to about armslength.

BTW, my optometrist told me I'm a pseudo-myope when I told her about how my vision improves after a good hard blink. I believe that optometrists know that vision can be restored without glasses.

regards ... David

-
- Prev by Date: [Re: Sunning](#)
 - Next by Date: [Re: Gazing vs. Staring](#)
 - Prev by thread: [Re: Eyesight deteriorated](#)
 - Next by thread: [informed consent](#)
 - Index(es):
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Re: Gazing vs. Staring

- To: i_see@indiana.edu
 - Subject: Re: Gazing vs. Staring
 - From: Vic <root@cia.com.au>
 - Date: Fri, 24 May 1996 18:54:07 +1000 (EST)
 - In-Reply-To: <9605221500.AA03944@txbc.sps.mot.com>
 - Sender: owner-i_see@indiana.edu
-

Mark Jones <mjones@auscsmp.sps.mot.com> seems to have said:

>

> Date: Mon, 20 May 1996 23:54:35 -0500

> To: ixtlan@wwa.com

> From: dwhodges@legend.txdirect.net (DAV)

> Subject: Re: Internal Dialogue

>

> >I have been working at turning off the internal dialogue. Does anyone have
> >an advice to offer regarding ways to do this?

> >

yes. dont bother. internal dialogue is there for a good purpose.

Vic

!!! What's wrong with McDonald's?, now you can judge for yourself..
!! Uncensored and unstoppable on the WWW: <http://www.McSpotlight.org/>
! (Spread the word, please add these 3 lines to your signature file)

-
- **References:**
 - [Gazing vs. Staring](#)
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Prev by Date: [Re: Eyesight deteriorated](#)

- Next by Date: [Re: Eyesight deteriorated \(fwd\)](#)
- Prev by thread: [Gazing vs. Staring](#)
- Next by thread: [Re: Eyesight deteriorated \(fwd\)](#)
- Index(es):
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Personal update

- *To:* i_see@indiana.edu
 - *Subject:* Personal update
 - *From:* Steev Clark <steev@darkside.demon.co.uk>
 - *Date:* 26 May 96 10:48:42 GMT
 - *Organization:* Net '77 Gateway #2
 - *Sender:* owner-i_see@indiana.edu
-

I'm going for a eye test in two weeks. It's two years since the last when I asked for a reduction in my perscription to see if it would help my eyes. The numbers then were

-9.50 and -9.25 which include a +1.25 reduction.

Obviously I am very myopic and can do very little without my glasses, although I try not to wear them when I am out walking or a passenger in a car. I do feel however that my vision must have improved in the last two years as I can see very well with these lenses and quite often move them down my nose to reduce their strength. I am hoping the eye test will confirm my hopes and I will be able to get an even lower perscription. I will of course ask for another reduction on what he would normally perscribe.

At this level of myopia I realise that it would be optimistic to hope for 20/20 (I'm 30 now), but anything that will allow me to experience more of life without looking through plastic or glass is worth trying for.

I will of course let you know how I get on.

—
(
_)teev@darkside.demon.co.uk

-
- **Follow-Ups:**
 - [Re: Personal update](#)
 - *From:* Andy Tenka <c22at@eng.delcoelect.com>

- Prev by Date: [Re: Eyesight deteriorated \(fwd\)](#)
- Next by Date: [Exercises](#)
- Prev by thread: [Re: Eyesight deteriorated \(fwd\)](#)
- Next by thread: [Re: Personal update](#)
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Exercises

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Exercises
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 28 May 96 08:54:00 PDT
 - *Encoding:* 17 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

"The nice thing about all of these things is they are more in the nature of play than work. I think everyone could probably survey their past and current hobbies and come up with some way to work a little each day on peripheral vision. Patty"

- Prev by Date: [Personal update](#)
- Next by Date: [Re: Personal update](#)
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Re: Personal update

- *To:* <steev@darkside.demon.co.uk>
 - *Subject:* Re: Personal update
 - *From:* furmark@pipeline.com
 - *Date:* Mon, 27 May 1996 19:01:24 GMT
 - *Cc:* <i_see@indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

>At this level of myopia I realise that it would be optimistic to hope for
20/20

>(I'm 30 now), but anything that will allow me to experience more of life
>without looking through plastic or glass is worth trying for.

There is nothing wrong with being optimistic in fact its the best way to
be when doing VT. Why not go for the best other poeple have done it why not
you. I wish you the best of luck and look forward to hearing of your
results.

take care
alex

-
- Prev by Date: [Exercises](#)
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George Tohme's monthly update

- To: i_see@indiana.edu
 - Subject: George Tohme's monthly update
 - From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - Date: Tue, 28 May 1996 00:35:14 -0500
 - Sender: owner-i_see@indiana.edu
-

On Fri, 19 Apr 1996 08:05:27 +0000 (UT), George Tohme <PolySoft@msn.com> wrote:

>I just got back from my monthly visit to the optometrist.

>

>The result: an improvement of 0.25 in both eyes.

>

>So now I'm at L:-2.25, R:-2.75.

>

>The optometrist said next month we'd be able to confirm that because it could
>be because I may have trained myself to read the blur!!! Well I don't think so
>but we'll see.

George,

I missed your update this month. What happened?

Stefan

- Prev by Date: [Re: Personal update](#)
- Next by Date: [Results of the 4th month](#)
- Prev by thread: [Exercises](#)
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Results of the 4th month

- *To:* "I_SEE" <i_see@indiana.edu>
 - *Subject:* Results of the 4th month
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Mon, 27 May 96 06:45:20 UT
 - *Sender:* owner-i_see@indiana.edu
-

Below is my progress so far:

		Left	Right
18/01/96	-3.00	-3.75	
17/02/96	-2.50	-3.00	
16/03/96	-2.50	-3.00	
19/04/96	-2.25	-2.75	
25/05/96	-2.25	-2.75	

As you can see there was no change from last month. I think that from now on the progress will be slow in the order of 0.25 per 3 months.

In 3 weeks I'm taking a long vacation for 4 weeks travelling around Europe and Canada and guess what? I'm not the only one looking forward to this trip, my optometrist said he would like to see me right after it!!!

I got some -2.00/-2.00 contacts for the trip in case I find the glasses slipping off my face in hot weather.

That surely says something.

that's all for now from DownUnder.

all the best

george

-
- Prev by Date: [George Tohme's monthly update](#)

- Next by Date: [Re: Results of the 4th month](#)
- Prev by thread: [George Tohme's monthly update](#)
- Next by thread: [Re: Results of the 4th month](#)
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Re: Results of the 4th month

- *To:* <PolySoft@msn.com>
 - *Subject:* Re: Results of the 4th month
 - *From:* furmark@pipeline.com
 - *Date:* Tue, 28 May 1996 19:34:57 GMT
 - *Cc:* <i_see@indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

Just wanted to say congradulations on your success so far. You seem to have a healthy attitude about it. It is helpful not to get too hung up on how fast you improve. The healing process has an ebb and flow ,sometimes you make rapid progress and sometimes it slows down. You are doing great and best of luck. Enjoy your vacation and relax. I went away this winter to Mexico luckly I had been to this same area before so I didn't feel like I had to see everything as clearly as possible and therefore I took long walks in the bright sun without my glasses. Don't get hung up on having to see perfectly and keep up your VT.

alex

-
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Re: Personal update

- *To:* Andy Tenka <c22at@eng.delcoelect.com>
 - *Subject:* Re: Personal update
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Wed, 29 May 1996 15:50:41 -0700 (PDT)
 - *Cc:* Steev Clark <steev@darkside.demon.co.uk>, i_see <i_see@indiana.edu>
 - *In-Reply-To:* <199605291352.AA100157979@koinsv04>
 - *Sender:* owner-i_see@indiana.edu
-

Andy;

If you are a myope, ie wearing minus power lenses, then moving them down your nose does decrease their power.

Herb

On Wed, 29 May 1996, Andy Tenka wrote:

```
> >
> > very well with these lenses and quite often move them down my nose to reduce
>                                     ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^
> > their strength. I am hoping the eye test will confirm my hopes and I will be
>   ^^^^^^^^^^^^^^^^^
> >
> Does it really work that way? If so, it may be a cost efficient way of
> reducing my prescription. I did try it, but I did not notice much difference.
>
>
> Andy Tenka
>
>
```

-
- **References:**
 - [Re: Personal update](#)
 - *From:* Andy Tenka <c22at@eng.delcoelect.com>

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- [Re: Scratched Glasses](#), *Alex Eulenberg*
- [Elena's progress](#), *Stefan Stefanov*
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 - [Re: Elena's progress](#), *Elena*
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 - <Possible follow-up(s)>
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 - [Re: Open your Eyes](#), *P.G. Middleton*
 - [Re: Open your Eyes](#), *Ashwin Panjabi*
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- [doubling](#), *SKlues2470*
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- [Re: Welcome to i_see](#), *Bill*
- [double vision...](#), *JulPS*
- [New member](#), *Owen Harrington*
- [i_see@indiana.edu](#), *Varun Verma*
- [Re: i_see](#), *Mark Jones*
- [Visit to an Optometrist](#), *Mark Jones*
- [Re: I_SEE](#), *Varun Verma*
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 - [Re: I_SEE](#), *Varun Verma*
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 - *From:* G.Raman@cyber-quest.com
- [Q on finding optometrist](#)
 - *From:* Scott Lorbeer <ussl@msu.oscs.montana.edu>
- [Scintillating Scotoma](#)
 - *From:* Vincet@mail.microserve.net
- [I don't wear glasses anymore and I see perfectly! Thanks.](#)
 - *From:* ae952@freenet.carleton.ca (David P. Parry)
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 - *From:* freelynn@mars.superlink.net
- [Re: Lighting](#)
 - *From:* Elena <solusrex@soho.ios.com>
- [Vision herbs](#)
 - *From:* Ari Solovyova <asolovy@indiana.edu>
- [Re: Vision herbs](#)
 - *From:* Sheila Sanders <sasanders@dns.mcn.net>
- [RE: Vision herbs](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [Re: Vision herbs](#)
 - *From:* Elena <solusrex@soho.ios.com>
- [Re: floaters](#)
 - *From:* Elena <solusrex@soho.ios.com>
- [Sunning & Double Vision](#)
 - *From:* paterson@ns.spclink.com (Steve Paterson)
- [Re: Vision herbs](#)
 - *From:* Betty Martini <betty@noel.pd.org>
- [Images in low power glasses](#)
 - *From:* Tim.Patterson@cciw.ca
- [Re: Sunning & Double Vision](#)
 - *From:* Sid Gudes <cougar@roadrunner.com>
- [Re: Images in low power glasses](#)

- *From:* Sid Gudes <cougar@roadrunner.com>
- **Bifocals experience**
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- **Re: Images in low power glasses**
 - *From:* Tim.Patterson@cciw.ca
- **Double vision, astigmatism, myopia and all that stuff**
 - *From:* "George Tohme" <PolySoft@msn.com>
- **Re: Lighting**
 - *From:* JRalls7959@aol.com
- **Re: Q on finding optometrist**
 - *From:* JRalls7959@aol.com
- **Brain/Mind**
 - *From:* freelynn@mars.superlink.net
- **Re: Bifocals experience**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Scratched Glasses**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Elena's progress**
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- **Brain/Mind**
 - *From:* freelynn@mars.superlink.net
- **Re: Elena's progress (rather long)**
 - *From:* Elena <solusrex@soho.ios.com>
- **brain/mind**
 - *From:* freelynn@mars.superlink.net
- **Open your Eyes**
 - *From:* p9205755@student.anu.edu.au (Alistair Phillips)
- **New Treatment Option For Intractable Amblyopia (Lazy Eye)**
 - *From:* Mark Herold <HEROLD@brk.bfg.com>
- **doubling**
 - *From:* SKlues2470@aol.com
- **Re: Open your Eyes**
 - *From:* "P.G. Middleton" <p.g.middleton@strath.ac.uk>
- **Re: Elena's progress (rather long)**
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
- **Re: Open your Eyes**
 - *From:* Ashwin Panjabi <ashwin@asiaonline.net>
- **doubling**
 - *From:* Barry D Benowitz <bbenowit@telesciences.com>
- **Re: Elena's progress**
 - *From:* Elena <solusrex@soho.ios.com>

- [Re: Welcome to i_see](#)
 - *From:* Bills@vav-nun.com (Bill)
- [double vision...](#)
 - *From:* JulPS@aol.com
- [New member](#)
 - *From:* "Owen Harrington" <oharring@modicon.com>
- [Re: Elena's progress](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- [Re: Elena's progress](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
- [i_see@indiana.edu](#)
 - *From:* Varun Verma <varun@angeles.com>
- [Re: i_see](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [Visit to an Optometrist](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [Re: I_SEE](#)
 - *From:* Varun Verma <varun@angeles.com>
- [Re: My Silence](#)
 - *From:* "Linda Lee" <llee@island.net>
- [Re: Elena's progress \(rather long\)](#)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- [Re: I_SEE](#)
 - *From:* Varun Verma <varun@angeles.com>
- [The autorefractor](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
- [Re: Varun's recent posts](#)
 - *From:* Elena <solusrex@soho.ios.com>

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eco

- *To:* i_see@indiana.edu
 - *Subject:* eco
 - *From:* freelynn@mars.superlink.net
 - *Date:* Sat, 1 Jun 1996 17:41:59 -0400
 - *Sender:* owner-i_see@indiana.edu
-

An interesting section from *The Name of the Rose* by Umberto Eco, especially for everyone dealing with presbyopia:

<William slipped his hands inside his habit, at the point where it billowed over his chest to make a kind of sack, and he drew from it an object that I had already seen in his hands, and on his face, in the course of our journey. It was a forked pin, so constructed that it could stay on a man's nose (or at least on his, so prominent and aquiline) as a rider remains astride his horse or as a bird clings to its perch. And, one on either side of the fork, before the eyes, there were two ovals of metal, which held two almonds of glass, thick as the bottom of a tumbler. William preferred to read with these before his eyes, and he said they made his vision better than what nature had endowed him with or than his advanced age, especially as the daylight failed, would permit. They did not serve him to see from a distance, for then his eyes were, on the contrary, quite sharp, but to see close up. With these lenses he could read manuscripts penned in very faint letters, which even I had some trouble deciphering. He explained to me that, when a man had passed the middle point of his life, even if his sight had always been excellent, the eye hardened and the pupil became recalcitrant, so that many learned men had virtually died, as far as reading and writing were concerned, after their fiftieth summer. A grave misfortune for men who could have given the best fruits of their intellect for many more years. So the Lord was to be praised since someone had devised and constructed this instrument. And he told me this in support of the ideas of his Robert Bacon, who had said that the aim of learning was also to prolong human life.>

regards,
freda

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Lighting

- *To:* i_see@indiana.edu
 - *Subject:* Lighting
 - *From:* G.Raman@cyber-quest.com
 - *Date:* 2 Jun 1996 20:13:58 EDT
 - *Sender:* owner-i_see@indiana.edu
-

Hello, I am a 16 year old and was wondering what kind of lighting I should use. I typically spend about 2 hours a day at my desk doing homework, and I have a flourescent lamp hung about 3 feet above my desk. Is this good or bad? I get adequet amounts of lighting (probably too much lighting), though there is a significant amount of glare. I have heard that normal bulbs are better for the eyes. Any feedback wo7uld be greatly appreciated.

Ravi Raman
g.raman@cyber-quest.com

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Q on finding optometrist

- *To:* i_see@indiana.edu
 - *Subject:* Q on finding optometrist
 - *From:* Scott Lorbeer <usssl@msu.oscs.montana.edu>
 - *Date:* Thu, 30 May 1996 11:41:40 MDT
 - *Sender:* owner-i_see@indiana.edu
-

Greetings all,

I discovered the "I see" web page a couple of weeks ago, have been working my way through the faq, and have been searching for my prescription. I am grateful to have a community of supportive people help me overcome the curse of stronger and stronger specs until death. This is a longer post, but I am introducing myself, and follow-ups will be shorter.

I received my first pair of glasses in 4th grade (am 35 now) and remember having an eye exam back then. I think I was told that I had 20/70 in one eye, 20/200 in the other -- I believe the 70 and 200 are correct, but suspect I had the notation down wrong.

Off I went to Kaiser Hospital, Walnut Creek (Calif) with my mom, resulting in a pair of specs and an exhilarating drive home, as I read freeway signs at a long distance instead of when driving underneath. I became a full time glasses wearer, and spent the next decade or so feeling self-conscious about my appearance. Needless to say, the exhilaration wore off a long time ago.

I wore hard contact lenses between 1976 and 1986 except for one year when the ophthalmologist found blood vessels in the cornea (I think), called neovascularization. I stopped the contacts for a year, they went away and went back to contacts. During my stint with the contacts I had very minor changes in prescription, if any at all, and fell out of the habit of visiting the doctor to have the prescription checked. Prior to that time the

prescription changed regularly.

I have only had two eye exams and prescriptions since I stopped wearing contact lenses. One in 1989, when I first received correction for astigmatism (I think) and October 1993, when a stronger prescription was given. This last prescription was:

Sph -1.75 Cyl -1.25 -- 040
Sph -3.25 Cyl -1.75 -- 153

My vision in my right eye is much better than the left. However, even though I am right handed, my left eye is dominant. I use my left eye through a camera, microscope, and trap shooting at the range.

I started playing competitive table tennis a year ago. The first time in many years since I had played, I had noticeable difficulty focussing on the ball. I apparently have compensated.

I live in a fairly small college town, and the natural health practitioners I have spoken with and the health food store manager do not have any leads on optometrists. I am planning to speak with the doctor who gave me my last prescription, and hope she will write a prescription for "training glasses". She has an office adjacent to the Pearl Vision at the local mall. Would that impact her decision on whether she would help me?

Any suggestions on how to recruit a sympathetic optometrist would be helpful.

After my current status is determined, what would be a good prescription for training glasses? I presume I need legal driving glasses, ideally with minimal astigmatism correction (should I go for zero?).

Your experience, suggestions and encouragement are greatly appreciated. Will follow-up when I see the doctor.

Scott Lorbeer
USSSL@MSU.OSCS.MONTANA.EDU

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Scintillating Scotoma

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Scintillating Scotoma
 - *From:* Vincet@mail.microserve.net
 - *Date:* Thu, 30 May 1996 12:06:11 +0000
 - *Comments:* Authenticated sender is <vincet@mail.microserve.net>
 - *Priority:* normal
 - *Reply-to:* vincet@microserve.net
 - *Sender:* owner-i_see@indiana.edu
-

Hi Folks,

Has anyone had experience with scintillating scotoma, sometimes called a "visual migraine"?

Here's how one text describes it:

"The disturbance reportedly begins centrally as a small, bilateral, circular distortion, and then expands, over a 20-minute period, into an enlarging three-quarter circle of brightly colored and flickering lights described as being 'similar to multiple small prisms laid side-by-side in semicircular fashion.' The disturbance continues to enlarge until it grows out of the patient's field vision."

I'm especially interested if anyone can offer environmental/dietary causes for this phenomenon and/or possible treatment.

Thanks,
Vince

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I don't wear glasses anymore and I see perfectly! Thanks.

- *To:* i_see@indiana.edu
 - *Subject:* I don't wear glasses anymore and I see perfectly! Thanks.
 - *From:* ae952@freenet.carleton.ca (David P. Parry)
 - *Date:* Fri, 31 May 1996 17:24:26 -0400
 - *Reply-To:* ae952@freenet.carleton.ca
 - *Sender:* owner-i_see@indiana.edu
-

--

poetry love science

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floaters

- *To:* i_see@indiana.edu
 - *Subject:* floaters
 - *From:* freelynn@mars.superlink.net
 - *Date:* Mon, 3 Jun 1996 20:51:18 -0400
 - *Sender:* owner-i_see@indiana.edu
-

A friend of mine has, he says, a great deal of trouble with floaters. There's many of them and they're very annoying, when the few minutes a night he has time to read - they crowd his visual field. Any thoughts on this subject? Any suggestions? All would be appreciated.

thanks,
freda

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Re: Lighting

- To: i_see@indiana.edu
 - Subject: Re: Lighting
 - From: Elena <solusrex@soho.ios.com>
 - Date: Mon, 3 Jun 1996 19:26:00 -0400
 - Sender: owner-i_see@indiana.edu
-

At 08:13 PM 6/2/96 EDT, Ravi Raman wrote:

>

>Hello, I am a 16 year old and was wondering what kind of
>lighting I should use. I typically spend about 2 hours a day at my desk
>doing homework, and I have a flourescent lamp hung about 3 feet above my
>desk. Is this good or bad?

Bad. Fluorescent is the worst, actually. Not only for the eyes but for one's overall health. It's been implicated in depression in adults, hyperactivity in young children, and what-not -- correctly I'm sure, since someone who's sensitive to his/her environment/perception can more or less feel these things directly. I've always avoided flourescent lighting, long before I came across any adverse information, simply because everybody looked dead.

Older lamps invariably flicker (whether you notice it or not), imposing some additional adjustment strain on your eyes and processing strain on your mind.

Full-spectrum is the best. Ordinary, the second best. I've heard some good things about halogen lamps, and some bad things, too -- supposedly, they emit too much of other goodies in addition to light; I have no exact info/opinion on this one.

Elena

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Vision herbs

- *To:* i_see@majordomo.ucs.indiana.edu
 - *Subject:* Vision herbs
 - *From:* Ari Solovyova <asolovy@indiana.edu>
 - *Date:* Mon, 3 Jun 1996 15:39:10 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

[Forwarded from the HERB list, HERB@TREARNPC.EGE.EDU.TR]

On Tue, 28 May 1996, Mary F Leunissen wrote:

> I have recently seen a product by Flora advertised, that goes
> under the name "Vision". The primary ingrediant is bilberry. Does anyone
> have any thoughts on the use of this to improve vision? My mother has a
> blocked ocular vein and I am considering suggesting this to her. Thank
> you for your time. Mary L.
>

I can definitely vouch for the fact that bilberry does help vision problems. I have used both bilberry and eyebright by themselves and also as part of combination herbal formulas. I have found that bilberry does more to improve my vision than eyebright, but eyebright does a good job, too.

I have macular damage due to a detached retina. I also have focusing problems, contrast deficiency, double vision and extreme myopia. I have found that if I take the bilberry regularly, my eyes don't get as tired while using the computer, driving or reading. In fact, I have noticed my night vision while driving has improved. I take the supplement daily and take extra when I am having an especially hard-to-see day.

Sheila Sanders
sanders@mcn.net

Bilberry restores the visual purple in the retina, and is an antioxidant. I doubt if it will treat this blockage, where other herbs might well.

This is possibly another situation where turmeric could be used. Two Chinese herbs are used together for vision problems in the elderly: *Salvia miltorrhizae*/Danshen, and *Milletia reticulata* (or *Spathlobus suberectus*)/Jixueteng. Another herb that might be useful is Danggui (*Angelica sinensis*)("Tang Kuei").

On the European side, you might want to look at Rue (*Ruta graveolens*). It is often used to strengthen the eyes, and has Blood-moving characteristics.

In this sort of circumstance, it is best to choose *Blood-moving herbs* that will aid the entire health balance. Therefore, not just any herb for 'eye health' will be effective.

-- Paul

[NEW ADDRESS! Please manually address all replies to pi2@loop.com]

● **Follow-Ups:**

- [Re: Vision herbs](#)
 - *From:* Betty Martini <betty@noel.pd.org>

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Re: Vision herbs

- *To:* Betty Martini <betty@noel.pd.org>
 - *Subject:* Re: Vision herbs
 - *From:* Sheila Sanders <sanders@dns.mcn.net>
 - *Date:* Wed, 5 Jun 1996 00:29:59 -0600 (MDT)
 - *cc:* Ari Solovyova <asolovy@indiana.edu>, i_see@majordomo.ucs.indiana.edu
 - *In-Reply-To:* <Pine.SUN.3.91.960604105012.159E-100000@noel.pd.org>
 - *Sender:* owner-i_see@indiana.edu
-

I appreciate your interest in my visual problems but my problems have nothing at all to do with nutrasweet or any of the other artificial sweeteners. I do not and will not consume any products containing any form of artificial sweetener and haven't used them for many, many years. When I did, it was in very limited amounts.

I am very conscious about only eating natural, whole foods and steer away from processed foods with preservatives, artificial sweeteners, colorings or flavorings. I also do not drink soda pop for the same reasons.

My daughter also had detached retinas in both her eyes....she is a vegetarian and also doesn't not eat processed foods or articial sweeteners.

I agree with everything you said about them and feel they are tantamount to consuming poison.

Sheila Sanders
sanders@mcn.net

- **References:**
 - [Re: Vision herbs](#)
 - *From:* Betty Martini <betty@noel.pd.org>

- Prev by Date: [Vision herbs](#)
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RE: Vision herbs

- *To:* i_see <i_see@majordomo.ucsf.edu>
 - *Subject:* RE: Vision herbs
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Wed, 05 Jun 96 15:35:00 PDT
 - *Encoding:* 14 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

What about herbs during pregnancy? I guess they don't get tested for safety in the same way as conventional drugs?

Caroline

On Tue, 28 May 1996, Mary F Leunissen wrote:

> I have recently seen a product by Flora advertised, that goes
> under the name "Vision". The primary ingredient is bilberry. Does anyone
> have any thoughts on the use of this to improve vision? My mother has a
> blocked ocular vein and I am considering suggesting this to her. Thank
> you for your time. Mary L.
>

-
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Re: Vision herbs

- To: i_see@indiana.edu
 - Subject: Re: Vision herbs
 - From: Elena <solusrex@soho.ios.com>
 - Date: Tue, 4 Jun 1996 13:57:50 -0400
 - Sender: owner-i_see@indiana.edu
-

At 03:39 PM 6/3/96 -0500, Ari Solovyova <asolovyo@indiana.edu> wrote:

>

>[Forwarded from the HERB list, HERB@TREARNPC.EGE.EDU.TR]

>

>Another herb that might be useful is Danggui

>(Angelica sinensis)("Tang Kuei").

I second this one. It is better known as Dong Quai though.

>In this sort of circumstance, it is best to choose *Blood-moving herbs*

Ginkgo Biloba, definitely. Virtually hundreds of studies have confirmed its ability to improve blood circulation.

Elena

-
- Prev by Date: [RE: Vision herbs](#)
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Re: floaters

- To: i_see@indiana.edu
 - Subject: Re: floaters
 - From: Elena <solusrex@soho.ios.com>
 - Date: Tue, 4 Jun 1996 13:41:18 -0400
 - Sender: owner-i_see@indiana.edu
-

At 08:51 PM 6/3/96 -0400, freelynn@mars.superlink.net wrote:

>A friend of mine has, he says, a great deal of trouble with floaters.
>There's many of them and they're very annoying, when the few minutes a night
>he has time to read - they crowd his visual field. Any thoughts on this
>subject? Any suggestions? All would be appreciated.
>
>thanks,
>freda

Check out http://www.eyenet.org/public/faqs/floaters_faq.html

No cure though. I've heard about using hypnosis for floaters but haven't come across any success stories. VT may help one learn to look "beyond" them. Antioxidants may help prevent new ones from forming. Acupressure and/or acupuncture may help.

Elena

-
- Prev by Date: [Re: Vision herbs](#)
 - Next by Date: [Sunning & Double Vision](#)
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Sunning & Double Vision

- To: i_see@indiana.edu
 - Subject: Sunning & Double Vision
 - From: paterson@ns.spclink.com (Steve Paterson)
 - Date: Wed, 5 Jun 1996 10:56:18 +0900
 - Sender: owner-i_see@indiana.edu
-

Sunning:

A few weeks ago there was a lot of talk about sunning. When I first saw these massages I thought they were hog wash. However, over these past weeks I have tried it for myself. I was hyper-sensitive to bright light - but my night vision was excellent - and had to wear sunglasses whenever outside. Because of this sensitivity I closed my eyes and faced the the sky and relaxed, never directly in the sun as it was too painful. While my eyes were closed I would try and see the light on my eye lids and notice the colors. Now I can fairly comfortably do this facing the sun, with my eyes closed of course, and on sunny days I don't need to wear my sunglasses. BUT, does sunning affect night vision capabilities?

Double Vision:

I'm a computer graphic artist and animator so I look at monitors most of the day. I don't wear glasses and my vision up until this time for both eyes was perfect 20/20, here in Japan I was rated 2.0 by an ophthamologist. Last year during November/December I was responsible for an intensive project, often working late into the night. During this time I had noticed my left eye tiring quickly, my right eye was fine. Then gradually I noticed double images if I looked only with the left eye, especially when I got really tired. I went to an ophthamologist here, in Japan, and they said I have astigmatism - at 120 degrees - but it's unusual for just one eye to get it. They have suggested I get prescription glasses. NO WAY!

Sometimes when I can get really relaxed and open my left eye everythings okay for about a minute or less then it just goes back to double vision. After going online and reading some article on ISEE I've been trying

palming when I can. From the email I've been reading I realize that my problem is insignificant compared to many people. But, I want my perfect vision back.

Does anybody have any suggestions or directions? And has anybody heard of PRIO? They're supposed to make prescription glasses for people who use computers. They say the glasses keeps your eyes relaxed. Does anybody use these glasses?

I look forward to any information. Thanks.

Warm regards
Steve Paterson

-
- Prev by Date: [Re: floaters](#)
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Re: Vision herbs

- *To:* Ari Solovyova <asolovyo@indiana.edu>
 - *Subject:* Re: Vision herbs
 - *From:* Betty Martini <betty@noel.pd.org>
 - *Date:* Tue, 4 Jun 1996 10:58:17 -0400 (EDT)
 - *cc:* i_see@majordomo.ucs.indiana.edu
 - *In-Reply-To:* <Pine.HPP.3.91.960603153734.24740B-100000@hamlet.ucs.indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

Sheila: It sounds to me like you're on aspartame marketed as NutraSweet, Equal, Spoonful and no telling what since the patent has expired. It causes retinal detachments, double vision, blurred vision, macular degeneration, and a host of vision problems including blindness. The reason is the methanol in it converts to formaldehyde in the retina of the eye, and destroys the optic nerve. Most people who have been using it for any length of time already have some of these symptoms.

At one time I put Dr. Roberts position paper on aspartame and the eye on the I-See Network but its been some time ago. So you might want to read it off our auto-responder unless Alex wants to put it on again. Its been sometime.

To use the auto-responder simply email me and put sendme help in the subject line for a directory like this:

Subject: sendme help

Then when you get a directory you simply put sendme again in the subject line with whatever file you want to access typed exactly as in the lefthand side of the directory. Example:

Subject: sendme diabetes-aspartame

Be sure to read the Joyce Wilson story because she did go blind on NutraSweet. Also there is a post titled Embalm Or Not To Embalm which is a testimony that came in from the lady who wrote Blinded Sight when her husband when blind on NutraSweet. Now people are dying of the formaldehyde content. Also we can email you our warning flyer with publications and symptoms.

Dr. Roberts now has his publications on net and he has excellent tapes on aspartame that will tell you about the eye. He is the world expert. You can get them by calling 1 800 -814-9800 Mondays, Wednesday and Fridays after 8:00 A.M. or his net is:

<http://www.icanect.net/sunpress>

Also Mark Gold has an excellent site which has information on aspartame:

<http://www.tiac.net/users/mgold/health.html>

I've had information on aspartame but its been sometime ago when it was on the I-See Network. And Alex has some on his web - NutraSweet - Poison to the Eye.

So the reminder is timely now for new ones and remember that aspartame is now in regular products like Fresca Wrigley's Winterfresh gum.

I think they know we have been warning all people off this poison all over the world and they also know its addicting. Its now is in not only over 7000 products in over 90 countries of the world but in baked goods, over the counter drugs and even prescription drugs. Be warned.

Regards,

Betty Martini, Founder Mission Possible (the people trying to warn the world and get it off the planet)

To get more information on aspartame, email betty@pd.org as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

Betty Martini	1. Take the 60-day No-Aspartame test
Mission Possible	and send us your case history.
PO Box 28098	2. Tell your doctor and your friends.
Atlanta GA 30358	3. Return Aspar-Poisoned foods to the store.
USA	(Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On Mon, 3 Jun 1996, Ari Solovyova wrote:

>

>

> [Forwarded from the HERB list, HERB@TREARNPC.EGE.EDU.TR]

>

> On Tue, 28 May 1996, Mary F Leunissen wrote:

>

> > I have recently seen a product by Flora advertised, that goes
> > under the name "Vision". The primary ingrediant is bilberry. Does anyone
> > have any thoughts on the use of this to improve vision? My mother has a
> > blocked ocular vein and I am considering suggesting this to her. Thank
> > you for your time. Mary L.

> >
>
> I can definitely vouch for the fact that bilberry does help vision
> problems. I have used both bilberry and eyebright by themselves and also
> as part of combination herbal formulas. I have found that bilberry does
> more to improve my vision than eyebright, but eyebright does a good job, too.

>
> I have macular damage due to a detached retina. I also have focusing
> problems, contrast deficiency, double vision and extreme myopia. I have
> found that if I take the bilberry regularly, my eyes don't get as tired
> while using the computer, driving or reading. In fact, I have noticed my
> night vision while driving has improved. I take the supplement daily and
> take extra when I am having an especially hard-to-see day.

>
> Sheila Sanders
> sasanders@mcn.net

> *****

>
> Bilberry restores the visual purple in the retina, and is an antioxidant. I
> doubt if it will treat this blockage, where other herbs might well.

>
> This is possibly another situation where turmeric could be used. Two
> Chinese herbs are used together for vision problems in the elderly: Salvia
> miltorrhizae/Danshen, and Milleitia reticulata (or Spathlobus
> suberectus)/Jixueteng. Another herb that might be useful is Danggui
> (Angelica sinensis)("Tang Kuei").

>
> On the European side, you might want to look at Rue (Ruta graveolens). It
> is often used to strengthen the eyes, and has Blood-moving characteristics.

>
> In this sort of circumstance, it is best to choose *Blood-moving herbs*
> that will aid the entire health balance. Therefore, not just any herb for
> 'eye health' will be effective.

>
> -- Paul

>
> [NEW ADDRESS! Please manually address all replies to pi2@loop.com]

- **Follow-Ups:**

- [Re: Vision herbs](#)

- *From:* Sheila Sanders <sasanders@dns.mcn.net>

- **References:**

- [Vision herbs](#)

- *From:* Ari Solovyova <asolovyo@indiana.edu>

- Prev by Date: [Sunning & Double Vision](#)

- Next by Date: [Images in low power glasses](#)

- Prev by thread: [Vision herbs](#)

- Next by thread: [Re: Vision herbs](#)

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Images in low power glasses

- To: i_see@indiana.edu
 - Subject: Images in low power glasses
 - From: Tim.Patterson@cciw.ca
 - Date: Wed, 5 Jun 1996 10:02:38 -0400 (EDT)
 - Sender: owner-i_see@indiana.edu
-

I wear $-.75(L)$ and $-1.00(R)$ "training" glasses, usually at night. I have noticed that the lenses, especially the left, give faint images of lighted objects due to the low power. At night, rather than straining to see an illuminated sign in the distance, I have noticed that I can look at the image of the sign in the lense instead, and see it crystal clear. This may work for prescriptions of similiar power.

Tim Patterson

- Prev by Date: [Re: Vision herbs](#)
- Next by Date: [Re: Sunning & Double Vision](#)
- Prev by thread: [Re: Sunning & Double Vision](#)
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Re: Sunning & Double Vision

- To: i_see@indiana.edu
 - Subject: Re: Sunning & Double Vision
 - From: Sid Gudes <cougar@roadrunner.com>
 - Date: Wed, 5 Jun 1996 12:34:37 -0600 (MDT)
 - Sender: owner-i_see@indiana.edu
-

At 10:56 AM 6/5/96 +0900, you wrote:

>Double Vision:

>

>I'm a computer graphic artist and animator so I look at monitors most of
>the day. I don't wear glasses and my vision up until this time for both
>eyes was perfect 20/20, here in Japan I was rated 2.0 by an ophthamologist.
> Last year during November/December I was responsible for an intensive
>project, often working late into the night. During this time I had noticed
>my left eye tiring quickly, my right eye was fine. Then gradually I
>noticed double images if I looked only with the left eye, especially when I
>got really tired. I went to an ophthamologist here, in Japan, and they
>said I have astigmatism - at 120 degrees - but it's unusual for just one
>eye to get it. They have suggested I get prescription glasses. NO WAY!

Interesting. A few years ago I took some of my old pairs of glasses to my
new optometrist so we could chart how my prescription had changed over the
years. (This was before I was into VT and keeping track of these things
myself.) We found that, without any form of VT, my astigmatism had shifted
on its own, several times, about 2 diopters overall! The largest shift was
in my left eye... You might want to consider palming, sunning, and general
relaxation (eg. meditation) rather than getting glasses. Also, I've heard
(no studies I can refer to) that astigmatism is related to spinal
imbalances; it might be interesting to check with a chiropractor or other
body worker to see if sitting at the computer for long hours knocked your
spine out of whack.

Sid Gudes

Santa Fe & Vallecitos, New Mexico

cougar@roadrunner.com

- Prev by Date: [Images in low power glasses](#)
- Next by Date: [Re: Images in low power glasses](#)
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Re: Images in low power glasses

- To: i_see@indiana.edu
 - Subject: Re: Images in low power glasses
 - From: Sid Gudes <cougar@roadrunner.com>
 - Date: Wed, 5 Jun 1996 17:56:56 -0600 (MDT)
 - Sender: owner-i_see@indiana.edu
-

At 10:02 AM 6/5/96 -0400, you wrote:

>I wear -.75(L) and -1.00(R) "training" glasses, usually at night. I have
>noticed that the lenses, especially the left, give faint images of lighted
>objects due to the low power. At night, rather than straining to see an
>illuminated sign in the distance, I have noticed that I can look at the
>image of the sign in the lense instead, and see it crystal clear. This may
>work for prescriptions of similiar power.

>
>Tim Patterson

But since your glasses are only a couple of inches in front of your eyes, I wonder whether this isn't training your eyes to see in the near, perhaps putting you on a treadmill to deepen your myopia? Almost the opposite of Bates's admonition to look at a far known object...

Sid Gudes
Santa Fe & Vallecitos, New Mexico
cougar@roadrunner.com

-
- **Follow-Ups:**
 - [Re: Images in low power glasses](#)
 - From: Tim.Patterson@cciw.ca
 - Prev by Date: [Re: Sunning & Double Vision](#)
 - Next by Date: [Bifocals experience](#)

- Prev by thread: [Images in low power glasses](#)
- Next by thread: [Re: Images in low power glasses](#)
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Bifocals experience

- *To:* i_see@indiana.edu
 - *Subject:* Bifocals experience
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Thu, 06 Jun 1996 00:43:04 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Hi everyone,

I am considering getting myself bifocals without being presbyopic yet. Ideally the thing I am reading should be at my distant point of clear vision but I can't wear glasses that give me this vision in the workplace because I have to interact with other people and I want to see them. Bifocals may help eliminate this problem.

Does anyone have experience with bifocals for VT purposes? Any troubles seeing with them like mixing fields, inadequate D-cell size (the lower part of the lens), or whatever? I have never worn bifocals.

Any problems getting them prescribed? How about progressive lenses, are they better than bifocals?

Thanks in advance.

Stefan Stefanov

- **Follow-Ups:**
 - [Re: Bifocals experience](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- Prev by Date: [Re: Images in low power glasses](#)

- Next by Date: [Re: Images in low power glasses](#)
- Prev by thread: [Re: Images in low power glasses](#)
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Re: Images in low power glasses

- *To:* cougar@roadrunner.com (Sid Gudes)
 - *Subject:* Re: Images in low power glasses
 - *From:* Tim.Patterson@cciw.ca
 - *Date:* Thu, 6 Jun 1996 08:46:53 -0400 (EDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <199606052356.RAA22312@internet.roadrunner.com> from "Sid Gudes" at Jun 5, 96 05:56:56 pm
 - *Sender:* owner-i_see@indiana.edu
-

>
> At 10:02 AM 6/5/96 -0400, you wrote:
> >I wear -.75(L) and -1.00(R) "training" glasses, usually at night. I have
> >noticed that the lenses, especially the left, give faint images of lighted
> >objects due to the low power. At night, rather than straining to see an
> >illuminated sign in the distance, I have noticed that I can look at the
> >image of the sign in the lense instead, and see it crystal clear. This may
> >work for prescriptions of similiar power.
> >
> >Tim Patterson
>
> But since your glasses are only a couple of inches in front of your eyes, I
> wonder whether this isn't training your eyes to see in the near, perhaps
> putting you on a treadmill to deepen your myopia? Almost the opposite of
> Bates's admonition to look at a _far_ known object...
>
> Sid Gudes
> Santa Fe & Vallecitos, New Mexico
> cougar@roadrunner.com

Good point. However, Bates also talked against straining the eyes. My point is that its better to relax the eyes and look at a focused near image than to strain at trying to see a far one. I would agree that one should not become reliant on this trick. In the meantime, you're saving your eyes from the hazards of a stronger prescription.

Tim

- **References:**

- [Re: Images in low power glasses](#)
 - *From:* Sid Gudes <cougar@roadrunner.com>

- Prev by Date: [Bifocals experience](#)

- Next by Date: [Double vision, astigmatism, myopia and all that stuff](#)

- Prev by thread: [Re: Images in low power glasses](#)

- Next by thread: [Bifocals experience](#)

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Double vision, astigmatism, myopia and all that stuff

- *To:* "I_SEE" <i_see@indiana.edu>
 - *Subject:* Double vision, astigmatism, myopia and all that stuff
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 6 Jun 96 07:11:08 UT
 - *Sender:* owner-i_see@indiana.edu
-

sometime ago I asked about the fact that I see double images in both eyes when I look at an object outside my clear vision field. I'm still not clear whether it's because of myopia or astigmatism.

The images occur one next to the other (not on top or at an angle) so if I'm looking at the letter T I see it as T| (the vertical line is doubled).

Here's what I think:

1- the double image is due to some vertical pressure or sideways pulling on both eyeballs which resulted in having 2 horizontal focal points in each eye.

2- when I practice vertical shifting I notice that my eyes do not move in a smooth vertical line. the movement is sort of like this (it seems to happen when I'm shifting up) :

```
|  
|  
)  
|  
|
```

As you can see (I hope) that eyes move straight then pull to the right and then back in a straight line. I'm sure that if I can get rid of this double image my vision will improve dramatically because when taken separately, each image seems to be quite clear but because they're too close the whole thing becomes very blurred.

Questions:

1- is double vision caused by myopia or astigmatism?

2- Is the above indicate astigmatism?

3- are there any 'good' exercises to overcome this pulling?

thanks

george

-
- Prev by Date: [Re: Images in low power glasses](#)
 - Next by Date: [Re: Lighting](#)
 - Prev by thread: [Re: Bifocals experience](#)
 - Next by thread: [Brain/Mind](#)
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Re: Lighting

- To: i_see@indiana.edu
 - Subject: Re: Lighting
 - From: JRalls7959@aol.com
 - Date: 7 Jun 1996 14:04:14 EDT
 - Sender: owner-i_see@indiana.edu
-

I read something like this in an old ophthalmology text-" it was proposed that the lack of appropriate lighting contributed to myopia. However, over the decades, indoor lighting has improved considerably yet myopia continues to increase. Therefore, it is clear that lighting does not contribute to the cause or progression of myopia"- So clearly this has been extensively studied by the modern scientific community with highly technical equipment (their brains) but I'm not sure that the equipment was turned on. From the epidemiology, myopia increases with indoor , close-up work. How much does the indoor part contribute?- I'm not sure but I know for a fact that my vision is much clearer outdoors or in natural lighting when working near a window. I would just say get outdoors a lot. Be a jock. If you work indoors, try to get a window with a view. I don't think there are any real studies on this so you are left with intuition and common sense and your own experience.

julie

- Prev by Date: [Double vision, astigmatism, myopia and all that stuff](#)
- Next by Date: [Re: Q on finding optometrist](#)
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Re: Q on finding optometrist

- *To:* ussl@msu.oscs.montana.edu
 - *Subject:* Re: Q on finding optometrist
 - *From:* JRalls7959@aol.com
 - *Date:* Fri, 7 Jun 1996 13:53:24 -0400
 - *cc:* I_SEE@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

You can get a referral for a sympathetic optometrist by calling the Optometric Extension Program Foundation in Santa Ana, Calif at 714- 250-8070.

I like the end of Dr. Sherman's article, Myopia can often be Prevented, Controlled or Eliminated, Journal of Behavioral Optometry, Vol. 4, No. 1, p 16 1993. He recommends several points- wearing reading glasses to read, good lighting and no distance lens correction. Obviously you have been using distance correction for years. you could just take your old prescription and white it out and drop it down by 1/2 diopter on both sides. I've been doing focusing exercises which seem to speed up the improvement in my vision, though I don't understand the mechanism for this.

julie

- Prev by Date: [Re: Lighting](#)
- Next by Date: [Brain/Mind](#)
- Prev by thread: [Q on finding optometrist](#)
- Next by thread: [Scintillating Scotoma](#)
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Brain/Mind

- *To:* i_see@indiana.edu
 - *Subject:* Brain/Mind
 - *From:* freelynn@mars.superlink.net
 - *Date:* Mon, 10 Jun 1996 15:14:10 -0400
 - *Sender:* owner-i_see@indiana.edu
-

An interesting article in Brain/Mind Bulletin references work by Hanna and Antonio Damasio. The following is a brief section of the article:
"Words and concepts do not appear to exist explicitly in the brain but are instead reconstructed each time we need them. Moreover, the process is uniquely personal to each of us; our experience helps us constantly remodel our verbal circuitry.

"We are suggesting that [the retrieval process] is extremely dynamic and linked to each individual's experience," Damasio said, "Our knowledge is built on bits and pieces of many aspects of a given thing - shape, color, movement, taste. These things are not going to be laid down in one single place."

The Damasios are well known for their work with brain-injured patients, including many with bizarre visual problems caused by strokes or accidents. In 1989 they reported that vision, like verbal recall, appears to be a complex, collaborative process drawing on many brain regions. (See Brain/Mind, January 1990.)

Their experience has shown them heartening evidence that many verbal problems can eventually be corrected, apparently through the brain's inherent capacity for compensation."

I'm requesting the referenced issue and will post from there if anyone is interested when it comes in.

regards,
freda

- Prev by Date: [Re: Q on finding optometrist](#)
- Next by Date: [Re: Bifocals experience](#)
- Prev by thread: [Double vision, astigmatism, myopia and all that stuff](#)
- Next by thread: [Brain/Mind](#)
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Re: Bifocals experience

- *To:* Stefan Stefanov <stefansi@ctrvax.Vanderbilt.Edu>
 - *Subject:* Re: Bifocals experience
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 12 Jun 1996 11:23:12 -0500 (EST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <01I5KIGYAN9U8XM8OL@ctrvax.Vanderbilt.Edu>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 6 Jun 1996, Stefan Stefanov wrote:

```
> Hi everyone,  
>  
> I am considering getting myself bifocals without being presbyopic yet.  
> Ideally the thing I am reading should be at my distant point of clear vision  
> but I can't wear glasses that give me this vision in the workplace because I  
> have to interact with other people and I want to see them. Bifocals may help  
> eliminate this problem.  
>
```

Here's another item from the catalog I mentioned in a previous post (Healthhouse USA 516-334-9754).

Clip-on plus lenses! They attach to the front of your glasses and flip up when not needed. Healthhouse USA sells them in "2x magnification" (#36412) and "3x magnification" (#36413). I think they mean +2.00 and +3.00 diopters. Anyway, they sell them for \$4.99 each or 2 for \$8.00.

--Alex

-
- **References:**
 - [Bifocals experience](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - Prev by Date: [Brain/Mind](#)

- Next by Date: [Re: Scratched Glasses](#)
- Prev by thread: [Bifocals experience](#)
- Next by thread: [Double vision, astigmatism, myopia and all that stuff](#)
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Re: Scratched Glasses

- *To:* choracsek@wwdc.com
 - *Subject:* Re: Scratched Glasses
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 12 Jun 1996 11:12:14 -0500 (EST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <199605101019.FAA23739@zap.wwdc.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 9 May 1996 choracsek@wwdc.com wrote:

> I have gone looking through my old glasses and have found a pair that
> would be just right for + lens therapy while working on the computer.
> The problem is that I was quite young when I used them and was less
> than careful about how they were laid down. As a result, both lenses
> are scratched up at just the points I'm supposed to look through.
> Does anyone know of some method by which they could be repaired? The
> lenses are made of glass.

>
>

KGH

I just found an item in a catalog called "Healthhouse USA" that may just be the answer to your question. I haven't tried the product, but it sounds promising...

"Amazing lens polish virtually wipes away hairline scratches and abrasions -- makes your glasses look as clean and sharp as the day you bought them. Saves money on replacement lenses! Protective coating also helps prevent new scratches from re-occurring. Works on sunglasses too!"

There is a picture of what looks like a glue-stick, labelled "Clean-n-Brite", polishing a spectacle lens. The product is listed, however under the name "Eyeglass Saver", item #37370 selling for \$4.99, or 2 for \$6.99, or 4 for \$9.99 (plus shipping). Call 516-334-9754 for a catalog or to order (no toll free number).

--Alex

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- Next by Date: [Elena's progress](#)
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Elena's progress

- *To:* i_see@indiana.edu
 - *Subject:* Elena's progress
 - *From:* stefansi@ctrvox.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Tue, 11 Jun 1996 22:11:28 -0500
 - *Sender:* owner-i_see@indiana.edu
-

It's been quite some time that we haven't heard about Elena's progress. She is apparently one of the best "performers" and could be an inspiration for all. I know it's summer time (in the northern hemisphere) and the open calls, but if you can, Elena, tap in a few lines on how you are doing visionwise.

Btw, have you checked my latest post on sci.med.vision : "'New' myopia paradigm on the rise"? Mainstream science finally begins to realize that corrective lenses for myopia possibly harm the eyes. We may expect some real changes in myopia management.

Best,

Stefan

- Prev by Date: [Re: Scratched Glasses](#)
- Next by Date: [Brain/Mind](#)
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Brain/Mind

- *To:* i_see@indiana.edu
 - *Subject:* Brain/Mind
 - *From:* freelynn@mars.superlink.net
 - *Date:* Wed, 12 Jun 1996 16:12:30 -0400
 - *Sender:* owner-i_see@indiana.edu
-

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Re: Elena's progress (rather long)

- To: i_see@indiana.edu
 - Subject: Re: Elena's progress (rather long)
 - From: Elena <solusrex@soho.ios.com>
 - Date: Sun, 16 Jun 1996 23:48:47 -0400
 - Sender: owner-i_see@indiana.edu
-

At 10:11 PM 6/11/96 -0500, stefansi@ctrvax.vanderbilt.edu (Stefan Stefanov) wrote:

>It's been quite some that we haven't heard about Elena's progress. She is
>apparently one of the best "performers" and could be an inspiration for all.
>I know it's summer time (in the northern hemisphere) and the open calls, but
>if you can, Elena, tap in a few lines on how you are doing visionwise.

Thanks for asking. I was going to post some sort of an "anniversary" update anyway: I've started VT exactly one year ago...

The initial changes in my vision were rapid; I was excited, wanted more, and started exploring in every possible direction. Right from the start, I viewed myopia as a systemic event rather than an isolated symptom, but a "gut feeling" wasn't enough -- I still didn't know what systems were involved, nor what agents or processes affected them and how exactly. I gradually accumulated a handful (or, rather, a "mindful") of jigsaw pieces of theories and was juggling them every which way, yet the ultimately convincing picture eluded me. I began to suspect, ever since I realized that striking parallels exist between the way I see and the way I think, that a totally clear understanding of myopia would also mean the end of myopia, a complete and permanent cure. Words that can function as abstract notions but originated as references to our primary perceptions ought to be taken very literally. Clear is clear. (However, someone who's never been myopic can't be clear about what myopia is, any more than someone who's never been sighted can be clear about what sight is. A true expert in anything ought to be an insider -- pun fully intended.)

The very origin of my "cognitive style," which is "fuzzy" more than "crisp," is purely physiological. It's the direct outcome of being very myopic for many years yet very intolerant of glasses, living largely in a blurry world,

and therefore unwittingly stimulating and refining intuitive, fuzzy skills: the ability to analyze incomplete data, to infer and project rather than define and limit, discover patterns rather than concentrate on the details, and so on. (For instance, some of you may have been outraged by my handling of the anatomy of the eye, complete with a "visible ciliary" and gravity affecting the shape of the sclera. The reason behind this peculiar description is not that I'm unable to learn what an eye really looks like, but the fact that precise statements haven't helped me to "study" my eyes as subjective reality, within their own element so to speak, rather than as a symbol or sign or description or a set of measurements or any other product of secondary representation. I studied my eyes by trying to become aware of the minutest, indeterminate, non-definable sensations, reactions, subjectively felt changes, etc. So I had to have a fuzzy picture of the eye in my mind -- otherwise I would have been overwhelmed if I tried to approach it simultaneously in linear and non-linear, non-intellectual way. I know I have a trabecular meshwork, for instance, but before I'm perceptive enough to feel and/or control it I don't need it... so out it goes, together with a lot of other stuff. Initially, I could only work with a very basic eye: it had The Center and The Periphery. Later on, it acquired The Eyelids, first the upper and then the lower. Gravity started to mean something subjectively too, so I threw it in together with the back of the sclera. And so on. When I've processed the whole eye it will be complete -- although there's no guarantee that it will resemble the one in the medical atlas. But the one in the atlas is nothing like mine -- it's a symbol, and my eyes are reality. So I guess I'll stick with my own kind. I like to be real.)

The very complexity of myopia warrants a nonlinear approach. Can't resist quoting Lotfi Zadeh, the father of the mathematical theory of fuzzy logic: "When complexity strikes, precise statements lose meaning and meaningful statements lose precision." Sounds as though he's describing the route my vision improvement has taken. I was the least successful when I tried to get "objective," "precise" or "scientific." At some point, I suddenly "heard" and passionately rejected the subtle message of the self-serving dogma we've so often been manipulated into accepting as "scientific approach": "you are nothing, therefore you perceive, feel, and think nothing, unless/until an expert in the field explains to you how to do it scientifically and objectively. Or unless/until you stop being yourself, you little nothing, and become an expert in the field. And now just go ahead and love your choices."

Btw, the very fact that I felt compelled to share my experiences and ideas with the sympathetic i_seers (as well as occasionally provoke, or be provoked by, an opponent), was part of some hard-to-determine changes in my thinking that both resulted from and gave rise to changes in my vision. This desire to express myself was already part of the overall change, in itself a sign of some "systemic" developments. It was primarily an

emotionally motivated attempt at self-explanation, not unfamiliar to some of you, too, especially those whose eyesight or at least "style of seeing" started to change. Asking someone to become "more open to feeling" is meaningless: feeling is part of physiology and is not governed by intellectual decisions to feel or refrain from feeling a certain way (unless you fake it); a change in eyesight, on the other hand, is a change in physiology, and any number of coincident unexpected, unpredictable emotional responses is GUARANTEED. For me, it's been a roller-coaster year of inner emotional events (some of it must have spilled into my posts, without doubt), and I thoroughly confused myself right before... right before I confused myself even more... before arriving (recently) at something more meaningful and closer to a workable theory than anything I ever thought or imagined before. Something for the second year's explorations.

In the meantime, here's an update of my progress.

1. Daily spontaneous clear and "semi-clear" flashes that last up to a few hours. The best acuity experienced in a spontaneous clear flash 20/20; the longest duration of uninterrupted 20/20 vision -- about 5 minutes in a row; 20/40 -- about 30 minutes; with constant interruptions, "on and off," 20/60 - 20/80 typically lasts all day. (Compare to approx. 20/1000 a year ago.) During "interruptions," vision fluctuates widely, sometimes getting nearly as bad as the initial pre-VT figures but never getting "stuck" there.

Floater seem to play a major part in fluctuations. I never paid attention to them before my vision started to improve, but I know they were there a long time ago because I occasionally saw them, typically on a sunny beach, with my eyes closed. They have very definite shapes and are absolutely recognizable, so when I began to be bothered by them I knew they were those old buddies, not something newly acquired. But I began to see them nearly constantly; eventually I figured out that they just used to be blended into the blur, whereas when the blur decreased they became perceptible. I'm thinking of Dr. Kaplan's mentioning a post-PRK patient who developed a large and extremely annoying floater. I think what might have happened to that person was not that he developed it, but that he was able to perceive it for the first time because his blur was gone. I now see them when wearing glasses, too, but then they don't interfere much with anything; usually, I notice them only if I want to check whether they are still there. But without glasses, I can't ignore them because they can make or break clear vision. In fact, I don't notice them only when I relapse into "bad" vision. Reestablishing a clear flash immediately reestablishes those bastards, too, and then episodes of 20/20, for instance, last till a floater moves across the center of my vision. They are responsible for a large number of other "special effects"; learning to handle them is something I have to invent from scratch, since no VT activities have any impact on them. I'm trying to learn to perceive them with peripheral vision only (hard as hell, since I have to teach my new and capricious central vision to selectively ignore them), and have had some successful moments (thirty minutes of 20/40, in

particular) when doing an exercise that involves constant awareness of peripheral vision. (This one is excellent for inducing a clear flash per se: walk with your eyes loosely on the far horizon, as if looking absent-mindedly at some tiny spot there but not trying to see it, at the same time noticing the movement of objects and space on your both sides simultaneously. Don't look at anything in particular; let it slide by. You might want to imagine that you have three eyes rather than two, the central one fixed -- loosely of course -- on the horizon, the ones on the sides taking care of the side view, all of them in your awareness simultaneously. Don't adjust your facial expression "so as not to look spaced-out": do it in a pedestrian-free zone and don't adjust or monitor anything about yourself. It's important to let your face express whatever it chooses to. If you have to pay attention to maintaining a dignified look in addition to the original task, you're likely to fail.)

2. Voluntary control of vision: can get a clear flash anytime I want. The shortest duration of the voluntary act of initiating a clear flash -- a second or two (one "controlled" blink); the longest it takes is a few minutes. Rate of success 100% in daylight. Nighttime vision control is unimpaired in good lighting, but both spontaneous and voluntary clear flashes are a lot harder to come by in the dark.

My blinking techniques have nothing to do with "refreshing" my eyes or "lubricating them with tears" -- I mean, all of the above is also true but the role of a tear film, for instance, is nonexistent -- a blink does not create a tear film thick enough to influence refraction in any noticeable way (unless one is crying I suppose). The art of blinking (a few months of experimenting) is now 1)an exercise in ciliary/extraocular muscles control; 2)massage for better circulation; 3)the skill of making expressive emotional (i.e., the only physiologically sensible) movements with the eyes and eyelids (like in the Indian dance tradition where the eyes make exaggerated movements specific to expressing a particular feeling); 4)a quick alternative to palming (a few prolonged, "stuck" blinks every 15 minutes or so -- unless I forget of course. The first inkling of eyestrain sensations in front of the computer is treated as a reminder.)

3. "Objective figures in diopters" meaningless, due to constant fluctuations of vision. Minus lenses of ANY POWER make voluntary control difficult and prevent spontaneous clear flashes. I find "objective measurements" as we know them rather inadequate in general and totally irrelevant in my particular case. All they demonstrate is that my eye muscles respond to an artificially fixed focus with fixed immobility and loss of own power of adjustment. Measuring my vision by conventional methods right now would amount to measuring my ability to walk with my ankles chained together, "objectively and scientifically" demonstrating that my performance would depend on the length of the chain, the tightness of the cuffs, etc. Sure it would. However, someone's ability to walk in chains may have nothing to do with this person's ability to do the plain old walking per se.

4. Having started some yoga for the hell of it, gradually grew enthusiastic and am on the way to becoming a fairly proficient "yogini." Breath control (pranayama) exercises may prove to be one of the most important parts of any VT program after all.

5. What, far as my present understanding is concerned, WON'T work or at least won't have lasting effects: hypnosis, NLP, psychoanalysis, any form of traditional psychotherapy -- in other words, anything that is aimed at modifying BEHAVIOR without addressing its physiological and, first and foremost, deep emotional (including non- and pre-cognitive) energy sources in the brain. Vision is not behavior. It has nothing to do with how you behave as an adult. It has everything to do with how you FELT INSIDE as a kid -- or even as an infant. But that's my "second-year concentration."

>

>Btw, have you checked my latest post on sci.med.vision : "'New' myopia >paradigm on the rise"? Mainstream science finally begins to realize that >corrective lenses for myopia possibly harm the eyes.

Yes, thanks. Cool. If I were still in the grip of the illusion that people are rational and that enough "scientific facts" can change someone's erroneous beliefs (even though -- gasp -- those beliefs happen to provide this person with self-importance and a good income), I would at this point expect a couple of apologies from some sci.med.visioners, and Alex, about a hundred thereof. Watch it not happen though.

> We may expect some real changes in myopia management.

I don't think so.

Best wishes of good luck and clarity to everyone.

Elena

● **Follow-Ups:**

- [Re: Elena's progress \(rather long\)](#)

- *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

- Prev by Date: [Brain/Mind](#)
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brain/mind

- *To:* i_see@indiana.edu
 - *Subject:* brain/mind
 - *From:* freelynn@mars.superlink.net
 - *Date:* Mon, 17 Jun 1996 17:52:02 -0400
 - *Sender:* owner-i_see@indiana.edu
-

The back issue arrived. Not as promising as I hoped but interesting:
Here's the article referred to last time:

Color and shape are thought to be processed by different parts of the brain. And according to a U of Iowa neuroscientist, some visual-recognition disorders may result from disrupted interaction between brain channels.

Antonio Damasio said new diagnostic methods may help trace bizarre visual disorders - for example, the ability to recognize natural objects but not manmade things - to their neurological roots.

Damasio told the Phoenix meeting that he and his colleagues have identified a neurological network that underlies vision. Rather than being a straightforward, sequential process, he said, vision apparently occurs through cross-talk between brain sectors receiving different aspects of images.

He and several co-workers came to their conclusions after studying some 1,500 patients with visual disorders. Most had suffered stroke or other brain damage. In particular, he examined patients with achromatopsia (loss of the ability to detect color) and prosopagnosia (inability to recognize or learn faces and objects).

The two disorders, D said, seem to be caused by a loss of neurons in the specific brain areas - sections of the cerebral cortex - that are thought to be needed to process color and shape. The neurons most often die from lack of blood caused by stroke.

Several interesting aspects of the disorders supported the idea of separate visual pathways. In patients who cannot distinguish between animals but recognize manmade objects - or vice versa - it may be that the difference in shapes is responsible. Whereas manmade objects have sharp and often symmetrical angles and shapes, natural objects are much more haphazardly designed.

In addition, although they have not outward recognition, prosopagnosia patients show strong physiological response to familiar faces but none to people they have never seen before.

Damasio: Neurology Dept. U. of Iowa Hospitals and Clinics, Iowa City 52242,
319-356-8757

For further information: Society for NeuroScience, 11 DuPont Circle
NW #500, Washington, D.C. 20036 202-462-6688

(The above article and information from: Brain/Mind Bulletin, January 1990
213-223-2500)

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Open your Eyes

- To: i_see@indiana.edu
- Subject: Open your Eyes
- From: p9205755@student.anu.edu.au (Alistair Phillips)
- Date: Tue, 18 Jun 1996 12:43:36 +1000
- Sender: owner-i_see@indiana.edu

Hi all,

Over the past year people have been telling me that I seem to squint alot and that my eyes are very narrow. I've been dwelling on that and other aspects of my vision. One day while I was riding my bike into Uni I was thinking about this and I tried widening my eyes and my vision improved. As long as I kept my eyes open wide but not staring my vision stays sharper.

Have any others experienced this? or have any thoughts on this? or can explain this? And, should I be doing this?

Keeping my eyes wide open
Alistair

<pre> , _/ <o/ / It's not falling that hurts # It's hitting the ground < \ / Alistair Phillips / a.phillips@student.anu.edu.au </pre>	<pre> _ / / & <o\ / / =%@ / </pre>
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- Prev by Date: [brain/mind](#)
- Next by Date: [New Treatment Option For Intractable Amblyopia \(Lazy Eye\)](#)
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New Treatment Option For Intractable Amblyopia (Lazy Eye)

- *To:* i_see@indiana.edu
 - *Subject:* New Treatment Option For Intractable Amblyopia (Lazy Eye)
 - *From:* Mark Herold <HEROLD@brk.bfg.com>
 - *Date:* Tue, 18 Jun 1996 16:39:57 -0400
 - *Sender:* owner-i_see@indiana.edu
-

Hi fellow I-SEEers and Alex,

About year ago I started my own personal Internet search for data relating to amblyopia (Lazy Eye). This search was driven by the need to see all possible options being explored in the treatment of my daughter's (Melissa) amblyopia condition. In the following text you will find a brief description of the history and option that I have found in regards to her intractable amblyopia. For the record I am not a medical doctor, I 'm just a father seeking out all options for the treatment my daughter... I would like to share what I have found so far.

Basic Background:

Melissa was about age 5 when she was diagnosed with amblyopia, at that time her right eye had the visual acuity equal to about 20/400 sight... this was after here vision was optically corrected with glasses. As a result of this patching was prescribed and steady improvement was made over a period of time (about 6 months) but eventually her improvement plateaued at about 20/100 visual acuity. This acuity level, in her right eye, has remained for over 6 months now, and she is now slightly over 6.5 years old.

Information Located:

After posting a number of information requests, and receiving a plethora of information, I finally was pointed to research that was being conducted at the Ohio State University in Ohio-USA(for detailed information see the proceedings of the 13th Eye Research Seminar conducted by Research to Prevent Blindness - article Treating Older Children With Intractable "Lazy Eye", p37-39, author: Leguire L.E.). Basically real improvement appears to be possible for children that have stopped improving under standard patching therapy for Amblyopia, this includes older children - such as ones in their teen years. The method involves using patching in conjunction with a very low dosage of Levodopa/Carbidopa over a 7 week period.

Present Condition:

At present Melissa has just started the treatment, this is being conducted under the direction of her ophthalmologist. Her exact condition before the treatment started has been detailed and in about seven weeks we will see just how well this has worked out for her.

I hope this will be useful to someone else out there.

Mark

-
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doubling

- To: i_see@indiana.edu
 - Subject: doubling
 - From: SKlues2470@aol.com
 - Date: Tue, 18 Jun 1996 20:14:13 -0400
 - Sender: owner-i_see@indiana.edu
-

Hello:

I'm new to the list.

I joined because I have problems with double vision.

One eye focuses higher than another and to one side.

I've used the acomotrack machine and for the most part corrected my myopia.

But the doubling has not gotten better and has in fact gotten worse. I've been doing exercises with eye patches with little success.

Immediately after I remove an eye patch, I do not have doubling, but it quickly (within seconds) goes back to double. I cannot hold it there.

I'd be extremely grateful if anyone can help me.

I live in Colorado and used to spend all my free time viewing and photographing wildlife. I've had to give this up because I can't spot animals like I used to.

rsp to sklues2470@aol.com

- **Follow-Ups:**
 - [doubling](#)
 - From: Barry D Benowitz <bbenowit@telesciences.com>
- Prev by Date: [New Treatment Option For Intractable Amblyopia \(Lazy Eye\)](#)

doubling

- Next by Date: [Re: Open your Eyes](#)
- Prev by thread: [New Treatment Option For Intractable Amblyopia \(Lazy Eye\)](#)
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Re: Open your Eyes

- *To:* i_see@indiana.edu
 - *Subject:* Re: Open your Eyes
 - *From:* "P.G. Middleton" <p.g.middleton@strath.ac.uk>
 - *Date:* Wed, 19 Jun 1996 10:18:12 +0100
 - *Sender:* owner-i_see@indiana.edu
-

At 12:43 PM 6/18/96 +1000, you wrote:

>Hi all,

>

>Over the past year people have been telling me that I seem to squint alot
>and that my eyes are very narrow. I've been dwelling on that and other
>aspects of my vision. One day while I was riding my bike into Uni I was
>thinking about this and I tried widening my eyes and my vision improved. As
>long as I kept my eyes open wide but not staring my vision stays sharper.

>

>Have any others experienced this? or have any thoughts on this? or can
>explain this? And, should I be doing this?

I've noticed much the same thing - my eyes normally are not open very wide, but on forcing them a bit wider my vision (and that sort of "sense" of what's around you) improves considerably.

I get the same thing if I pause for a moment and relax my face. Perhaps what's happening is that my face is usually in a tense position - cheeks/below-eyes pushing up, brow pushing down - and I just need to learn to keep it more relaxed.

I dunno. Any more thoughts would be interesting.

Paul Middleton
Semiconductor Spectroscopy Group
University of Strathclyde
Glasgow G4 0NG, UK
e-mail: p.g.middleton@strath.ac.uk

"He had been eight years on a project extracting sunbeams from cucumbers" - Swift

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Re: Elena's progress (rather long)

- *To:* solusrex@soho.ios.com (Elena)
 - *Subject:* Re: Elena's progress (rather long)
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Date:* Wed, 19 Jun 1996 11:11:49 +0100 (BST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <199606170348.XAA01695@soho.ios.com> from "Elena" at Jun 16, 96 11:48:47 pm
 - *Sender:* owner-i_see@indiana.edu
-

Elena wrote:

```
> At 10:11 PM 6/11/96 -0500, stefansi@ctrvax.vanderbilt.edu (Stefan Stefanov)
> wrote:
>
> >It's been quite some that we haven't heard about Elena's progress. She is
> >apparently one of the best "performers" and could be an inspiration for all.
Not "could be" but is :-)
```

[SNIP]

```
> In the meantime, here's an update of my progress.
```

```
>
> 1. Daily spontaneous clear and "semi-clear" flashes that last up to a few
> hours. The best acuity experienced in a spontaneous clear flash 20/20; the
> longest duration of uninterrupted 20/20 vision -- about 5 minutes in a row;
> 20/40 -- about 30 minutes; with constant interruptions, "on and off," 20/60
> - 20/80 typically lasts all day. (Compare to approx. 20/1000 a year ago.)
> During "interruptions," vision fluctuates widely, sometimes getting nearly
> as bad as the initial pre-VT figures but never getting "stuck" there.
```

I find this kind of information extremely valuable - thanks. Its always easier to believe someone you "know" than a reference in a book. (Thats a strange thing to think of someone thousands of miles away, but you know what I mean)

```
> Floaters seem to play a major part in fluctuations. I never paid attention
> to them before my vision started to improve, but I know they were there a
```

I've not experienced any such problems, although I do have several floaters. My fluctuations seem to come from a lack of fusion between the eyes - they seem to be fighting each other.

[SNIP]

> way (unless one is crying I suppose). The art of blinking (a few months of
> experimenting) is now 1)an exercise in ciliary/extraocular muscles control;
> 2)massage for better circulation; 3)the skill of making expressive emotional
> (i.e., the only physiologically sensible) movements with the eyes and
> eyelids (like in the Indian dance tradition where the eyes make exaggerated
> movements specific to expressing a particular feeling); 4)a quick
> alternative to palming (a few prolonged, "stuck" blinks every 15 minutes or
> so -- unless I forget of course. The first inkling of eyestrain sensations
> in front of the computer is treated as a reminder.)

I've just discovered blinking and was surprised at how effective it
can be, until I saw a diagram of the muscles controlling the eyelids,
they pass right over ones that Bates reckoned controlled
accommodation.

[SNIP]

> 4. Having started some yoga for the hell of it, gradually grew enthusiastic
> and am on the way to becoming a fairly proficient "yogini." Breath control
> (pranayama) exercises may prove to be one of the most important parts of any
> VT program after all.

Interesting. When I was about 10, before I had any myopia, we used
to see who could hold their breath longest and I always won. When we
tried again in my middle teens I didn't even come in the top half and
I had developed myopia.

[SNIP]

> 5. What, far as my present understanding is concerned, WON'T work or at
> least won't have lasting effects: hypnosis, NLP, psychoanalysis, any form
> of traditional psychotherapy -- in other words, anything that is aimed at
> modifying BEHAVIOR without addressing its physiological and, first and
> foremost, deep emotional (including non- and pre-cognitive) energy sources
> in the brain. Vision is not behavior.

Fully agree - this might explain why the "professionals" have such
difficulty with VT.

> Best wishes of good luck and clarity to everyone.

>

> Elena

One would like to think that "good luck" had nothing to do with it
and that Bates' hope that better approaches would be developed to
remove mental strain would have been achieved by now, but best wishes
all the same.

Peter

--

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Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

- **References:**

- [Re: Elena's progress \(rather long\)](#)
 - *From:* Elena <solusrex@soho.ios.com>

- Prev by Date: [Re: Open your Eyes](#)
- Next by Date: [Re: Open your Eyes](#)
- Prev by thread: [Re: Elena's progress \(rather long\)](#)
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Re: Open your Eyes

- To: i_see@indiana.edu
 - Subject: Re: Open your Eyes
 - From: Ashwin Panjabi <ashwin@asiaonline.net>
 - Date: Thu, 20 Jun 1996 11:22:30 +0800
 - Sender: owner-i_see@indiana.edu
-

At 10:18 AM 6/19/96 +0100, you wrote:

>At 12:43 PM 6/18/96 +1000, you wrote:

>>Hi all,

>>

>>Over the past year people have been telling me that I seem to squint alot
>>and that my eyes are very narrow. I've been dwelling on that and other
>>aspects of my vision. One day while I was riding my bike into Uni I was
>>thinking about this and I tried widening my eyes and my vision improved. As
>>long as I kept my eyes open wide but not staring my vision stays sharper.

>>

>>Have any others experienced this? or have any thoughts on this? or can
>>explain this? And, should I be doing this?

>

> I've noticed much the same thing - my eyes normally are not
> open very wide, but on forcing them a bit wider my vision
> (and that sort of "sense" of what's around you) improves
> considerably.

>

> I get the same thing if I pause for a moment and relax my
> face. Perhaps what's happening is that my face is usually in
> a tense position - cheeks/below-eyes pushing up, brow pushing
> down - and I just need to learn to keep it more relaxed.

>

> I dunno. Any more thoughts would be interesting.

>

>

>	Paul Middleton	"He had been eight
>	Semiconductor Spectroscopy Group	years on a project
>	University of Strathclyde	extracting
>	Glasgow G4 0NG, UK	sunbeams from

> e-mail: p.g.middleton@strath.ac.uk cucumbers" - Swift

>
>
>
>

>Every time i try to open my eyes wider than usual my eyes feel strained and i cannot open my eyes wide for more than 30 seconds without it hurting.
What shall i do?

-
- Prev by Date: [Re: Elena's progress \(rather long\)](#)
 - Next by Date: [doubling](#)
 - Prev by thread: [Re: Open your Eyes](#)
 - Next by thread: [New Treatment Option For Intractable Amblyopia \(Lazy Eye\)](#)
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 - [Thread](#)

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doubling

- *To:* SKlues2470@aol.com
 - *Subject:* doubling
 - *From:* Barry D Benowitz <bbenowit@telesciences.com>
 - *Date:* Thu, 20 Jun 96 08:59 EDT
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <960618201413_137867639@emout18.mail.aol.com>
 - *References:* <960618201413_137867639@emout18.mail.aol.com>
 - *Reply-To:* b.benowitz@telesciences.com
 - *Sender:* owner-i_see@indiana.edu
-

>>>> "SKlues2470" == SKlues2470 <SKlues2470@aol.com> writes:

```
SKlues2470> I'm new to the list.  
SKlues2470> I joined because I have problems with double vision.  
SKlues2470> One eye focuses higher than another and to one side.  
SKlues2470> I've used the acomotrack machine and for the most part  
SKlues2470> corrected my myopia.
```

Double Vision is not something you read about a-lot on this list. Most of us have probably heard of the accomotrak machine. How did you get access to it?

```
SKlues2470> But the doubling has not gotten better and has in fact gotten  
SKlues2470> worse. I've been doing exercises with eye patches with  
SKlues2470> little success.
```

I was always told that they wouldn't correct me (with glasses) back to 20/20 since the doubling would get worse (or at least bother me more). I understand that suppression is usually more of a problem than doubling. Thats what I do: rather than let me see double, my eye suppresses the second image. Actually seeing double is quite unusual.

```
SKlues2470> Immediately after I remove an eye patch, I do not have  
SKlues2470> doubling, but  
SKlues2470> it quickly (within seconds) goes back to double. I  
SKlues2470> cannot hold it there.
```

Actually, that is a start. Some people cannot hold the single image at all. You may need to advance to working with both eyes at the same time. When I began my therapy, I worked only one eye for only the first four weeks. Now I work them together

SKlues2470> I'd be extremely grateful if anyone can help me.
SKlues2470> I live in Colorado and used to spend all my free time
SKlues2470> viewing and photographing wildlife. I've had to give
SKlues2470> this up because I can't spot animals like I used to.

I would suggest that you see a behavioral optometrist or one who performs Vision Therapy. There are one or two who hang out in sci.med.vision who can refer you or you can do your own research.

Also, I recommend a book called "20/20 is not enough" for some more background on the subject. It is written by Dr. Siederman and Dr. Marcus and Dr Marcus is my optometrist now (even though he's a two hour drive away).

Feel free to contact me privately via email for more information.

Hope It Helps.

● **References:**

- [doubling](#)
 - *From:* SKlues2470@aol.com

- Prev by Date: [Re: Open your Eyes](#)
- Next by Date: [Re: Elena's progress](#)
- Prev by thread: [doubling](#)
- Next by thread: [Re: Welcome to i_see](#)
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Re: Elena's progress

- *To:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Subject:* Re: Elena's progress
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Thu, 20 Jun 1996 17:21:54 -0400
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Peter,

thanks for your reply and for corroborating some of my findings!

>One would like to think that (snip)

>Bates' hope that better approaches would be developed to

>remove mental strain would have been achieved by now

I've been able to identify some that look promising. Interestingly, they've been as much silenced, ridiculed, distorted into some obscure "alternative" poor relatives of science, and ultimately marginalized by mainstream psychology as Bates had been by mainstream ophthalmology.

Well -- by now I know better than to be discouraged by the fact.

I'm going to post on the subject eventually.

Elena

>

-
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Re: Welcome to i_see

- To: i_see@indiana.edu
 - Subject: Re: Welcome to i_see
 - From: Bills@vav-nun.com (Bill)
 - Date: Fri, 21 Jun 1996 00:43:56 -0400 (EDT)
 - Sender: owner-i_see@indiana.edu
-

At 18:55 6/18/96, Majordomo@indiana.edu wrote:

>--

>

>Welcome to the i_see mailing list!

Why thank you! happy to have found your list.

A quick intro and some questions...

My name is Bill Stender, 38, living in the San Francisco Bay Area.

I first got glasses for nearsightedness in the fourth grade 1968. I first discovered that my eyes werent permanently this way back in 1976 after laying on a lawn waiting for a class, i woke up with a start and looked for the clock tower and saw that i had about 5 minutes to get to my class, i grabbed my bag and got up and then noticed my glasses sitting on the lawn. I was seeing things perfectly well. I grabbed the glasses and headed for class, leaving them off and really freaking out that i was seeing everything fine. The myopia started reasserting itself, but i made it all the way through my math class (a very stresful one) and could read the board from 30 feet.

This was a real shocking experience and i started trying to figure out how to reclaim my vision by designing eye exercises to 'strengthen' my eyes. This didnt work out and eventually it was business as usual for two years before i came across an article which mentioned Bates work and method. I found books and read up on all of it and started working on it with much enthusiasm.

Now after 18 years, I still wear glasses, though i am of a bit lower

prescription than i was that day on the grass. I have made a couple of pretty good advances over the years, once even going two weeks without wearing them at all-even while driving, but the vision was never perfect and the stress of my life caused me to go back to them.

I have had a major goal for a long time to finally completely restore my vision, but the attempts i've made have always fallen short. There is an emotional/psychic component which seems to form a wall. Is there much discussion here about these matters? I imagine that could get boring for many, but that seems to be the last mile for me. I have the techniques down pat. I can get my vision to very good very quickly, but cannot maintain it on a day to day basis.

The thing that inspired this recent push, which produced the discovery of the website and this e-list, is that my son came home from school with a recommendation that he get glasses by the school nurse. I snapped to attention and said that we could straighten it out. This was met with some skepticism, considering i wear glasses and have known about this for so long! BUT now i'm motivated for him as well as for me, I need to finally beat this thing to prove it can be done, and get him on top of it before he gets 'hooked'.

(BTW, the nurse asked him when he was getting glasses, he told her that he was going to do these eye exercises to correct the problem. She apparently got very angry and sat him down and said very sternly: "You can't change your eyes, you *neeed* glasses" it was pretty funny the way my son described it, with her hands doing a George Bush 'box sides' for emphasis.)

So i've basically got till September to get some serious results. I wonder if anyone has info or suggestions about someone who can do all the drills and can get good results, but can't quite get all the way to losing glasses forever. Is this common, or do most who work on this eventually succeed? are there any statistics that have been compiled? Also, i'd love to hear more about any psychological tendencies or suggestions about dealing with this aspect of the problem.

--End long intro--

-Bill Stender

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double vision...

- *To:* i_see@indiana.edu
 - *Subject:* double vision...
 - *From:* JulPS@aol.com
 - *Date:* Fri, 21 Jun 1996 01:18:01 -0400
 - *Sender:* owner-i_see@indiana.edu
-

Dear SI Lee, and hello all,

Sounds like you have a similar eye dysfunction to mine! I had crossed-eyes as a child, two operations on the muscles, and now (36 years old) my left eye turns out and up (such a joy...!). I have little to no central vision in the left eye although until recently the right eye was about 20/20 but has become a bit myopic of late. I see a double image to the right and slightly down of whatever I am looking at. I believe this is my left eye's peripheral vision. It took me years to finally realize (after reading Dr. Bates' book) that I was not looking directly at objects or people with my left eye. I was attempting to see with my peripheral vision. When I do look directly at an object, I make the object disappear; that's how I know I am looking right at it.

In recent years, my biggest accomplishment has been to learn how to "cross" my eyes and make them appear straight. Problem is that when I do, my right eye goes blurry and remember with no central vision in the left eye, I really do need that right one!

My ophthalmologist just prescribed glasses for my nearsightedness in the right eye and as protective eyewear. I will see an optometrist soon who does vision therapy and see if I can get my brain to accept that left central image. It is a fun challenge. What have I got to lose?!

If I add a page on the subject to my web site, I will let you know. I am looking to write a bit about the experiences of strabismics and welcome email. I am enjoying the email list much and am new. (Hope I post this properly.)

See you!

Julie Skokna

JULPS@aol.com

<http://members.aol.com/julps/julps.htm>

- Prev by Date: [Re: Welcome to i_see](#)
- Next by Date: [New member](#)
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New member

- *To:* i_see@indiana.edu
 - *Subject:* New member
 - *From:* "Owen Harrington" <oharring@modicon.com>
 - *Date:* Fri, 21 Jun 1996 12:41:23 -0500
 - *Comments:* Authenticated sender is <oharring@pobox>
 - *Organization:* modicon
 - *Priority:* normal
 - *Reply-to:* oharring@modicon.com
 - *Sender:* owner-i_see@indiana.edu
-

Hello all:

I am new to this list and would like to introduce myself. My name is Owen and I have been actively following a natural vision improvement program for the last two and a half years. During this time, I've been unable to find anyone in my area (optometrist or otherwise) who was even remotely interested in natural vision improvement so I've felt somewhat isolated. Luckily, I stumbled onto this group while playing with my computer at work. I would just like to relate my experiences and see if it correlates with anyone else's.

In addition, I have a few questions that I need help on.

Originally, I relied on a book I found by Janet Goodrich. Since then, I have acquired every book and piece of information that I could lay my hands on. I am very enthusiastic about natural vision improvement and am totally committed to improving my vision by this means. After years of hearing that my eyes would never improve but only get worse, this whole concept was fascinating. I can still remember how condemned I felt as a teenager when I was told that my myopia would get progressively worse until ultimately I would be a visual cripple, totally dependent on corrective lenses. So two and a half years ago, I began the quest to recapture my natural vision. The first thing I did was to go to the optometrist and get a baseline reading of my refractive error as well as a pair of reduced strength lenses. The doctor informed me that my right eye had degraded another 1/4 diopter since my previous visit (Ugh!) and my unaided vision was now -5.75 diopters Rt, -5.25 diopters Lf. I got a set of lenses: -5 Rt and -3.5 Lf with which I was able to read 20/20 Rt and 20/30 Lt. (Note: My actual Snellen chart vision in my left eye varies greatly from the objective retinoscope readings for some unknown reason).

My next step was to stop wearing lenses except to drive. My lens wear time was and is about 0 to 5 hours a week. I could do this because (being an engineer) my work is mostly at close range and my wife agreed to do most of the driving. However, at -5 diopters, anything more than 8 inches away was pretty blurry. But, my resolve was firm and nothing would ever get me back into dependency on lenses again. Even with the blur, the feeling of freedom was exhilarating. Every noontime (summer or winter), I would go for a two or three mile walk and let the sunshine (or snow) splash on my face. I would edge my vision around distant objects and shift my gaze from object to object. After a couple of months, the first thing I noticed was that the outline of objects was becoming well defined with my left eye. That is, roof lines on houses, street signs, fire hydrants etc. all had sharp clear edges with my left eye (the right eye was still blurry). I found I could even read license plates on parked cars with my left eye. I was very excited about this left eye development; but my right eye was "locked in" at -5.75 diopters and not responding at all. The first time I noticed my right eye improving was about one year later when standing in a lift line while skiing. As I was shifting my gaze over some letters on the side of the ski lift building, I noticed some of the letters coming in and out of focus. I closed my left eye and, sure enough, my right eye focus was pulling in and then fading out of focus. I couldn't keep it locked in but it would drift in and out. Since that time, I've been able to keep the right eye focused and it also can see the outline of objects with clarity. I can see roof-lines, chimneys, license plates and logos on approaching cars, billboards, streetsigns, etc. with amazing clarity (not 20/20) but very good. At -5.75 diopters, everything used to be a big blur (off the top of the Snellen Chart) when I removed my lenses; but now I revel in the clarity that I have - my noontime walks are the highlight of my day. The objects that I still have trouble with are those which have a lower contrast and more subtle outline. For instance, a roof-line against the sky would be high contrast, a person's face would be low contrast. If a friend is approaching me from a block away, his/her face does not have the same well defined clarity as the high contrast objects - but it much much better than .three years ago. In an office environment with fluorescent lighting, I also notice the same effect. That is, edges on high contrast objects are relatively sharp and clear (blackboards, wall panels, exit signs etc.). I also notice that my far point which started out at 6.84"Rt, 9.84"Lf appears to be moving out.

Note: At one time, I was using the far point method to gage my refractive error in diopters but I felt the accuracy wouldn't give me the resolution I wanted so I abandoned this method. (For example, at my initial refractive error of -5.75 diopters, a 1"error in far point reading would give an error of approx. 3/4

diopters. Also, my far point wasn't that well defined and I felt that a 1" error was too easy to make. Since I wasn't fortunate enough to experience the rapid, large changes in dioper strength I've read about in some case histories, I required a method which could measure subtle 1/4 diopter changes more accurately. I eventually obtained a series of minus lenses such that with various combinations, I could get diopter strengths in 1/4 diopter increments. These lenses, in conjunction with a Snellen chart, allowed me to measure any vision improvement by determining how many diopters were required to read the 20/15 line at the bottom of the chart. However, I seldom measure my vision this way anymore - I was beginning to talk like my optometrist "Which is better, this or this -- How about now?" Also, I felt that my analytical nature was somewhat inconsistent with the whole Vision Improvement philosophy.

My vision improvement experience has been totally awesome (Oh no, I'm starting to talk like my kids). However, there are some things I am still pondering:

1. When I measure my visual acuity (using the 20/15 line on the Snellen chart and an assortment of lens combinations) in a florescent light environment, it appears that my eyes have improved by about 1 1/2 diopters. When I perform the same test outside, even on an overcast, dreary day, the refractive error is much less. In fact, I can read the 20/50 line (and sometimes better) with no lenses. Why the large discrepancy? Has it something to do with the spectral content of the light? I plan on obtaining a full spectrum light and experimenting.
2. About a year ago, I read of an instrument designed by an optometrist in New York (Dr. Trachtman) called an Accommotrac which provided biofeedback for the involuntary focusing muscle (ciliary muscle) within the eye. I read a number of successful case histories which prompted me to go to the local university and research the details of this device. As a result, I understand the principles quite well and was even considering building one myself.. I certainly had no intention of infringing on Dr. Trachtman's patent but only wanted to experiment with this device and had no access to one. I begged, borrowed, and purchased all the materials I needed to build a rough, but hopefully workable prototype - about \$300) , and had a machinist friend fabricate the necessary mechanical pieces. Just as I was about to embark on this project, a behavioral optometrist told me that he had read several studies which indicated that the instrument was not as effective as advertised; and that many of these devices were showing up on the used instrument market at bargain basement prices (\$2000-\$3000). My feeling is that the effectiveness of the device is a huge function of the motivation of

the user . If one expects a painless, effortless improvement just by sitting in front of an instrument a couple hours a week, then the instrument is likely to be ineffective. However, if used in conjunction with other vision improvement techniques, it seems it could be a useful contributor to one's vision improvement efforts. Has anyone had any direct experience with this device and, if so, what do you think? Am I being over analytical?

I have recently found an excellent behavioral optometrist whom I plan on seeing in the near future. I also am planning to get full spectrum lighting for my office, and am starting to get a feel for some of the psychological, imagery aspects of natural vision . This has been the hardest part for me, but I'm slowly but surely warming up to it. I'm also experimenting with expanding my peripheral vision. I find Dr. Kaplan's two books "Seeing Without Glasses" and "The Power Behind Your Eyes" to be a great inspiration.

That's all for now.

Regards ,

Owen

-
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Re: Elena's progress

- *To:* i_see@indiana.edu
 - *Subject:* Re: Elena's progress
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Sat, 22 Jun 1996 04:28:26 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Hi Elena, all I_see-ers, and greetings to the newcomers (GREAT posts!),

I entirely agree with your totality approach to myopia. Myopia has to be understood from within and the battle on the psychological front when we are adults seems to be the key one. Not so, though, in childhood years when proper visual habits are more important, in my opinion. (to the extent that incorrect visual habits are not caused by psychological predisposition). But who was to tell me that when I was 10 - neither parents, nor teachers, least ODs who viewed (and continue mostly to view) myopia as a predetermined course from which there is no escape. Oh, ignorance!!

>I realized

>that striking parallels exist between the way I see and the way I think

Agree, same with me, although, it's kind of a mix of thoughts and feelings as they generate each other. In this line, I've been told by several people over the past several months, that they feel more confident of the way they see if they have a clear plan and dedication of their lives, besides improving vision, so that vision health is something of a by-product, be it a very important one. One of Linda Lee's last posts was to this effect which I attacked somewhat and will be sorry if her prolonged silence has been caused by my strong words. I remember, in my wild late teens, when I was wearing contacts (soft) for about three years, I used to do a lot of close work in them at school or university. I would always take them off at home, but outside I might spend hours in a library, or half a day of classes. Even that long ago I used to closely watch my acuity, every night that I made it home for dinner I would look at a calendar on the wall across from the dining table (contacts still in) and would check how I see the numbers. Luckily, during this three year period my vision remained stable, despite heavy near work load. Was this a contacts effect (vs spectacles)? Even if there was some (many discussions exists on this topic), I can't wear

contacts now, even if I was able to tolerate them. What has happened? It's a change of thinking. Like Elena I have grown almost allergic to minus lenses of any kind, or to put it more precisely, to any kind of lens that gives me more acuity than I need for a *prolonged* visual task (the ciliary is there to take care of the short ones, after all).

>In the meantime, here's an update of my progress.

>

>1. Daily spontaneous clear and "semi-clear" flashes that last up to a few
>hours. The best acuity experienced in a spontaneous clear flash 20/20; the
>longest duration of uninterrupted 20/20 vision -- about 5 minutes in a row;
>20/40 -- about 30 minutes; with constant interruptions, "on and off," 20/60
>- 20/80 typically lasts all day. (Compare to approx. 20/1000 a year ago.)
>During "interruptions," vision fluctuates widely, sometimes getting nearly
>as bad as the initial pre-VT figures but never getting "stuck" there.

Congrats! However, this relapse to near pre-VT acuity is puzzling. I'd hypothesize that it is most likely due to an accommodative spasm. In any case, no matter how much you dislike it, I think a comparison of axial lengths would shed a lot of light on the process. So far I haven't been able to locate any OD or MD who can take my axial lengths (I think this is done by ultrasonography). Corneal topography measurement seems more widespread, especially now with the advent of PRK. After all, our multifaceted approaches will have to cause some physiological change. You can liken it to losing weight, no matter how "metaphysically" you deal with it, you want, when you step on the scales, to see less weight.

>5. What, far as my present understanding is concerned, WON'T work or at
>least won't have lasting effects: hypnosis, NLP, psychoanalysis, any form
>of traditional psychotherapy --

Agree entirely.

>Vision is not behavior. It has nothing to do with how you
>behave as an adult. It has everything to do with how you FELT INSIDE as a
>kid -- or even as an infant.

In any case, exploration of how one felt in early childhood won't hurt. In searching to recreate the genesis of my myopia I have recalled a myriad of scenes from ages 6 and up. Crucial, since NO ONE in my entire family tree is myopic, I am the first one. Basically, what it boils down to is excessive close work, the simple solution to a complex problem. I can recollect long hours studying Egyptian history, a teacher encouraging me to wear glasses despite my reluctance, self testing for acuity by holding a newspaper at arms length and still being able to see it (that comforted me when I was -1.25 D), going to school during the summer and writing words on the blackboard and then testing myself from various distances so that I know where to sit when school starts in September, and many, many other bits and pieces. Again, I think I know the answer - excessive near work caused my myopia plus

my ignorance (and I should add my parents', teachers' and ODs') to counteract it when the chances for success were much higher. Now it's certainly more difficult and I am still unsure if there is some limit to improvement or one can reasonably hope to regain 20/20 no matter how bad their vision is. But at least we can take good care of our children.

Regards,

Stefan Stefanov

-
- **Follow-Ups:**
 - [Re: Elena's progress](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - Prev by Date: [New member](#)
 - Next by Date: [Re: Elena's progress](#)
 - Prev by thread: [Re: Elena's progress](#)
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Re: Elena's progress

- *To:* Stefan Stefanov <stefansi@ctrvax.Vanderbilt.Edu>
 - *Subject:* Re: Elena's progress
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Sat, 22 Jun 1996 22:49:14 -0400 (EDT)
 - *Cc:* i_see@indiana.edu
 - *In-reply-to:* <01I672WE2BDE8X3XRO@ctrvax.Vanderbilt.Edu>
 - *Sender:* owner-i_see@indiana.edu
-

just to add a note... after reading about Elena's progress, i looked back through my journals to when i'd made the huge jump in improving my vision, (7/94 - 11/94) and ...guess what... i was doing yoga that whole summer! i had been recovering from knee surgery due to an injury from dance (i was studying with a company at the time) and yoga was the ONLY thing i could really do.... even swimming was out of the question. Of course, when i was strong enough, i went back to dance classes. and this nearly corresponds to the time the improvement plateaued!!!

however, i also have had a lot of weird emotional flashbacks during this past year and a half, which may or may not be related. she does allude to the contribution of the emotional self in her post.

Anyway, i have recently been checked and though i have not improved any, i am very thankful to note that despite a tremendously loose eye exercise routine, i have lost NONE of my improvement. I'm gonna start doing yoga again and see what happens. I'll keep ya posted.

eileen

• References:

- [Re: Elena's progress](#)
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)

- Prev by Date: [Re: Elena's progress](#)
- Next by Date: [i_see@indiana.edu](#)
- Prev by thread: [Re: Elena's progress](#)
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i_see@indiana.edu

- *To:* i_see@indiana.edu
 - *Subject:* i_see@indiana.edu
 - *From:* Varun Verma <varun@angeles.com>
 - *Date:* Sun, 23 Jun 1996 16:29:56 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

Hi Everyone:

This is my first post on the I_SEE mailing list. My name is Varun Verma, and I am an Electrical Engineer by profession. I started my vision programme about 11 months ago (last August). I have been following this list since but have not been posting my own progress and programme.

When I started, my eyes were -3.5 (L) and -4.25 (R). Now they stand at about -1.5 and -2.25D respectively. I started with Bates' book and other "vision without glasses" books. But they did not help me much and I realized (in striking parallel to Elena's approach) that my vision is a product of my own attitudes and thoughts. My article in sci.med.vision "My 10 point program to improve vision" has been long forgotten and I stopped posting any more articles. And now I felt like writing more.

I rejected western concept of myopia (I am from India) and turned towards eastern concept of self-healing (deep rooted in ancient Hindu tradition -- also the source of Yoga). I learnt that I and my organs (including my eyes) are a product my own awareness and so first action is to break into my current mind-set and myopic habits. I realized I have to be a different person if I have to overcome my myopia. And this combined with my own daily drill of relaxing my eyes and training myself to look into distance with faith and aplomb has given me best results. The ideas are abstract but powerful (and parallel to Elena's). It involves a lot of self-realization and has spiritual aspect. It gives me more control over my vision and ability to generate clear flashes at will (including in nights).

I would like to share a lot of ideas with Elena not only because she is the most successful but also her approach is similar (if not same) to mine.

Thanks and all the best:
Varun

- Prev by Date: [Re: Elena's progress](#)
- Next by Date: [Re: i_see](#)
- Prev by thread: [New member](#)
- Next by thread: [Re: i_see](#)
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Re: i_see

- To: i_see@indiana.edu
 - Subject: Re: i_see
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Mon, 24 Jun 1996 10:35:48 -0500
 - Sender: owner-i_see@indiana.edu
-

>tradition -- also the source of Yoga). I learnt that I and my organs
>(including my eyes) are a product my own awareness and so first action
>is to break into my current mind-set and myopic habits. I realized I
>have to be a different person if I have to overcome my myopia. And

I couldn't help noticing this comment. I feel the same way to an extent (words being imprecise). I've worked on disrupting the routines of my thinking and acting somewhat, though not as mindfully and as thoroughly as I would like. I have found this to help a great deal in increasing overall fluidity. Taking off glasses is one way to do it which I have been doing more and more lately. Occasionally, I drive for a while without glasses (-9/-8). It's not as exhilarating as I would like, but it is relaxing and I frequently put my glasses back on when things get fast or chaotic. I've also found that I have a growing sense of recovering my original purpose.

Mark Jones

-
- Prev by Date: i_see@indiana.edu
 - Next by Date: [Visit to an Optometrist](#)

- Prev by thread: i_see@indiana.edu
- Next by thread: [Visit to an Optometrist](#)
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Visit to an Optometrist

- *To:* i_see@indiana.edu
 - *Subject:* Visit to an Optometrist
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Mon, 24 Jun 1996 10:19:06 -0500
 - *Cc:* mjones@hp7201.sps.mot.com
 - *Sender:* owner-i_see@indiana.edu
-

I had a great visit to an optometrist Saturday and discovered I have a .75 diopter improvement in each eye (stats below). Dr. Larry Smith was puzzled, but sympathetic and open to the possibilities of vision improvement. Apparently, this was the first time he had seen an improvement in his what looked to be about 50 years.

I had taken my glasses off for most of the morning prior to the appointment, and I had spent a few minutes with the Chinese facial energy point massage techniques. This helped counteract the effects of staying out too late in unwholesome environments the night before.

At first, one of the assistants used a machine to test my accuity, apparently with lasers. It had a picture of a multi-colored balloon against a blue sky. The picture would periodically move in and out of focus. I asked her how it worked, but she didn't know. Then I had a glaucoma check. She then took me into the optometrist's office. During this time I did not wear my glasses except when I was walking to an area of the building I had not seen yet. Initially, I felt some trepidation about not wearing glasses and thus calling attention to myself in a strange setting, but I go over it.

I got tested for 20/40 lenses and discovered that, when Dr. Smith tried some lenses in that range, if I relaxed and intended to focus for a micro-second before answering which was better (one or two?), the letters would become crystal clear. Based on that observation, I decided to

get the lenses of one diopter less than my 20/20 prescription.

While behind the lense apparatus, I blinked a lot and closed my eyes alot.

Perhaps pivotal to the visit was an energy shift just prior to walking into the optometrist's office. I had been very non-committal and had been mentally preparing for an argument. As I walked to the office, though, a feeling to exhuberant, relaxed confidence came over me and my worries vanished.

I look forward to greater improvement. Now why is it that I'm willing to perform under pressure, but when there's no pressure, I get a bit lazy?

Here are some measurements.

Brief history: glasses at 6 for myopia

Date	Age	Prescription	Circumstances
7/14/86	22	O.D. -9.00 sph., -1.75 cyl., 020 ax. O.S. -11.25 sph., -1.00 cyl, 025 ax.	summer after undergraduate
4/7/88	24	O.D. -10.75 sph, +1.75 cyl., 105 ax. O.S. -11.25 sph., +0.75 cyl., 100 ax.	in middle of graduate school
12/14/92	28	R -8.75 sph., -1.25 cyl., 12 ax. L -9.75 sph., -75 cyl., 03 ax.	working in computers, some yoga and meditation
6/22/96	32	O.D. -8.00 sph., -1.00 cyl., 10 ax., 29 PD O.S. -9.00 sph., -0.50 cyl., 10 ax., 30 PD	working in computers, palming, sunning, tai chi, etc.

Later this week, when the new lenses are ready, I'll be wearing

R -7.00, etc.
L -8.00, etc.

Mark Jones

-
- Prev by Date: [Re: i see](#)
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Re: I_SEE

- *To:* wareham@eleceng.ee.queensu.ca (P. Wareham)
 - *Subject:* Re: I_SEE
 - *From:* Varun Verma <varun@angeles.com>
 - *Date:* Mon, 24 Jun 1996 11:00:33 -0700 (PDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <9606241528.AA06066@eleceng.ee.queensu.ca> from "P. Wareham" at Jun 24, 96 11:28:24 am
 - *Sender:* owner-i_see@indiana.edu
-

Hi Paul:

I wrote that article in the beginning stages. I will have to dig it out (if I saved it at all). Since then my method has evolved to become more holistic involving not only physical exercises and relaxation but also fixing one's spiritual awareness and drawing strength from Self.

Varun

According to P. Wareham:

```
>
> Varun,
>
> I was if you would mind sending me the article you mentioned
> in your posting regarding your 10 points you used to improve
> your vision?
>
> Would be much appreciated.
>
> Thanks,
>
> Paul
>
```

- Prev by Date: [Visit to an Optometrist](#)
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- Prev by thread: [Visit to an Optometrist](#)
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Re: My Silence

- *To:* I_see@indiana.edu, stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Subject:* Re: My Silence
 - *From:* "Linda Lee" <llee@island.net>
 - *Date:* Sun, 23 Jun 1996 23:47:11
 - *Priority:* normal
 - *Reply-to:* llee@island.net
 - *Sender:* owner-i_see@indiana.edu
-

Stefan,

Recently you wrote:

>Agree, same with me, although, it's kind of a mix of thoughts and feelings as they generate each other. In this line, I've been told by several people over the past several months, that they feel more confident of the way they see if they have a clear plan and dedication of their lives, besides improving vision, so that vision health is something of a by-product, be it a very important one. One of Linda Lee's last posts was to this effect which I attacked somewhat and will be sorry if her prolonged silence has been caused by my strong words.<

. . . and it is so lovely to be missed . . .

Actually, i have been very noisy lately, just haven't had much time to keep up my correspondence on the I_see board. Our local theatre group has recently honoured me by staging a play i wrote and i have been busy editing, re-writing and generally hanging about with actors and such. It's something of a new direction for me and i can't tell you how much i am enjoying it.

Although i achieved early results with VT, I reached a plateau some years ago. I decided that since what i was doing wasn't working, i would try something else. Now i am making the effort to express myself more directly through writing and performing.

I remember when i had my first flash of clear vision, my immediate thought was "i don't deserve this". I hope to be able to turn this thinking around and learn that i do have something to say, and that i do have value. And that i do deserve to see how beautiful the world is. By setting my sights on, and reaching distant goals, i hope to convince myself of this.

I'm having some minor success as a local hero, and it's fun. People look at me oddly, saying -" i had no idea you could do that! How do you write like that?"

Dunno. I just can. I thought everybody could.

So i'm using the time i used to spend reading about VT, meditating, and writing in my journal about vision, to learn about playwrighting. And writing, and going to drama festivals, and singing. And dreaming bigger dreams. And making them real.

I don't know if my vision is getting better or not. For the moment, i'm not thinking about it much. I am feeling better about myself lately. Much better. In the end, i don't think it matters much how to choose to get up the mountain - just pick a path and stick to it.

Still, i keep reading the postings on I_see. I too am delighted that new people have joined and are contributing.

Stefan, don't worry for a moment that your words have kept me quiet.

As if anyone could!

Linda Lee

-
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Re: Elena's progress (rather long)

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: Elena's progress (rather long)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Mon, 24 Jun 96 13:07:55 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

Elena wrote June 17, 1996:

Snip

>Floaters seem to play a major part in fluctuations. I never paid attention
>to them before my vision started to improve, but I know they were there a
>long time ago because I occasionally saw them, typically on a sunny beach,
>with my eyes closed. They have very definite shapes and are absolutely
>recognizable, so when I began to be bothered by them I knew they were those
>old buddies, not something newly acquired. But I began to see them nearly
>constantly; eventually I figured out that they just used to be blended into
>the blur, whereas when the blur decreased they became perceptible. I'm
>thinking of Dr. Kaplan's mentioning a post-PRK patient who developed a large
>and extremely annoying floater. I think what might have happened to that
>person was not that he developed it, but that he was able to perceive it for
>the first time because his blur was gone. I now see them when wearing
>glasses, too, but then they don't interfere much with anything; usually, I
>notice them only if I want to check whether they are still there. But
>without glasses, I can't ignore them because they can make or break clear
>vision. In fact, I don't notice them only when I relapse into "bad" vision.
>Reestablishing a clear flash immediately reestablishes those bastards, too,
>and then episodes of 20/20, for instance, last till a floater moves across
>the center of my vision. They are responsible for a large number of other
>"special effects"; learning to handle them is something I have to invent
>from scratch, since no VT activities have any impact on them.

Snip

I too have been playing with my floaters lately while lazing on the beach. I've observed that the floaters are more annoying when I deliberately look at them in a nearsighted way. When I adopt a farsighted posture, that is looking beyond them, the floaters don't bother me.

I believe this may also have been reported in the book on Yoga and Eyesight from India. I love my floaters. It is like watching an intergalactic fireworks show.

Enjoy the sun. Nice progress report Elena. I agree with much you report. BTW If you have not read the book The Infinite Mind by Valerie Hunt. DO.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD
Sunshine Coast, B.C. Canada

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-

-
- Prev by Date: [Re: My Silence](#)
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Re: I_SEE

- *To:* mjones@auscsmp.sps.mot.com (Mark Jones)
 - *Subject:* Re: I_SEE
 - *From:* Varun Verma <varun@angeles.com>
 - *Date:* Mon, 24 Jun 1996 14:34:28 -0700 (PDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <9606241906.AA04390@txbc.sps.mot.com> from "Mark Jones" at Jun 24, 96 02:03:45 pm
 - *Sender:* owner-i_see@indiana.edu
-

According to Mark Jones:

```
>  
>  
> I'm also interested in the awareness techniques you  
> mentioned.  
>  
> - m - a - r - k -  
> mjones@pencom.com  
>
```

Hi Mark:

For those techniques, you have to break from western materialistic concept which creates desires for the impermanent and makes one forget/unaware of the immense inner strength of the spiritual Self. We always look outwards in this materialistic world for everything which does not fulfill our desires except filling us with more. We feel helpless and craving all the times and there is no end to it. The aim of the "Yogi" is to generate his happiness and satisfaction from the absolute Self and not relative to the outside world. This is first step towards self-realization. Glasses are an external dependency which is definitely an insult to the natural intelligence and strength of the eyes.

This concept of Self does not mean being self-centered but creates a new view in which people draw their happiness from self and are in harmony with rest of the universe rather than being at war with it through various materialistic pursuits.

These techniques treat eye disorders more holistically than localized.

Believe me you cannot be the same person and still cure your myopia. Ask Elena if you do not believe. Am I right, Elena ?? It might sound too vague and abstract.

Hope it helps:

Varun

According to Mark Jones:

>
>
> I'm also interested in the awareness techniques you
> mentioned.
>
> - m - a - r - k -
> mjones@pencom.com
>

-
- Prev by Date: [Re: Elena's progress \(rather long\)](#)
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The autorefractor

- *To:* i_see@indiana.edu
 - *Subject:* The autorefractor
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Tue, 25 Jun 1996 02:44:00 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Mark Jones <mjones@auscsmp.sps.mot.com> wrote:
[...]

>At first, one of the assistants used a machine to
>test my acuity, apparently with lasers. It had
>a picture of a multi-colored balloon against a blue
>sky. The picture would periodically move in and out of
>focus. I asked her how it worked, but she didn't know.

You are describing an **autorefractor**. I am inserting part of a message I sent today to another person.

>I've never used nor seen an autorefractor, though I saw pictures of
>them on the Web! What do they cost used? Do you own one now?

The autorefractor is a very clever device. It's compact, **very** easy to operate (you still need **another** person to measure your eyes), and in my experience, very reliable. ODs seldom perform autorefraction themselves, this is handled by their assistants as this is a very easy task (that's why it is an **auto**refractor). Some assistants will say that autorefractor measurements are not very reliable but, again, I think this is purely a marketing trick to make you sit with the OD for the "one or two" thing. I have had close to 40 (forty) autorefractive measurements and I have found all of them to be very accurate, especially if one sticks with a specific autorefractor make. Surprisingly to me, autorefractors are not common in the US, as opposed to Europe. I used to just walk in and **only** have my eyes autorefracted by an assistant for about \$2 a go.

As to pricing, autorefractors are fairly costly, I would say in the order of

several thousand dollars. I don't own one but there was this interesting discussion on s.m.v. 4-5 months ago about autorefractors becoming a handheld consumer device. I dream for these days to come. Major manufacturers: Humphrey (of Carl Zeiss GmbH), Rodenstock, Nikon, Topcon.

This is somewhat off topic but I thought it could be useful to any who haven't heard of the autorefractor. I have some guesses how it works but am not an expert and wouldn't want to give you patchy info. I think there are some technical people on the list who may offer more.

Stefan

-
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Re: Varun's recent posts

- *To:* i_see@indiana.edu
 - *Subject:* Re: Varun's recent posts
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Wed, 26 Jun 1996 22:20:38 -0400
 - *Sender:* owner-i_see@indiana.edu
-

At 02:34 PM 6/24/96 -0700, Varun Verma <varun@angeles.com> wrote (to Mark Jones):

>Believe me you cannot be the same person and still cure your myopia.
>Ask Elena if you do not believe. Am I right, Elena ??

Varun,

thanks for sharing your views and experiences and noticing the way they parallel mine. I should note however that Mark is much more of an expert in Eastern approaches than myself.

I cringe at the thought that what's recently happened to my "philosophy" is that some of Russia's historic fate -- to be between East and West and neither -- has finally caught up with me -:). I do think that some Oriental traditions that view human mind/body/spirit as a unity are right on, while much of Western science has misplaced its Occum's razor or something and is busy catching smaller and smaller fleas of knowledge -- but still powerless to assemble them into as much as a worm, let alone a healthy and happy human being. At the same time, the "metaphysical" part of my thinking has plummeted to a record low. The "Real Self" is something I'm very much concerned about (in particular, my personal "real self" has perfect sight, that much I remember), but I'm not sure it's something to look for any further than beyond all the distortions superimposed by unnatural and inherently cruel methods and circumstances of upbringing, quite universal for East and West alike. I'll try to elaborate when I have the time.

To correct some of the outcome of this distortion, yoga does seem to work great. And yes, when a change takes place it's a holistic change, and it's anything but minor.

Elena

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- [Help i_see folks! I can see!](#), *Lawrence A Guerrera*
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 - [Re: Help i_see folks! I can see!](#), *Mary Marlowe*
 - [RE: Help i_see folks! I can see!](#), *Dunn, Frank*
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 - [Re: Help i_see folks! I can see!](#), *JRalls7959*
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 - [Re: Driving w/o glasses](#), *Mary Marlowe*
 - [Re: Driving w/o glasses](#), *Stefan Stefanov*

- [Re: Driving w/o glasses](#), *Nick Halloway*
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- [Re: Driving w/o glasses](#), *Lawrence A Guerrero*
- [Driving w/o glasses](#), *KGH*
- [Re: Driving w/o glasses](#), *Nick Halloway*
- [Re: Driving w/o glasses](#), *Nick Halloway*
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Re: Astigmatism

- *Subject:* Re: Astigmatism
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Mon, 8 Jul 1996 14:11:14 -0500 (CDT)
-

Hello Nick,

I am a patient undergoing PCM (Precise Corneal Molding), a form of Ortho-K. I seem to be the only patient on this list that is or has used this form of eye correction. PCM is non-surgical, and uses molds to reshape your cornea. The molds are just like hard contact lenses, and I think are more comfortable. IMHO, PCM is perfectly suited for astigmatism. My astigmatism was gone in a week. I don't recall how bad it was. I am currently working on reducing my -1.0d to zero or thereabouts. I have been under going treatment for 1.5 years. I started at -5.0d.

Sincerely,
Rob

On Fri, 5 Jul 1996, Nick Halloway wrote:

> Hi. I have high astigmatism, 3 D and 2.5 D, and mild
> nearsightedness of 0.5 D. Axes of 92 and 52 degrees.
>
> I have looked at the archives of this mailing list. The stories
> are about preventing or correcting myopia with plus lenses, etc.
>
> Anyone know about trying to correct high astigmatism? Any success
> stories with that?
>
> My eyes are much different in visual acuity -- one is 20/50, the
> other is 20/100.
> The astigmatism has gotten worse over the last several years in
> my non-dominant eye -- I haven't worn glasses for many years --
> which makes me think possibly it can be improved.
>
> I didn't have good eyesight even as a child, which makes me

> think some of it is just inherited eyeball shape.
>
> Is there any reason to not correct astigmatism fully? Astigmatism
> means a blurred image and eye strain, because you can't focus but
> you're always trying to. Any evidence that correcting it causes
> more of it, as may happen with nearsightedness? Some people
> seem to dislike having a cylinder correction.
>
> Thanks ...
>
>

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Help i_see folks! I can see!

- *Subject:* Help i_see folks! I can see!
 - *From:* warrior@juno.com (Lawrence A Guerrera)
 - *Date:* Mon, 8 Jul 1996 11:54:48 PST
-

Hello all -

My stats: Just about 40 years old (July 23rd), wearing glasses for nearsightedness since 7th grade progressively getting worse over time. Current prescription is -3.25L -2.75R. Slightly astigmatic.

I have gone back and read all of the archived messages and learned a GREAT deal of info. For those of you who have web access, I STRONGLY suggest you spend the time to do this. A tremendous learning opportunity awaits you.

One thing I found very interesting was the use of + diopter reading glasses for myopia. I bought +1.25 glasses at a local drugstore and have been using them now since the afternoon of July 4th (how appropriate - the beginning of my INDEPENDENCE from glasses!). Well, by nightfall I noticed a difference in how I was seeing without my glasses. So, I continued using the reading glasses whenever I could for reading, walking around, etc.

Yesterday, I actually drove my car for about 10 minutes without corrective lenses at all! Yes, it was in bright daylight, but I had very frequent clear flashes as I drove. I was able to read many of the license plates that were in front of me and those that passed me. I have worn my regular glasses maybe 3 or 4 times for brief periods over the last four days. Also, I have sunned and palmed at every opportunity as well.

As I write this, I am not wearing glasses at all. Probably the first time since the 7th grade that I am able not just to function, but actually see clearly enough not to need these spectacles! Absolutely amazing to me!

At first, I thought the clearness of my vision was one of those passing things. But, it has continued and has been consistent for the last four days. I am using the reading glasses at every possible opportunity and am noticing an improvement in some aspect of my vision each and every time.

Question: What do I do now? When do I up the diopter number on my reading glasses? I have been slowly moving my reading stuff further away as I read. Improvement there, too. Will a higher + number speed up the process?

Some of the archived messages dealt with the mental/spiritual side of myopia. Elana (I believe that's who it was) related her experiences with her high myopia and the mental and emotional implications of it. I believe one reason why I can see the way I do now is my unwavering believe that this is the right thing to do and that my glasses were nothing more than a crutch and will do more harm than good. So, what do you do? Get rid of the harmful item and more toward a more beneficial way of seeing and living. So far, so good!

Thank you to all who have posted here. You have done a world of good for my eyes. Keep it up!

- Larry

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Re: Astigmatism

- *Subject:* Re: Astigmatism
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Mon, 8 Jul 1996 15:24:13 -0700 (PDT)
-

Rob Barnett <rbarnett@wspl.wspice.com> writes:

> I am a patient undergoing PCM (Precise Corneal Molding), a form of Ortho-K.
> I seem to be the only patient on this list that is or has used this form
> of eye correction. PCM is non-surgical, and uses molds to reshape your
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> astigmatism was gone in a week. I don't recall how bad it was. I am
> currently working on reducing my -1.0d to zero or thereabouts. I have
> been under going treatment for 1.5 years. I started at -5.0d.

Probably not 3 D if it was gone in a week :)

I just finished talking with a behavioral optometrist on the phone. She told me that although they have good luck with reducing nearsightedness, with 3 D of astigmatism they would probably just correct it. I have been looking around, and while there seems to be pretty good evidence that myopia can be decreased by plus lenses, and perhaps small amounts of astigmatism can be corrected with lenses etc., it seems that large amounts of astigmatism probably can't. The accommodation errors in nearsightedness are pretty different from ellipsoidal eyeballs in astigmatism.

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Re: Astigmatism

- *Subject:* Re: Astigmatism
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Mon, 8 Jul 1996 18:30:31 -0500 (EST)
-

On Mon, 8 Jul 1996, Nick Halloway wrote:

> Rob Barnett <rbarnett@wspl.wspice.com> writes:
> I just finished talking with a behavioral optometrist on the phone. She
> told me that although they have good luck with reducing nearsightedness,
> with 3 D of astigmatism they would probably just correct it. I have
> been looking around, and while there seems to be pretty good evidence
> that myopia can be decreased by plus lenses, and perhaps small amounts
> of astigmatism can be corrected with lenses etc., it seems that large
> amounts of astigmatism probably can't. The accommodation errors in
> nearsightedness are pretty different from ellipsoidal eyeballs in
> astigmatism.

Here are a few hopeful factoids about astigmatism.

The first is, it is possible to see clearly and still have astigmatism. There seems to be a type of astigmatism present among Asians and American Indians, so I hear, such that, even though the "objective" measurements say "astigmatism", the people with this "defect" see clearly.

The second is, the REASON why behavioral optometrists don't think they can cure astigmatism is because they are trained to believe that any "willed" change in the refractive status in the eye must be due to the ciliary muscle on the lens, whereas most astigmatism shows up clearly on the cornea. In other words, it is heresy to propose that the OUTER ("extrinsic" / "extraocular") muscles have anything to do with any refractive error. However, the extraocular muscles are precisely those anatomically in a position to change the shape of the cornea.

A curious heretical article on the topic of changes in corneal astigmatism was published in the 1930's in the Review of Optometry. Check the I SEE library

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/library.html

under "optics" -- The Incredible Changing cornea. Optometrist C.W. Parker had success in treating mild cases of astigmatism with eye muscle exercises, and he also observed a rapid change of astigmatism in a woman who had undergone extraocular muscle surgery.

My opinion is that behavioral optometrists have not had success correcting high astigmatism BECAUSE they have assumed it is a hopeless case.

Having said that, I recognize that high astigmatism is often noticed at an early age (unlike myopia which surfaces usually in the teens), and can run in families. If astigmatism is hereditary in these cases, my guess is that there are certain muscle patterns that are inherited, much like the universal "sucking reflex" -- there may be some people born with an "astigmatic reflex" that nonetheless can be unlearned. Of course, if kept up through life, this "reflex" may be hard to undo, but not necessarily impossible.

--Alex

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Re: Astigmatism

- *Subject:* Re: Astigmatism
 - *From:* ozvision@netconnect.com.au
 - *Date:* Tue, 9 Jul 1996 11:08:12 +1000
-

Greetings from a holistic (behavioural optometrist)downunder,

Regarding astigmatism:

A patient of mine experienced floating on the ceiling watching his own open heart surgery. From where was he seeing; who was doing the seeing and what did his eyeballs have to do with it? We do not see WITH our eyes. When I examined my good friend Jacob Liberman in November 1994 I still measured the 2.50 dioptres of astigmatism in each eye. In spite of this he demonstrated 20/20 without any glasses. Vision is the relationship between insight and eyesight. It is not bounded by the body.

Regards,

Peter

>On Mon, 8 Jul 1996, Nick Halloway wrote:

>

>> Rob Barnett <rbarnett@wspl.wspice.com> writes:

>> I just finished talking with a behavioral optometrist on the phone. She
>> told me that although they have good luck with reducing nearsightedness,
>> with 3 D of astigmatism they would probably just correct it. I have
>> been looking around, and while there seems to be pretty good evidence
>> that myopia can be decreased by plus lenses, and perhaps small amounts
>> of astigmatism can be corrected with lenses etc., it seems that large

>> amounts of astigmatism probably can't. The accommodation errors in
>> nearsightedness are pretty different from ellipsoidal eyeballs in
>> astigmatism.

>

>Here are a few hopeful factoids about astigmatism.

>

>The first is, it is possible to see clearly and still have astigmatism.
>There seems to be a type of astigmatism present among Asians and American
>Indians, so I hear, such that, even though the "objective" measurements
>say "astigmatism", the people with this "defect" see clearly.

>

>The second is, the REASON why behavioral optometrists don't think they can
>cure astigmatism is because they are trained to believe that any "willed"
>change in the refractive status in the eye must be due to the ciliary
>muscle on the lens, whereas most astigmatism shows up clearly on the
>cornea. In other words, it is heresy to propose that the OUTER
>("extrinsic" / "extraocular") muscles have anything to do with any
>refractive error. However, the extraocular muscles are precisely those
>anatomically in a position to change the shape of the cornea.

>

>A curious heretical article on the topic of changes in corneal
>astigmatism was published in the 1930's in the Review of Optometry. Check
>the I SEE library

>

>http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/library.html

>

>under "optics" -- The Incredible Changing cornea. Optometrist C.W. Parker
>had success in treating mild cases of astigmatism with eye muscle
>exercises, and he also observed a rapid change of astigmatism in a woman
>who had undergone extraocular muscle surgery.

>

>My opinion is that behavioral optometrists have not had success
>correcting high astigmatism BECAUSE they have assumed it is a hopeless case.

>

>Having said that, I recognize that high astigmatism is often noticed at
>an early age (unlike myopia which surfaces usually in the teens), and can
>run in families. If astigmatism is hereditary in these cases, my guess is
>that there are certain muscle patterns that are inherited, much like the
>universal "sucking reflex" -- there may be some people born with an
>"astigmatic reflex" that nonetheless can be unlearned. Of course, if kept
>up through life, this "reflex" may be hard to undo, but not necessarily
>impossible.

>

>--Alex

Australian Whole Health Home Page - Web: <http://aushealth.netconnect.com.au>

Eternally	_/_/_/	_/_/_/	_/_/_/
Increase	_/	_/	_/
Your	_/	_/_/	_/_/
Ability	_/	_/	_/
To	_/_/_/	_/_/_/	_/_/_/

Peter Fairbanks
 PO Box 710
 Ballarat 3353
 Australia

Ph: +61 53 312122
 Fax: +61 53 317336
 Mobile: +61 419 364124
 Email: ozvision@netconnect.com.au

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# Re: Help i\_see folks! I can see!

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- *Subject:* Re: Help i\_see folks! I can see!
  - *From:* "KGH" <[choracsek@wwdc.com](mailto:choracsek@wwdc.com)>
  - *Date:* Wed, 10 Jul 1996 03:48:06 +0000
- 

> Hello all -

>

> My stats: Just about 40 years old (July 23rd), wearing glasses for  
> nearsightedness since 7th grade progressively getting worse  
> over time. Current prescription is -3.25L -2.75R. Slightly  
> astigmatic.

>

snip

>

> Yesterday, I actually drove my car for about 10 minutes without  
> corrective lenses at all! Yes, it was in bright daylight, but I had  
> very frequent clear flashes as I drove. I was able to read many of  
> the license plates that were in front of me and those that passed me.

Could you tell us where you live so that we can avoid the streets  
you're on. You are doing something that is highly dangerous and also  
illegal.

KGH

- 
- Prev by Date: [Re: Astigmatism](#)
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# Re: Help i\_see folks! I can see!

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- *Subject:* Re: Help i\_see folks! I can see!
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Wed, 10 Jul 1996 10:55:24 -0400 (EDT)
- 

I live in southeast Florida. I know you didn't ask me, but my numbers were -5.75 back in February and I sometimes drive without correction as well and thought you ought to know!

I have trouble reading tag numbers, but not seeing cars and such. I find my depth perception improves without lenses. I have my clearest flashes while driving.

Mary Marlowe  
[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)

On Wed, 10 Jul 1996, KGH wrote:

```
>
> Could you tell us where you live so that we can avoid the streets
> you're on.  You are doing something that is highly dangerous and also
> illegal.
>
>
>
>
> -----
> > Hello all -
> >
> > My stats:  Just about 40 years old (July 23rd), wearing glasses for
> > nearsightedness since 7th grade progressively getting worse
> > over time.  Current prescription is -3.25L -2.75R.  Slightly
> > astigmatic.
> >
> > snip
> >
> > Yesterday, I actually drove my car for about 10 minutes without
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> > very frequent clear flashes as I drove.  I was able to read many of
> > the license plates that were in front of me and those that passed me.
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## RE: Help i\_see folks! I can see!

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- *Subject:* RE: Help i\_see folks! I can see!
  - *From:* "Dunn, Frank" <[fdunn@MSDEV1.Waterloo.NCR.COM](mailto:fdunn@MSDEV1.Waterloo.NCR.COM)>
  - *Date:* Wed, 10 Jul 96 13:29:00 EDT
- 

I'm new to this list and have only been trying to improve my vision for a couple of weeks now. I've been palming and sunning. My far point is about 19 cm so I don't think that reading glasses are necessary yet. I have to get that close to the computer screen which is bad enough as it is. I've tried this before but haven't until now been able to live comfortably with the blur. I've noticed an improvement in depth perception as well and my glasses give me a headache now. I don't like working this close to the monitor but my eyes feel better.

Any suggestions? What program worked for you? I am inspired by Mary and I would be interested in what your far point is now and what did you do to get there?

Thanks,

Frank

-----  
From: Mary Marlowe[SMTP:phishes@pbfreenet.seflin.lib.fl.us]  
Sent: Wednesday, July 10, 1996 10:55 AM  
To: KGH  
Cc: i\_see  
Subject: Re: Help i\_see folks! I can see!

I live in southeast Florida. I know you didn't ask me, but my numbers were -5.75 back in February and I sometimes drive without correction as well and thought you ought to know!

I have trouble reading tag numbers, but not seeing cars and such. I find my depth perception improves without lenses. I have my clearest flashes while driving.

Mary Marlowe  
phishes@pbfreenet.seflin.lib.fl.us

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# RE: Help i\_see folks! I can see!

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- *Subject:* RE: Help i\_see folks! I can see!
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Wed, 10 Jul 1996 18:44:46 -0400 (EDT)
- 

Hummmm. Far point. I am guessing you mean how far away can I see really clearly without lenses. Let me run get a measuring stick. . .

It is about 11 - 15 inches (sorry, I can't seem to find ANYthing with metrics on it right now) with the naked eye. That is, I can now read the morning paper even if I don't have my usual contact lenses in. When I started, it was about 4 inches (yes, I mean it). I consider that alone a great triumph.

What do I do? Well. . . even though I don't NEED them when I am wearing a reduced prescription contact lenses (I buy disposables, so I can change the power regularly) - I wear plus lenses WHENEVER I use the computer or read within arms reach. I am currently using +2.00 "reading glasses" over -3.50 disposables. I tossed the last pair of -3.75's last week. It sort of amounts to wearing -1.50's to read, I guess, instead of the transitional -3.50, or even worse, the "full correction" -5.75's.

I think sunning is important, so I read the newspaper outside everyday. I spend somedays lenseless (with a back-up pair of glasses, if I need them) and that is when I drive. If I need to read something, I usually just get closer, on those days. I also eat well. I was using "Eye-bright" capsules, but now only use the homeopathic Eurphrasia Officinalis dose, when I need it, for tired, red eyes. I also used Bilberry capsules for a time. I make sure I get enough salt, etc. And I laugh a lot.

My subjective view is that I see as clearly now with -3.50 correction as I did last December with -4.00 lenses. I had before that been wearing -4.25's for about 5 years. I don't think I have ever minded the blur as much as the eye docs have. . .

Mary Marlowe  
[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)

On Wed, 10 Jul 1996, Dunn, Frank wrote:

>  
> I'm new to this list and have only been trying to improve my vision for a  
> couple of weeks now. I've been palming and sunning. My far point is  
> about 19 cm so I don't think that reading glasses are necessary yet. I  
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> comfortably with the blur. I've noticed an improvement in depth  
> perception as well and my glasses give me a headache now. I don't like  
> working this close to the monitor but my eyes feel better.

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> Any suggestions? What program worked for you? I am inspired by Mary and  
> I would be interested in what your far point is now and what did you do  
> to get there?

>  
> Thanks,

>  
> Frank

> -----  
> From: Mary Marlowe[SMTP:phishes@pbfreenet.seflin.lib.fl.us]  
> Sent: Wednesday, July 10, 1996 10:55 AM  
> To: KGH  
> Cc: i\_see  
> Subject: Re: Help i\_see folks! I can see!

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> I live in southeast Florida. I know you didn't ask me, but my numbers  
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> well and thought you ought to know!

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> I have trouble reading tag numbers, but not seeing cars and such. I find  
> my depth perception improves without lenses. I have my clearest flashes  
> while driving.

>  
> Mary Marlowe  
> phishes@pbfreenet.seflin.lib.fl.us

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# Re: Help i\_see folks! I can see!

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- *Subject:* Re: Help i\_see folks! I can see!
  - *From:* "KGH" <[choracsek@wwdc.com](mailto:choracsek@wwdc.com)>
  - *Date:* Thu, 11 Jul 1996 03:45:36 +0000
- 

In clarification to my previous message about the following

> >> Yesterday, I actually drove my car for about 10 minutes without  
> >> corrective lenses at all! Yes, it was in bright daylight, but I had  
> >> very frequent clear flashes as I drove. I was able to read many of  
> >> the license plates that were in front of me and those that passed me.  
> >

> >Could you tell us where you live so that we can avoid the streets  
> >you're on. You are doing something that is highly dangerous and also  
> >illegal.

> >Most states allow you to drive at 20/40, some may be higher. My optometrist  
> >has told me that it's not easy to tell how you'll do on an eye chart from  
> >your minus power, so we don't know if what he's doing is illegal.

> >Sid Gudes  
> >Santa Fe & Vallecitos, New Mexico  
> >[cougar@roadrunner.com](mailto:cougar@roadrunner.com)

> >As far as I know no states allow anyone with vision worse than 20/40 to drive without  
> >corrective lenses. But consider his wording. He says that while  
> >driving he had quite frequent clear flashes, this means that quite  
> >frequently, between his clear flashes, he had his normal vision which  
> >is roughly -3 diopters. That means that he can see clearly out to  
> >about 1 foot. Even his dashboard is farther away than that. I feel  
> >he is being irresponsible.

KGH

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# RE: Help i\_see folks! I can see!

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- *Subject:* RE: Help i\_see folks! I can see!
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Thu, 11 Jul 1996 11:12:18 -0400
- 

At 06:44 PM 7/10/96 -0400, Mary Marlowe  
<[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>wrote:

>I make sure I get enough salt, etc.

Why salt? What's the theory? How much is "enough?"

Thanks,

Elena

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# Re: Help i\_see folks! I can see

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- *Subject:* Re: Help i\_see folks! I can see
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Thu, 11 Jul 1996 11:53:08 -0700 (PDT)
- 

KGH <[choracsek@wwdc.com](mailto:choracsek@wwdc.com)> writes:

> As far as I know no states allow anyone with vision worse than 20/40 to drive  
> without  
> corrective lenses. But consider his wording. He says that while  
> driving he had quite frequent clear flashes, this means that quite  
> frequently, between his clear flashes, he had his normal vision which  
> is roughly -3 diopters. That means that he can see clearly out to  
> about 1 foot. Even his dashboard is farther away than that. I feel  
> he is being irresponsible.

I think you can get a day-only driver's license if your vision can be corrected to 20/70. And people can improve there visual acuity by squinting.

But your way of expressing yourself was very harsh. Let's keep flames off this list.

I would like to point out to people driving with low visual acuity, though, that it's possible to drive without crashing on familiar streets and still not have it be safe. It might feel safe but the point of having good vision to drive is that unexpected things might happen -- kids running in your peripheral vision, etc. So don't overestimate the safety of driving just because you've driven that way without having problems. 20/40 for general driving and 20/70 for day-only driving seems like a good limit to me. Actually 20/70 is pretty generous because you can't see signs far off with 20/70 vision and it's easy to get into an accident because of not seeing them far enough ahead of time.

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# Driving without glasses. . .

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- *Subject:* Driving without glasses. . .
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Thu, 11 Jul 1996 19:26:32 -0400 (EDT)
- 

In a vaguely related vein:

A police officer stopped a young woman after she made a one fingered gesture in his direction. He ticketed her for failing to wear the corrective lenses indicated on her license. When it came to court, however, the judge declared the stop unwarranted and threw out the charge.

Happy trails. . .

Mary Marlowe  
[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)

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# Salt - was "Help! I can see..."

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- *Subject:* Salt - was "Help! I can see..."
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Fri, 12 Jul 1996 11:25:08 -0400 (EDT)
- 

I don't have any scientific evidence, but I do know that MY body works better with a bit of salt. I eat relatively little processed food now, and don't have to worry about getting enough potassium, through the foods I do eat. Maybe I am balancing my electrolytes?

During both my pregnancies I would get heartburn if I didn't keep my salt intake up. I would often use a tsp. of baking soda in water before retiring, to avoid acid reflux. I never experienced any swelling of extremities (hands, feet, ankles) that the OB's all warn of. It seems that blood volume is greatly increased then, and perhaps that requires more salinity.

I have recently read of a study that links CFS with a "malfunction" in blood pressure regulation. Part of the suggested "cure" (that apparently worked), was to up the intake of table salt. Do you think the appearance of this new malady might be a result of folks reducing their dietary sodium on the advice of the medical establishment? Did you know that only 11% of those with high blood pressure are sodium sensitive?

I don't suffer from CFS, but my blood pressure readings are low - 118/72, even with my children arguing in the cramped examination room. During pregnancy, the numbers were even lower. So maybe my "malfunctioning" old self just needs to self-medicate. I know it makes a difference in how well I see and feel.

Mary Marlowe  
[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)

On Thu, 11 Jul 1996, Elena wrote:

> At 06:44 PM 7/10/96 -0400, Mary Marlowe  
> <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>wrote:

>  
> >I make sure I get enough salt, etc.  
>  
> Why salt? What's the theory? How much is "enough?"  
>  
> Thanks,  
>  
> Elena  
>  
>

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- Prev by Date: [Driving without glasses. . .](#)
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  - Prev by thread: [Re: Driving without glasses. . .](#)
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# Driving was Help i\_see folks! I can see

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- *Subject:* Driving was Help i\_see folks! I can see
  - *From:* Mary Marlowe <[phishes@PBFREENET.SEFLIN.LIB.FL.US](mailto:phishes@PBFREENET.SEFLIN.LIB.FL.US)>
  - *Date:* Fri, 12 Jul 1996 11:48:56 -0400 (EDT)
- 

I agree that it is much safer driving in familiar territory when lenseless - I limit myself to places I know. And there is a great difference in how well I see on a sunny day vs. a rainy, cloudy one. And night vision is another thing entirely.

I also know that no one else can judge how well I see from my "full correction" eye exam numbers. Just as light and weather conditions fluctuate, so does my visual acuity. I guess we could legislate the amount of sleep one is required to have, and what kind of breakfast one must consume, before taking the wheel. . .

As startling as it may seem, there are many things we can have no control over. The only limited control I can count on is myself, and not even that every moment. Once I came to terms with that, I realized things are going along pretty nicely anyway.

I almost forgot - I have been working on my peripheral vision by learning to juggle. I look through the airspace, not using my central, focused, vision at all. But then I have always been able to see things that move, and was an excellent shot (targets, not animals) without lenses.

There is more to seeing than reading letters at a distance.

Mary Marlowe [phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)

On Thu, 11 Jul 1996, Nick Halloway wrote:

```
> (. . . snip)
> I would like to point out to people driving with low visual acuity, though,
> that it's possible to drive without crashing on familiar streets and
> still not have it be safe. It might feel safe but the point of
> having good vision to drive is that unexpected things might happen --
> kids running in your peripheral vision, etc. So don't overestimate
> the safety of driving just because you've driven that way without
```

> having problems. 20/40 for general driving and 20/70 for day-only  
> driving seems like a good limit to me. Actually 20/70 is pretty  
> generous because you can't see signs far off with 20/70 vision  
> and it's easy to get into an accident because of not seeing them  
> far enough ahead of time.

>  
>  
>

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- 
- Prev by Date: [Salt - was "Help! I can see..."](#)
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## Re: Salt

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- *Subject:* Re: Salt
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Fri, 12 Jul 1996 13:54:29 -0400
- 

At 11:25 AM 7/12/96 -0400, Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)> wrote:

>I have recently read of a study that links CFS with a "malfunction" in  
>blood pressure regulation. Part of the suggested "cure" (that apparently  
>worked), was to up the intake of table salt. Do you think the appearance  
>of this new malady might be a result of folks reducing their dietary  
>sodium on the advice of the medical establishment?

I don't know about CFS specifically, but misguided dietary guidelines dominate the scene so pervasively that I wouldn't be surprised if this were the case. I've read about a number of deficiencies (ranging from mild to deadly) that may accompany the routinely recommended reduction of salt intake.

My own hearty eating habits, combined with the fact that I haven't gained an ounce in twenty years, have shocked many a dieting dining companion, although they are exceedingly simple -- I eat what I like, when I like, as much as I like, and trust my firm mental resolution to maintain my body's "best" weight to take care of the rest. As a side effect of this truly all-natural approach, my palate automatically responds to artificial, overprocessed, etc., "foods" with immediate judgments like "incredibly yacky" or "outright inedible," so I don't have to exercise any willpower to avoid them. I remember taking, seven years ago, my first sip of a "diet" drink with nutrasweet, for instance. I spit it out and screamed, there's something awful in this soda, it must've been tampered with, I think it's poisoned! No kidding!)

What I would like to figure out though is what eating patterns may affect vision directly. My personal "eating style" had changed dramatically simultaneously with the development of myopia at 13, with probably a 500% increase in carbohydrate intake and overall appetite.

I think salt must have something (a lot?) to do with the structure and function of as aqueous an organ as the eye -- any specific info, anyone?

Elena

What I would like to figure out though is, to what extent

Did you know that only  
>11% of those with high blood pressure are sodium sensitive?  
>  
>I don't suffer from CFS, but my blood pressure readings are low - 118/72,  
>even with my children arguing in the cramped examination room. During  
>pregnancy, the numbers were even lower. So maybe my "malfunctioning" old  
>self just needs to self-medicate. I know it makes a difference in how  
>well I see and feel.  
>  
>Mary Marlowe  
>phishes@pbfreenet.seflin.lib.fl.us  
>  
>  
>On Thu, 11 Jul 1996, Elena wrote:  
>  
>> At 06:44 PM 7/10/96 -0400, Mary Marlowe  
>> <phishes@pbfreenet.seflin.lib.fl.us>wrote:  
>>  
>> >I make sure I get enough salt, etc.  
>>  
>> Why salt? What's the theory? How much is "enough?"  
>>  
>> Thanks,  
>>  
>> Elena  
>>  
>>  
>  
>

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- Prev by Date: [Driving was Help i\\_see folks! I can see](#)
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# Driving w/o glasses

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- *Subject:* Driving w/o glasses
  - *From:* [BillS@vav-nun.com](mailto:BillS@vav-nun.com) (Bill)
  - *Date:* Fri, 12 Jul 1996 16:12:18 -0400 (EDT)
- 

At 3:45 7/11/96, KGH wrote:

>

>> >> Yesterday, I actually drove my car for about 10 minutes without  
>> >> corrective lenses at all! Yes, it was in bright daylight, but I had  
>> >> very frequent clear flashes as I drove. I was able to read many of  
>> >> the license plates that were in front of me and those that passed me.

>[...] I feel he is being irresponsible.

I wouldnt recommend driving without clear vision, but i do it frequently myself. On days when i have been going a few hours without glasses on and it's sunny, and i'm not stressed, i can perform quite safely behind the wheel. At these times i can read any license plate up to 50 feet and any road sign. The trick is that i dont try and push it or force myself to survive the drive, the moment i feel any anxiety from not seeing adequately, i put on my specs, since stress, after all, is the enemy.

Driving without glasses is a very relaxing, so i will definately continue. I believe that i see *\*more\** at these times though not as clearly. My peripheral vision is much more active, and my mental component of seeing is more tuned in.

Bill Stender

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## Re: Driving without glasses. . .

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- *Subject:* Re: Driving without glasses. . .
  - *From:* [warrior@juno.com](mailto:warrior@juno.com) (Lawrence A Guerrera)
  - *Date:* Fri, 12 Jul 1996 12:17:41 PST
- 

On Thu, 11 Jul 1996 19:26:32 -0400 (EDT) Mary Marlowe  
<[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)> writes:

>In a vaguely related vein:

>

>A police officer stopped a young woman after she made a one fingered  
>gesture in his direction. He ticketed her for failing to wear the  
>corrective lenses indicated on her license. When it came to court,  
>however, the judge declared the stop unwarranted and threw out the  
>charge.

>

Better that than the wife who sued her husband for not being well  
endowed. She took him to small claims court. The judge threw it  
out due to lack of evidence!

Happier trails...

- Larry

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## Re: Driving w/o glasses

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- *Subject:* Re: Driving w/o glasses
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Fri, 12 Jul 1996 15:36:25 -0700 (PDT)
- 

Bill <[Bills@vav-nun.com](mailto:Bills@vav-nun.com)> writes:

>

> At these times i can read any license plate up to 50 feet and any  
> road sign.

If you can see license plates 50 feet ahead your visual acuity is probably fine.

What bothers me is people with 3 D or more of nearsightedness driving without glasses. Such people are probably legally blind, having 20/200 distance vision or worse.

If they were the only people on the road, or if everything on the road were predictable, it might not be a problem. But, there are children around. Also, bicyclists depend a lot on drivers having clear vision. A bicycle is smaller than a car and doesn't move with the cars. I would really hate to think of a legally blind person driving, not seeing a bicyclist until 20 feet that someone with 20/20 vision would see at 200 feet, and hitting them. Or, a legally blind driver looking at a car pointed towards them, thinking it's parked, when it's actually coming towards them.

If a person isn't legal to drive without glasses and they injure or kill someone they could easily be sued and perhaps prosecuted for reckless driving or involuntary manslaughter.

It seems to me it's best to leave the experimenting with vision for times you know you won't hurt someone if your vision isn't good, and play it safe while driving and wear some correction that gets you to 20/40 at least. If you can pass the DMV's eye test, fine. But if not, it would be safer for those around you to wear the correction. The DMV's rules about vision acuity are there for a reason,

and I don't think they're overly strict.

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## Re: Salt - was "Help! I can see..."

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- *Subject:* Re: Salt - was "Help! I can see..."
  - *From:* Tara Banfield <[terror@eskimo.com](mailto:terror@eskimo.com)>
  - *Date:* Fri, 12 Jul 1996 15:37:41 -0700 (PDT)
- 

At 11:25 AM 7/12/96 -0400, you wrote:

>I don't have any scientific evidence, but I do know that MY body works  
>better with a bit of salt. I eat relatively little processed food now,  
>and don't have to worry about getting enough potassium, through the foods  
>I do eat. Maybe I am balancing my electrolytes?

This is so bizarre...

ONE DAY before I read the original letter, it dawned on me that I had started feeling better in general (a few days' worth of it) since my salt intake increased. Less eyestrain, less gastric discomfort (digestion is touchy). This puzzled me since I've been as inundated as anyone with the dangers of a high-salt diet, though I don't avoid salt specifically. I analyzed my diet and realized that I was eating *\*very\** basic foods (Fast food is WAY too expensive!) and not seasoning them much. In the past week I've gone on a cooking kick which has included saltier-than-normal foods, although I suspect commercial stuff is saltier still! I'm going to keep experimenting with this.

-Tara

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# Re: Salt

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- *Subject:* Re: Salt
  - *From:* Betty Martini <[betty@noel.pd.org](mailto:betty@noel.pd.org)>
  - *Date:* Sat, 13 Jul 1996 11:08:22 -0400 (EDT)
- 

Dear Elena: This isn't just about salt but the mention of chronic fatigue syndrome and hypertension, and dietary patterns. Sometime ago there was an almost 2 page article in our local newspaper, Atlanta Journal Constitution called THE ENEMY WITHIN and it was about chronic fatigue syndrome. One question asked was: "Could it be something in food?" It went on to say that chronic fatigue syndrome only surfaced in the mid 80's.

Even the Ebstein-Barr Association changed their name to Chronic Fatigue And Immunologic assoc - some name like that - and I believe in about 1990. They are not the same. Dr. H. J. Roberts explains that aspartame breaks down the immune system and triggers chronic fatigue syndrome - big time! Indeed, in an article by that Association gives several foods not to eat and includes aspartame. I think I may have the article on email and if so will put it on this network.

When diet drinks cooked in the Arabian sun of 120 degrees in the Persian Gulf aspartame liberated methanol in the can at 86 degrees. They stayed on pallets for as long as 8 weeks and they drank them all day. This is why Desert Storm Syndrome victims suffer chronic fatigue syndrome.

Aspartame causes the hypertension. In Dr. Roberts book ASPARTAME (NUTRASWEET) IS IT SAFE? ON PAGE 166 it says:

"Thirty-four aspartame reactors without previously-known hypertension were found to have an elevated blood pressure - systolic, diastolic, or both (It may have contributed to the concomitant headache in some). In the majority, the blood pressure promptly returned to normal after stopping aspartame products. Similarly, Shabin and Albert (1988) indicated that patients with hypertension appear more prone to the adverse effects of aspartame. "

On page 167 it says:

"A number of mechanisms could be involved in inducing high blood pressure in aspartame reactors. A few are mentioned briefly,

\* Aspartame may elevate blood pressure by increased norepinephrine, epinephrine and dopamine within the nervous system. All are derived from phenylalanine, its major component.

\*Some patients who consume considerable aspartame products seem to develop a craving for salt (sodium chloride)...as well as for sugar, sweets and caffeine (colas). In conjunction with their greater thirst (chapter 21), an increased intake of sodium could contribute to a rise in blood pressure (and fluid retention).

\*Previously effective antihypertensive medication (as methyldopa or Aldomet) became ineffective in several patients, possibly because of apparent drug interactions with aspartame."

Of course, aspartame is a drug and not a food additive. And as to vision problems aspartame causes so many, from black spots, floaters, flashes, blurred vision, retinal detachments and blindness. It just simply destroys the optic nerve because methanol converts to formaldehyde and formic acid in the retina of the eye. In one study someone was actually bleeding from the eyes (Walton), conjunctival bleeding.

Thought you would find this interesting since you were on the subject of CFS and salt.

Regards,  
Betty

\*\*\*\*\*

To get more information on aspartame, email [betty@pd.org](mailto:betty@pd.org) as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

- |                  |                                                |
|------------------|------------------------------------------------|
| Betty Martini    | 1. Take the 60-day No-Aspartame test           |
| Mission Possible | and send us your case history.                 |
| PO Box 28098     | 2. Tell your doctor and your friends.          |
| Atlanta GA 30358 | 3. Return Aspar-Poisoned foods to the store.   |
| USA              | (Nutrasweet(tm), Equal(tm), Spoonful(tm), etc) |

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

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Methyl alcohol is very toxic to the fetus causing malformation and even death.

Immune system damage occurs through exposure to methyl alcohol and its effect on the thymus gland.

Other organs affected include:

Brain and central nervous system

Heart and lungs

The "NutraSweet hangover" consists of: malaise, nausea, headache, dizziness, visual disturbances, and even convulsions. This occurs because of methyl alcohol in cigarettes, alcoholic and NutraSweet containing beverages.

Signs/symptoms of Multiple Sclerosis (MS) and other demyelinating disease (ie ALS) are similar to methyl alcohol poisoning.

Suspect methyl alcohol intoxication in:

- |                         |                                  |
|-------------------------|----------------------------------|
| (1) Recurrent headaches | (6) Birth defects                |
| (2) Mental aberrations  | (7) Childhood CNS illness        |
| (3) Seizures            | (8) Urinary bladder disturbances |
| (4) Suicidal tendencies | (9) Skin lesions                 |
| (5) Behavior disorders  |                                  |

More extensive, and unbiased testing must be done to determine the safety of NutraSweet!

Because of the damage done to the brain and other organs by the end products of methyl alcohol intake, the only way to avoid these deadly side effects is by AVOIDING THIS LETHAL SUBSTANCE!

Reprinted from Winston-Salem CFS Support Group Newsletter, June 1994.

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# Effect of Salt on Myopia

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- *Subject:* Effect of Salt on Myopia
  - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Date:* Sat, 13 Jul 1996 11:20:41 -0500 (EST)
- 

The topic of salt and its apparent anti-myopic effects has come up again. As far as I know, the only published material dealing with the effect of salt on myopia is that by Emanuel M. Josephson, MD, a renegade physician who published in the thirties and forties. He found that an increase of intake of table salt can lessen myopia. His theory was that myopia was caused by a salt-water imbalance in the body. Note, however, that his cure was not "eat salt and see" but rather, he advocated eating well, in general. He put particular emphasis on vitamins, fat, and salt. As Mary, Tara, and Elena have have been saying, conventional wisdom regarding "good" versus "bad" foods is not always the absolute truth.

For more on Josephson's "salt-water imbalance" theory of myopia, see

[http://ezinfo.ucs.indiana.edu/~aeulenbe/i\\_see/josephson.html](http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/josephson.html)

--Alex

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# Re: Driving w/o glasses

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- *Subject:* Re: Driving w/o glasses
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Sat, 13 Jul 1996 13:05:32 -0400 (EDT)
- 

Nick, I have a question? Have you had any experience with myopia personally? If so, to what degree? It seems that your perceptions about myopia and mine are different.

Mary Marlowe  
[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)

On Fri, 12 Jul 1996, Nick Halloway wrote:

(snip)

> What bothers me is people with 3 D or more of nearsightedness driving  
> without glasses. Such people are probably legally blind, having  
> 20/200 distance vision or worse.

> (snip)

> I would really hate to think of a legally blind  
> person driving, not seeing a bicyclist until 20 feet that someone  
> with 20/20 vision would see at 200 feet, and hitting them. Or,  
> a legally blind driver looking at a car pointed towards them,  
> thinking it's parked, when it's actually coming towards them.

This is not how myopia looks to me. ^^^^^^^^^^^^^^^^^^^^^ 8)

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# Re: Driving was Help i\_see folks! I can see

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- *Subject:* Re: Driving was Help i\_see folks! I can see
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Sat, 13 Jul 1996 17:28:29 -0400
- 

At 11:48 AM 7/12/96 -0400, Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)> wrote:

>I guess we could legislate the  
>amount of sleep one is required to have, and what kind of breakfast one  
>must consume, before taking the wheel. . .

And while we're at it let's regulate the amount of perfume and deodorant one is allowed to use -- some people are allergic and may be harmed by others' irresponsible overindulgence. And the volume of dandruff a citizen is allowed to shed -- environmental pollution is rampant!

As for driving -- this is serious -- I would absolutely prohibit, eliminate, legislate out of existence

- a)stupid drivers;
- b)those with an ungratified and overactive killer instinct;
- c)those who are suicidal;
- d)workaholics who share their attention between the road and a laptop computer;
- e)cellular phone users;
- f)human dinosaurs whose CNS gets messages about the color of the street light apparently via the spinal cord, with a 2 1/2 minute delay;
- g)medical residents trying to get home after a 36-hour shift;
- h)overmedicated neurotics and undermedicated psychotics;
- i)taxi drivers with hemorrhoids (makes them itchy, edgy, jerky, and ultimately unsafe);
- j)the illiterate, dyslexic, and/or non-English-speaking folks who suddenly make a dash across three lanes to a highway exit because it's always a surprise -- they had no clue what "next right" meant when they saw it;
- k)teenagers deafened by constant exposure to high-decibel art, and senior citizens whose Miracle Ear device had been accidentally damaged by same when they visited their grandchildren last Christmas;
- l)everybody who's in a hurry; also everybody who has all the time in the world, because the former tend to tailgate the latter with malicious intent, creating dangerous conditions;

m)in fact, nearly everybody except maybe for those who ride a bicycle -- provided the latter aren't stupid, deaf, overmedicated, suicidal, etc., in which case they must be banned from the roads too.

Anyone for a stroll in the idyllic countryside I've just created by assertive and wise legislature?

Elena

>  
>As startling as it may seem, there are many things we can have no control  
>over. The only limited control I can count on is myself, and not even  
>that every moment. Once I came to terms with that, I realized things are  
>going along pretty nicely anyway.  
>  
>I almost forgot - I have been working on my peripheral vision by learning  
>to juggle. I look through the airspace, not using my central, focused,  
>vision at all. But then I have always been able to see things that move,  
>and was an excellent shot (targets, not animals) without lenses.  
>  
>There is more to seeing than reading letters at a distance.  
>  
>Mary Marlowe phishes@pbfreenet.seflin.lib.fl.us  
>  
>On Thu, 11 Jul 1996, Nick Halloway wrote:  
>> (. . . snip)  
>> I would like to point out to people driving with low visual acuity, though,  
>> that it's possible to drive without crashing on familiar streets and  
>> still not have it be safe. It might feel safe but the point of  
>> having good vision to drive is that unexpected things might happen --  
>> kids running in your peripheral vision, etc. So don't overestimate  
>> the safety of driving just because you've driven that way without  
>> having problems. 20/40 for general driving and 20/70 for day-only  
>> driving seems like a good limit to me. Actually 20/70 is pretty  
>> generous because you can't see signs far off with 20/70 vision  
>> and it's easy to get into an accident because of not seeing them  
>> far enough ahead of time.  
>>  
>>  
>>  
>  
>  
>

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# Re: Driving w/o glasses

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- *Subject:* Re: Driving w/o glasses
  - *From:* [stefansi@ctrvx.Vanderbilt.Edu](mailto:stefansi@ctrvx.Vanderbilt.Edu) (Stefan Stefanov)
  - *Date:* Sun, 14 Jul 1996 01:07:51 -0500
- 

Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)> wrote:

>What bothers me is people with 3 D or more of nearsightedness driving  
>without glasses. Such people are probably legally blind, having  
>20/200 distance vision or worse.  
[...] I would really hate to think of a legally blind  
>person driving[...] Or,  
>a legally blind driver looking at a car pointed towards them,  
>thinking it's parked, when it's actually coming towards them.

\*Legally blind\*, in all legislations that I am familiar with, is defined in terms of \*BEST CORRECTED VISUAL ACUITY\*, not uncorrected VA. This makes sense. I believe most, if not all, people on this list have BCVA better than the threshold to qualify as legally blind.

Stefan Stefanov

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- 
- Prev by Date: [Re: Driving was Help i\\_see folks! I can see](#)
  - Next by Date: ["PRIO glasses"](#)
  - Prev by thread: [Re: Driving w/o glasses](#)
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# "PRIO glasses"

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- *Subject:* "PRIO glasses"
  - *From:* [stefansi@ctrvax.Vanderbilt.Edu](mailto:stefansi@ctrvax.Vanderbilt.Edu) (Stefan Stefanov)
  - *Date:* Sun, 14 Jul 1996 01:48:58 -0500
- 

I can't recall whether there was discussion on the list about the so called "PRIO glasses" but decided to cross-post this message from sci.med.vision. Hope you find it useful.

Stefan  
-----

Subject: Re: PRIO Computer Glassesw  
Date: 9 Jul 1996 06:47:46 GMT  
From: Stefan Stefanov <[stefansi@ctrvax.vanderbilt.edu](mailto:stefansi@ctrvax.vanderbilt.edu)>  
Organization: Vanderbilt University, Nashville, TN  
Newsgroups: sci.med.vision  
References: 1

Jay Schonberger <[jfschon@hicom.net](mailto:jfschon@hicom.net)> wrote:

>Because of a prescription change, I need new glasses and wonder whether  
>the PRIO glasses have an advantage over my computer bifocals? PRIO got  
>glowing writeups in a couple of computer mags but the writeups were from  
>computer jocks and not vision professionals.

>  
>What's the true story?

>  
>Jay

There is no such thing as "PRIO glasses". PRIO is simply a testing device for near vision which tries to simulate letters on a computer screen. Glasses prescribed using this device have been termed by the company and flashy magazine scribblers as "PRIO glasses". Again, these are absolutely standard glasses.

I received some materials from the company recently (after having asked for it 7 months ago) and this is all there. I also called the company and

they confirmed this. Glasses prescribed with the PRIO testing device are said to be computer-optimized and sometimes carry a little bit more plus (relatively) than normal distance glasses would do.

As Larry mentioned, this device is nothing new (I wonder how it was patented) and such near vision testing devices have been around for quite some time.

Stefan Stefanov

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- 
- Prev by Date: [Re: Driving w/o glasses](#)
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# Re: Driving w/o glasses

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- *Subject:* Re: Driving w/o glasses
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Sun, 14 Jul 1996 12:40:30 -0700 (PDT)
- 

Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)> writes:

> Nick, I have a question? Have you had any experience with myopia  
> personally? If so, to what degree? It seems that your perceptions about  
> myopia and mine are different.

My eyes are 20/50 and 20/100.

With my 20/100 eye I can read license plates at about 30 feet. That you can't read them much at all makes me think you are legally blind without your glasses, visual acuity without glasses worse than 20/200. What that means is that objects have to be at least five times closer to you for you to see them, than to a person with 20/40 vision.

What was your uncorrected visual acuity last time you had it checked by an optometrist?

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- 
- Prev by Date: ["PRIO glasses"](#)
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## Re: Driving w/o glasses

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- *Subject:* Re: Driving w/o glasses
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Mon, 15 Jul 1996 10:47:30 -0400 (EDT)
- 

On Sun, 14 Jul 1996, Nick Halloway wrote:

> My eyes are 20/50 and 20/100.

>

> With my 20/100 eye I can read license plates at about 30 feet.

> That you can't read them much at all makes me think you are legally

> blind without your glasses, visual acuity without glasses worse than

> 20/200. What that means is that objects have to be at least five

> times closer to you for you to see them, than to a person with 20/40

> vision. What was your uncorrected visual acuity last time you had it

> checked by an optometrist?

Since I don't work for the highway patrol, I don't HAVE to be able to read tag numbers. I can identify car makes and models, recognize roadsigns and streets. I can make out the color of traffic lights at a half mile, though they tend to be larger glows than I see with lenses (that may actually be good).

My last thorough optometric exam was in February 1996. Full correction:

R -5.50 -75 axis 175

L -5.75 -75 axis 5

I felt that was an over-correction. On my eyechart at home at that time, I could read the 20/20 line with -4.00 correction (no correction for astigmatism). I arranged the exam to get a script for -3.50 glasses, no cylinders, to wear as transition lenses. I now wear -3.50 contacts, with +2.00 glasses for any close work, like reading or the computer (I do a lot of both). By my personal benchmarks, I see as well now with the -3.50's as I did with the -4.00's back in December. I take an occasional day with no correction to work in the yard, do short errands in the car, swim with the kids, jump on the trampoline, juggle, etc.

For those uncomfortable driving without lenses (this is a very personal,

individual matter) I suggest riding as a passenger with no correction. A long roadtrip/vacation can do wonders for distance vision, especially with practice zooming mixed in.

For me, it was a mistake to allow someone else to judge how well I can see. I don't plan to make that mistake again.

Oh,I almost forgot to ask: What colors are your car tags? Ours are white background, with pale green lettering and peach accents. Or vice versa. Not too bad when they are "fresh," but they fade fast in the south Florida sun :D

Mary Marlowe phishes@pbfreenet.seflin.lib.fl.us

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- Prev by Date: [Re: Driving w/o glasses](#)
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# Re: Help i\_see folks! I can see!

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- *Subject:* Re: Help i\_see folks! I can see!
  - *From:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Date:* Mon, 15 Jul 1996 13:17:04 -0400
- 

Re: safety of others- I too am driving without my prescription but I can see clearly enough to be safe and read the signs during the day. Cars are pretty big. But if you want to avoid me, stay out of Orange County in Southern California. I also go to LA and Riverside Counties and will be driving up Highway 5 to Northern California at the beginning of this month. So watch out.

julie

=====

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- Prev by Date: [Re: Driving w/o glasses](#)
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## Re: Driving w/o glasses

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- *Subject:* Re: Driving w/o glasses
  - *From:* [warrior@juno.com](mailto:warrior@juno.com) (Lawrence A Guerrera)
  - *Date:* Mon, 15 Jul 1996 10:28:44 PST
- 

Right on, Mary! It would be a VERY interesting experiment to see the difference in opinion if Nick could see through my eyes for just one minute. Generalizations have their place, and yes a high myope should not be driving without any corrections. However, all of us perceive the world differently under varying conditions and by trying to pigeon hole each of us to an unverifiable standard, the result would probably be something similar to what Elena alluded to in her post.

Be seein' you...  
- Larry

On Sat, 13 Jul 1996 13:05:32 -0400 (EDT) Mary Marlowe  
<[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)> writes:

>Nick, I have a question? Have you had any experience with myopia  
>personally? If so, to what degree? It seems that your perceptions  
>about  
>myopia and mine are different.

>  
>Mary Marlowe  
>[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)

>  
>On Fri, 12 Jul 1996, Nick Halloway wrote:  
> (snip)

>> What bothers me is people with 3 D or more of nearsightedness  
>driving

>> without glasses. Such people are probably legally blind, having  
>> 20/200 distance vision or worse.

>> (snip)

>> I would really hate to think of a legally blind

>> person driving, not seeing a bicyclist until 20 feet that someone

>> with 20/20 vision would see at 200 feet, and hitting them. Or,

>> a legally blind driver looking at a car pointed towards them,

>> thinking it's parked, when it's actually coming towards them.  
>  
>This is not how myopia looks to me. ^^^^^^^^^^^^^^^^^^^^^ 8)  
>  
>

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- Prev by Date: [Re: Help i\\_see folks! I can see!](#)
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# Driving w/o glasses

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- *Subject:* Driving w/o glasses
  - *From:* "KGH" <[choracsek@wwdc.com](mailto:choracsek@wwdc.com)>
  - *Date:* Mon, 15 Jul 1996 19:24:17 +0000
- 

> Re: safety of others- I too am driving without my prescription but I can see  
> clearly enough to be safe and read the signs during the day. Cars are pretty  
> big. But if you want to avoid me, stay out of Orange County in Southern  
> California. I also go to LA and Riverside Counties and will be driving up  
> Highway 5 to Northern California at the beginning of this month. So watch  
> out.

> julie

>

Yes, cars are very big. I don't dispute that a person would have to be practically blind to be unable to see an entire car in daylight. But cars are not the only things on the road.

I think that the real cause of the difference of opinion between myself and some others, is that I think of a car as a potential killing machine, not simply as a convenient method of getting from one place to another.

KGH

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# No Subject

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- *From:* [shah@neris.eng.wayne.edu](mailto:shah@neris.eng.wayne.edu) (Pankaj Shah)
  - *Date:* Mon, 15 Jul 96 16:41:32 EDT
- 

Hello,

The issue isn't really whether one can see an object such as a big car, but rather the reaction time of the driver. If things are not clear, time may be wasted trying to focus and make out shapes, rather than reacting to danger. Think about it, in one second, driving at 60 mph, you are moving a 3000 pound object 100 feet. You need all the time you can spare to react to sudden unexpected dangers. You may be squinting to read a street sign when a child suddenly runs in front of your car.

There must be better places to work on improving your eye sight than on public roads where you are putting your and others' lives at risk.

By the way, on another subject, those who are using computers a lot may want to look into computer glasses which reduce the glare from the screen. This may have already been mentioned here before. DOC carries these and they say these reduce eye strain.

Sincerely  
P. S.

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# Re: Driving w/o glasses

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- *Subject:* Re: Driving w/o glasses
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Mon, 15 Jul 1996 15:39:26 -0700 (PDT)
- 

Pankaj Shah <[shah@neris.eng.wayne.edu](mailto:shah@neris.eng.wayne.edu)> writes:

> The issue isn't really whether one can see an object such as a big car, but  
> rather the reaction time of the driver. If things are not clear, time  
> may be wasted trying to focus and make out shapes, rather than reacting to  
> danger. Think about it, in one second, driving at 60 mph, you are moving  
> a 3000 pound object 100 feet. You need all the time you can spare to  
> react to sudden unexpected dangers. You may be squinting to read a street  
> sign when a child suddenly runs in front of your car.

Exactly! If someone is driving with 20/200 vision or 20/500 vision, objects will have to five times closer to be seen than for someone who has visual acuity at the legal 20/40 limit or better. Which gives you one-fifth the time to react, and you may not have that time.

Or, you might crash into a bicycle that's moving unpredictably while squinting at a car ahead ...  
or believe a car ahead is parked while it's actually backing up towards you -- or not see a car that's gray until it's too late, because with your blurry vision, it blends into the road.

People are not the best judges of their own driving safety, which is why there are laws about visual acuity required for driving.

It is similar to driving intoxicated. A lot of drunk drivers probably got in their cars believing they were "safe enough" to drive. And most of the time, drunk drivers do get where they're going without crashing. But their coordination and reactions are badly impaired, and over time, they kill a lot of people. This is why there are laws against drunk driving.

Similarly, if a person is driving with severely

impaired visual acuity, they are much less safe than driving with their glasses. That is why there is a law against doing this. Not having gotten into an accident so far, does not mean it is safe, only that you've been lucky and nothing unexpected has happened.

With a nearsighted correction of 3.5 D being a definite undercorrection for you, it is hard to imagine that your uncorrected distance acuity is any better than 20/200, which is *\*really\** blurry.

The drivers without glasses do *\*have\** glasses or contacts. Driving is a situation where you're operating a machine, weighing more than a ton, which moves really fast, around other heavy machines which are also moving really fast and may be driven by drivers who are unskilled and are doing unpredictable things, and small vulnerable objects like people on bicycles and children. You *\*need\** much better vision for that than for just walking along or riding a bicycle, because you can do a lot more damage. Working on vision improvement by driving without wearing glasses, for a person who's highly nearsighted, is terribly unsafe. Why not wear the 3.5 D undercorrection contact lenses at least? Even those might not get your vision clear enough so it's legal to drive, but it would be a lot safer.

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# update

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- *Subject:* update
  - *From:* [furmark@pipeline.com](mailto:furmark@pipeline.com)
  - *Date:* Tue, 16 Jul 1996 17:03:41 GMT
- 

26th of december 1995 my starting prescription was

-5.50 R  
-5.75 .25 180 L

one month later jan.1996 I had my first eye exam with rather exciting results.

-4.75R  
-4.75L still a slight astigmatism

I was fitted with some T glasses at -3.50 each eye no correction for the astigmatism.

I went back for another exam on April 23rd and the results were

-4.25 each eye no astigmatism

I went back again last week and here are the latest results.

-4.25 left with the best result from the test for astigmatism, very clear difference between examples.

-3.50 right with slight astigmatism. never had an astigmatism on the right eye in my life.??

I asked to be fitted for -2.75 no correction for both eyes.

I had a headache during test and have been rather lazy about keeping up my exercises. I felt uncertain about the results.

Just thought I would pass on my update best of luck to all,  
alexandra

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# RE: Effect of Salt on Myopia

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- *Subject:* RE: Effect of Salt on Myopia
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Tue, 16 Jul 96 10:11:00 PDT
- 

Has anyone discussed this theory with their optometrist? Does it have any current support?

It sounds plausible, but given that most people are said to take in too much salt already (even without the use of 'table salt' that Josephson recommends) and that it leads to hypertension, I think it could be a dangerous thing to experiment with without further knowledge. (I take the point about fats, vitamins and proteins being important too, but he still recommends table salt).

NB - Wouldn't it be great if the answer turned out to be, "some extra salt is good"! I could stop trying to buy salt-reduced products.

Caroline

-----

From: Alex Eulenberg

To: I SEE

Subject: Effect of Salt on Myopia

Date: Saturday, 13 July 1996 11:20AM

The topic of salt and its apparent anti-myopic effects has come up again. As far as I know, the only published material dealing with the effect of salt on myopia is that by Emanuel M. Josephson, MD, a renegade physician who published in the thirties and forties. He found that an increase of intake of table salt can lessen myopia. His theory was that myopia was caused by a salt-water imbalance in the body. Note, however, that his cure was not "eat salt and see" but rather, he advocated eating well, in general. He put particular emphasis on vitamins, fat, and salt. As Mary, Tara, and Elena have been saying, conventional wisdom regarding "good" versus "bad" foods is not always the absolute truth.

For more on Josephson's "salt-water imbalance" theory of myopia, see

[http://ezinfo.ucs.indiana.edu/~aeulenbe/i\\_see/josephson.html](http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/josephson.html)

--Alex

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# An idea for computer users

---

- *Subject:* An idea for computer users
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Tue, 16 Jul 96 11:08:00 PDT
- 

For those of you who can't avoid working with computers, why don't you learn to touch type?

I've always been able to do it, but in spite of good habits like making myself look up frequently and all the things I've learnt from what you all write on the list, only today has it occurred to me to shut my eyes as I type and to resist checking what the result is until the end of the command/sentence, instead of looking at the screen watching the words appear for the whole time I'm typing.

I'm amazed at the more relaxed feeling I'm getting after just a morning of trying this.

I have also started switching off my screen (not CPU) when I won't be looking at it for 10 mins or more - just for the radiation side of things, and palming with one eye whilst I'm on the phone.

~~~~~

By the way, I've started going to see a behavioral optometrist (recommended by Robert Kaplan - thank you). My eyes are -0.5 and -1.0 so I don't wear my lenses at all these days (except glasses for driving in strange towns or in very bad conditions - am I under the 20/40 limit you have in America?

What about if one eye is under and one eye is over, are you still legal?).

For the first fortnight I was told just to patch each eye for 10 mins a day, and to let myself recognise (rather than ignore) the feelings that were generated (extreme frustration at mis-judging where the bread is in relation to the knife with butter on it mostly!)

I didn't expect any results in just two weeks of only this treatment, but although my acuity was more or less the same (minutely improved in one eye),

my 'flexibility' (what is this?), peripheral vision and speed of re-focusing were improved. I've been sent away for 4 weeks to try patching for up to 30 mins, sunning, palming and that exercise with the knotted string because apparently my eyes are a fraction too relaxed in relation to each other.

(I've never had this last problem before. Could it have arisen from plus lenses? I tried fairly strong (+3 I think) plus lenses for reading a couple of months ago and felt instinctively that I shouldn't be doing it with both eyes at the same time. I wonder if it did any harm).

Caroline

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- Prev by Date: [RE: Effect of Salt on Myopia](#)
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Laser Eye Surgery (for Astigmatism)

- *Subject:* Laser Eye Surgery (for Astigmatism)
 - *From:* Thomas Savundranayagam <savundra@yorku.ca>
 - *Date:* Tue, 16 Jul 1996 16:21:29 -0400 (EDT)
-

Hi,

Just inquiring if Laser Eye Surgery is possible for people with Astigmatism. I'd really appreciate if someone could point me to any internet resources on that issue.

Also on another note, Can anyone recommend any Laser Eye Surgery contacts in Toronto, Canada?

Regards,

Thomas

Thomas Savundranayagam	E-mail: savundra@yorku.ca
Web/Content Developer	Website: www.ontrac.yorku.ca
onTRAC, Inc.	Tel: (416) 650-8050
thomas@nexx.com	

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- Prev by Date: [An idea for computer users](#)
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Re: An idea for computer users

- *Subject:* Re: An idea for computer users
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Tue, 16 Jul 1996 17:01:38 -0400 (EDT)
-

On Tue, 16 Jul 1996, Richards, Caroline wrote:

> For those of you who can't avoid working with computers, why don't you
> learn to touch type?

Great suggestion!

> ~~~~

> By the way, I've started going to see a behavioral optometrist (recommended
> by Robert Kaplan - thank you). My eyes are -0.5 and -1.0 so I don't wear
> my lenses at all these days (except glasses for driving in strange towns or
> in very bad conditions - am I under the 20/40 limit you have in America?
> What about if one eye is under and one eye is over, are you still legal?).

>

>

> For the first fortnight I was told just to patch each eye for 10 mins a day,
> and to let myself recognise (rather than ignore) the feelings that were
> generated (extreme frustration at mis-judging where the bread is in relation
> to the knife with butter on it mostly!)

>

> I didn't expect any results in just two weeks of only this treatment, but
> although my acuity was more or less the same (minutely improved in one eye),
> my 'flexibility' (what is this?), peripheral vision and speed of re-focusing

> were improved. I've been sent away for 4 weeks to try patching for up to 30
> mins, sunning, palming and that exercise with the knotted string because
> apparently my eyes are a fraction too relaxed in relation to each other.

>

> (I've never had this last problem before. Could it have arisen from plus
> lenses? I tried fairly strong (+3 I think) plus lenses for reading a couple
> of months ago and felt instinctively that I shouldn't be doing it with both
> eyes at the same time. I wonder if it did any harm).

>

> Caroline

Could it be that by patching one or the other eye during your initial

work that you lost some of your "teaming ability"? (temporarily, of course). If you had never patched before, that might explain why you never experienced it before. I have been using +2's without any loss of teaming, (and that with my undercorrection should be about the same as +2.75). I didn't use patching, though - I was uncomfortable with it (it is HOT here, and too sweaty).

With such low numbers, I bet you'll be where you want to go with this soon. I am a little envious :D Best wishes!

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Re: Driving w/o glasses

- *Subject:* Re: Driving w/o glasses
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Tue, 16 Jul 1996 14:39:35 -0700 (PDT)
-

KGH <choracsek@wwdc.com> writes:

>

> I think that the real cause of the difference of opinion between
> myself and some others, is that I think of a car as a potential
> killing machine, not simply as a convenient method of getting from
> one place to another.

I think people get used to what vision they have and don't necessarily think of it as needing improvement to be good enough to be safe to drive. But if a person's vision is below the legal limit without glasses, they shouldn't be driving, even if they're used to that vision and it feels safe. We can't avoid entire counties to stay away from severely impaired drivers.

Imagine if someone got on a plane and they heard:

"Hi! I'm Captain Bob, your captain for this flight from Los Angeles to New York. I don't like my glasses, so I won't be using them on our flight today ... But don't worry! I've been flying this way for months and nothing has happened! And my vision is 20/300 !!! So much for the FAA and its silly rules about vision! Besides, the controllers take care of the tough stuff like seeing where the planes are, and they'll tell me if I'm about to hit one ... Never mind if you feel a little bump on takeoff. I can't see the ground crew walking around on the runway, but they're small and we're big, so what if we run over a couple?"

I bet people would get off the plane!

But with driving, we can't "get off the plane". Drivers have to share the road with a bunch of other cars, and in order to keep it fairly safe, they

rely on a couple of things:

1) That people won't drive while very impaired, like drunk or with seriously impaired vision --

2) Now and then, cops will ticket people or they'll have court trouble if they drive while very impaired, or they'll get in accidents and learn not to do it.

But, since there aren't that many cops around, we mostly rely on # 1, that people will be careful that they're safe enough to drive. Actually, it would make sense for a person with 20/40 uncorrected vision to use their glasses while driving ... because the more visual acuity a person has, the better off they'll be while driving.

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- Prev by Date: [Re: An idea for computer users](#)
 - Next by Date: [Re: An idea for computer users](#)
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Re: An idea for computer users

- *Subject:* Re: An idea for computer users
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Tue, 16 Jul 1996 17:34:35 -0700 (PDT)
-

Richards, Caroline <richardc@sydney.btap.bt.com> writes:

>
> By the way, I've started going to see a behavioral optometrist (recommended
> by Robert Kaplan - thank you). My eyes are -0.5 and -1.0 so I don't wear
> my lenses at all these days (except glasses for driving in strange towns or
> in very bad conditions - am I under the 20/40 limit you have in America?
> What about if one eye is under and one eye is over, are you still legal?).

Did the optometrist tell you what your uncorrected visual acuity was?
Yes, they give the driving test here with both eyes, so if one eye is
20/40 or better, you'd probably pass.

=====

- Prev by Date: [Re: Driving w/o glasses](#)
- Next by Date: [Car Tag Colors](#)
- Prev by thread: [Re: An idea for computer users](#)
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Car Tag Colors

- *Subject:* Car Tag Colors
 - *From:* warrior@juno.com (Lawrence A Guerrero)
 - *Date:* Tue, 16 Jul 1996 18:25:23 PST
-

>Oh,I almost forgot to ask: What colors are your car tags? Ours are
>white background, with pale green lettering and peach accents. Or vice
>versa. Not too bad when they are "fresh," but they fade fast in the
>south Florida sun :D

Here in the Northeast (New York), they are red lettering on a white background with the Statue of Liberty on the left side. VERY visible during the day from a far distance. At night, the plates have a reflective surface that really shines when hit by headlights or any other source. Most of the plates have raised lettering to enhance the effect, but the special vanity plates do not. Strange, they seem to have been made in a cheap knockoff shop instead of having the modicum \ of quality that the others have. Pay extra; get less!

- Larry

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-
- Prev by Date: [Re: An idea for computer users](#)
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Re: Alexandra's update

- *Subject:* Re: Alexandra's update
 - *From:* warrior@juno.com (Lawrence A Guerrero)
 - *Date:* Tue, 16 Jul 1996 18:25:34 PST
-

> I asked to be fitted for -2.75 no correction for both eyes.

>

>I had a headache during test and have been rather lazy about keeping
>up my
>exercises. I felt uncertain about the results.

>

>Just thought I would pass on my update best of luck to all,
>alexandra

>

Pretty amazing in my opinion! I wish I could get that kind of results that quickly. Although for me it has been 12 days as I write this since I began this quest, I have noticed a substantial improvement in my eyes (both!) ability to focus and re-focus after using glasses, both minus and plus.

I should probably set up an appointment with my eye doctor to see if any improvement can be measured. In visual acuity, I can detect a difference, but don't know if the optical instruments can see what I can.

Good luck and don't slip on the exercises! These numbers give me a good reason to continue!

- Larry

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-
- Prev by Date: [Car Tag Colors](#)

- Next by Date: [Re: Effect of Salt on Myopia](#)
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Re: Effect of Salt on Myopia

- *Subject:* Re: Effect of Salt on Myopia
 - *From:* warrior@juno.com (Lawrence A Guerrera)
 - *Date:* Tue, 16 Jul 1996 18:25:48 PST
-

On Tue, 16 Jul 96 10:11:00 PDT "Richards, Caroline"

<richardc@sydney.btap.bt.com> writes:

>
>Has anyone discussed this theory with their optometrist? Does it have
>any
>current support?
>
>It sounds plausible, but given that most people are said to take in
>too much
>salt already (even without the use of 'table salt' that Josephson
>recommends) and that it leads to hypertension, I think it could be a
>dangerous thing to experieiment with without further knowledge. (I
>take the
>point about fats, vitamins and proteins being important too, but he
>still
>recommends table salt).
>
>NB - Wouldn't it be great if the answer turned out to be, "some extra
>salt
>is good"! I could stop trying to buy salt-reduced products.
>
>Caroline
> -----

It is amazing to me that this whole deal about salt being the culprit in so many disease mechanisms still exists to this day. If you look, even superficially, at the human body, you will see that salt not only plays an important role, but without it we would be dead! Salt, among other chemicals, provides the medium to fire off nerve transmissions, helps in muscle contractions, supports brain processes, etc. Yes, we could take to much of it, and too much of anything is NOT a good thing. But look at what has happened in the cholesterol arena. If has been

proven that lowering your levels too much can cause a lot more problems than if you had left it alone.

Many years ago I decided to stop adding extra salt to food. Instead, I acclimated myself to the natural saltiness (if any) in food and found that I like it just the way it is. However, after reading Josephson's article, I just might try a little salt over time and see how it manifests itself in my vision.

- Larry

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-
- Prev by Date: [Re: Alexandra's update](#)
 - Next by Date: [Re: Laser Eye Surgery \(for Astigmatism\)](#)
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Re: Laser Eye Surgery (for Astigmatism)

- *Subject:* Re: Laser Eye Surgery (for Astigmatism)
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Wed, 17 Jul 1996 07:42:29 -0700 (PDT)
-

Thomas Savundranayagam <savundra@yorku.ca> writes:

```
> Just inquiring if Laser Eye Surgery is possible
> for people with Astigmatism. I'd really appreciate
> if someone could point me to any internet resources
> on that issue.
```

Yes, and they do it in Canada for large amounts of astigmatism. Richard Adams who reads sci.med.vision had it done for about 5 D of astigmatism. I recommend you post on sci.med.vision to ask for experiences with the surgery.

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- Prev by Date: [Re: Effect of Salt on Myopia](#)
 - Next by Date: [jaw relaxation technique](#)
 - Prev by thread: [Laser Eye Surgery \(for Astigmatism\)](#)
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jaw relaxation technique

- *Subject:* jaw relaxation technique
 - *From:* Scott Lorbeer <ussl@msu.oscs.montana.edu>
 - *Date:* Wed, 17 Jul 1996 09:47:07 MDT
-

Greetings all,

I came across an exercise or technique in a health magazine that relaxes the jaw. Perhaps you do not know that the masseter, the small muscle that pulls the jaw shut is the strongest muscle for its size in the body (I think I am correct here, but wouldn't bet much money (-:) And you all from time to time probably notice stress in it.

In the faq, (which BTW is great, thanks for the work in putting it together), relaxing the jaw and other head and neck muscles is highly recommended.

Try this: Lightly press or touch your tounge to the roof of your mouth directly behind your front teeth.

I find a relaxing of my jaw, in about 2-3 seconds -- which then makes me aware of how much my "squinting muscles" around my eyes have been working.

I don't think the tension is "flowing" into my eyes, but it sometimes seems like it because the jaw tension masks the squint tension.

I do wonder where the tension goes, if it goes anywhere. I know I am much more aware of the tension in my eyes. What do some of you do who also feel that squinting feeling?

Hope this helps,

Scott

P.S. Do beat a dying horse...perhaps already dead, bloated and stinky...

I always drive with my glasses, but sometimes think when I am tired and it is late at night, and I am on a two lane highway, that my vision in this situation would call for a completely different prescription than the one the OD gave me while sitting in her cozy office. At least in the moment when I feel the howling of panic trying to take over as the bright lights approach, I have a good sense that my car is in my lane. I just hope there are no deer around right before and right after the car passes in the other direction.

*** happy trails

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- Prev by Date: [Re: Laser Eye Surgery \(for Astigmatism\)](#)
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Re: Effect of Salt on Myopia

- *Subject:* Re: Effect of Salt on Myopia
 - *From:* JulPS@aol.com
 - *Date:* Wed, 17 Jul 1996 13:56:21 -0400
-

More ideas on the salt connection.

Most table salt contains iodine. For some of us with a fish-poor diet, this may be the only way we are taking in the iodine we need. Thyroid function is the primary purpose of a good iodine intake. The thyroid maintains our metabolism. Too little thyroid function results in hypothyroidism and decreased metabolism, weight gain, and goiter.

Hyperthyroidism (increased function above normal of the thyroid gland) may result in Grave's Disease and exophthalmia, bulging eyes and eye dysfunction.

A lack of iodine, however, would lead to a hypo-function and so far the only quote I have come up with relating this to vision is below>

Iodine deficiency can lead to "goiter and cretinism and vitamin A deficiency, a leading cause of childhood blindness." Infopedia

I will continue to check into how iodine deficiency may lead to a Vitamin A deficiency and let you all know (unless some kind soul beats me to it...my thanks in advance!)

Perhaps this might help us if we are worried about too much salt (NaCl, Sodium Chloride) intake.

Foods rich in iodine include kelp/seaweed (health food stores stock kelp tablets), rice (small amounts of iodine), and pears.

" It is also derived from sea organisms such as brown seaweeds, particularly Laminaria, that concentrate iodine in their tissues." (Infopedia)

"Uses. Iodine is medically of great importance because it is an essential trace element, present in a hormone of the thyroid gland that is involved in growth-controlling and other metabolic functions. Without iodine, stunted growth and conditions such as goiter (q.v.) can result. Thus in areas where iodine is not sufficiently abundant naturally, iodine-containing salt serves

to make up the deficit. " (Infopedia)

Many bright flashes to everyone this week...Of the visual kind, of course!
:-)

Julie Skokna

In a message dated 96-07-13 15:47:05 EDT, aeulenbe@indiana.edu (Alex Eulenberg) wrote:

<< The topic of salt and its apparent anti-myopic effects has come up again. As far as I know, the only published material dealing with the effect of salt on myopia is that by Emanuel M. Josephson, MD, a renegade physician who published in the thirties and forties. He found that an increase of intake of table salt can lessen myopia. His theory was that myopia was caused by a salt-water imbalance in the body. Note, however, that his cure was not "eat salt and see" but rather, he advocated eating well, in general. He put particular emphasis on vitamins, fat, and salt. As Mary, Tara, and Elena have have been saying, conventional wisdom regarding "good" versus "bad" foods is not always the absolute truth.

For more on Josephson's "salt-water imbalance" theory of myopia, see

http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/josephson.html

--Alex >>

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- Prev by Date: [jaw relaxation technique](#)
 - Next by Date: ["TABLE SALT" IS POISON!!!!](#)
 - Prev by thread: [Re: Effect of Salt on Myopia](#)
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"TABLE SALT" IS POISON!!!!

- *Subject:* "TABLE SALT" IS POISON!!!!
 - *From:* Brian Severson <vision@visionfreedom.com>
 - *Date:* Wed, 17 Jul 1996 12:50:08 -0600
-

"Table salt" is not the "salt" our bodies need! Since the 1930's, SOMEBODY decided that all "table salt" should be oven-dried at temperatures above 1200 F. The result is the heat destroys the mineral contents of "table salt", as well as the Iodine that all salts contain in adequate amounts to supply the human body.

That explains why the "table salt" bought from a store has iodine added, because it was burned up in the oven-drying process. Oven-drying also changes the chemical makeup of salt (sodium) to sodium chloride (as I recall), and the calcium content to calcium chloride (again, as I recall) which are NOT water-soluable.

Our bodies are 87%+ - water. What do you think your body can do with salt and the mineral contents that have been altered or destroyed? NOTHING! It gets pushed around your body, and dumped wherever your body thinks it can best be utilized. "Calcium deposits" and "Bone spurs" are 2 fine examples of many, many more.

Sun-dried Sea salt (with NO oven-drying) is the answer. You can obtain it from your local Health food store. Place a pinch of the sea salt in a shot glass of water, and another pinch of "table salt" in another shot glass of water. Swish both glasses a little. Within minutes, the sea salt will be completely dissolved, but you will be "pushing up daisies" and the "table salt" will not have dissolved, and NEVER WILL!

Moral of the story? TABLE SALT IS POISON!!!! Sea salt is NECESSARY for your body! It contains ALL of the 40-some essential minerals plus Iodine and Calcium IN ADEQUATE amounts to keep your body healthy. You may consume as much sea salt as you desire, and it will not harm you. In fact, it reverses the hypertention, deposits, and all of the harm that "table salt" has caused rapidly.

This is one of many interesting (scams?) changes SOMEONE(s?) has made since the 1930's to our essential food supply. When did all of the "incurable" diseases begin to become rampant in the "modern world"????...

"TABLE SALT" IS POISON!!!!

I smell a LARGE RAT in the woodshed!!!! (Somebody get the gun....)

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- Prev by Date: [Re: Effect of Salt on Myopia](#)
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 - Prev by thread: [Re: jaw relaxation technique](#)
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Re: jaw relaxation technique

- *Subject:* Re: jaw relaxation technique
 - *From:* Tara Banfield <terror@eskimo.com>
 - *Date:* Wed, 17 Jul 1996 13:09:14 -0700 (PDT)
-

At 09:47 AM 7/17/96 MDT, you wrote:

>

>Greetings all,

>

> I came across an exercise or technique in a health magazine that
>relaxes the jaw. Perhaps you do not know that the masseter, the small
>muscle that pulls the jaw shut is the strongest muscle for its size
>in the body (I think I am correct here, but wouldn't bet much money (-:)
> And you all from time to time probably notice stress in it.

>

>In the faq, (which BTW is great, thanks for the work in putting it
>together), relaxing the jaw and other head and neck muscles is highly
>recommended.

>

>Try this: Lightly press or touch your tounge to the roof of your mouth
> directly behind your front teeth.

(...)

Interesting!

I was diagnosed last year with trigeminal neuralgia -- the first (and worst) episode lasted for over three months, and one of the things that helped the most was a suggestion from my father who seems to have passed his "tense everything" gene on to me! He said I should try sticking the tip of my tongue between my front teeth and just *stay* like that for a bit.....obviously, I don't do this in public places.....it helped quite a bit, and my subsequent bouts with pain have been much milder. Those muscles are connected to positively EVERYTHING --

(duhhhhh!) :)

-Tara

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- Prev by Date: ["TABLE SALT" IS POISON!!!!](#)
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"TABLE SALT" IS POISON!!!! *NOT*

- *Subject:* "TABLE SALT" IS POISON!!!! *NOT*
 - *From:* mjm@wru.org (Michael Masterson)
 - *Date:* Thu, 18 Jul 96 00:48:51 CDT
-

Brian Severson <vision@visionfreedom.com> wrote:

> That explains why the "table salt" bought from a store has iodine added,
> because it was burned up in the oven-drying process. Oven-drying also
> changes the chemical makeup of salt (sodium) to sodium chloride (as I
> recall), and the calcium content to calcium chloride (again, as I recall)
> which are NOT water-soluable.

Salt, NaCl, is wait for it... Sodium Chloride... Na, sodium, cl,
chloride... you obviously can't change it FROM salt (NaCl) into sodium
chloride (NaCl), it's already there. as to having calcium in salt, if
so, then it's simply an impurity.. it's like finding rocks in you can
of pepsi.

as to the iodine, that's an impurity in salt too... it's just a
beneficial one that's added because so many people were not getting
enough iodine in their diets.

--

"They that can give up essential liberty to obtain a little temporary
safety deserve neither liberty nor safety."

-- Benjamin Franklin, 1759

Michael Masterson

mjm@wru.org

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-
- Prev by Date: [Re: jaw relaxation technique](#)
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- Prev by thread: [Re: "TABLE SALT" IS POISON!!!!](#)
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Re: "TABLE SALT" IS POISON!!!!

- *Subject:* Re: "TABLE SALT" IS POISON!!!!
 - *From:* Tara Banfield <terror@eskimo.com>
 - *Date:* Thu, 18 Jul 1996 00:24:20 -0700 (PDT)
-

At 12:50 PM 7/17/96 -0600, Brian wrote:

>"Table salt" is not the "salt" our bodies need! Since the 1930's, SOMEBODY
>decided that all "table salt" should be oven-dried at temperatures above
1200 F.
>The result is the heat destroys the mineral contents of "table salt", as
>well as the Iodine that all salts contain in adequate amounts to supply the
>human body.

I am very interested in furthering my biochemical education here; can you
tell me where I can read about these processes? I'm not being sarcastic --
I did the same thing when I wanted to find out the truth about fluoridated
water.

>
>That explains why the "table salt" bought from a store has iodine added,
>because it was burned up in the oven-drying process. Oven-drying also
>changes the chemical makeup of salt (sodium) to sodium chloride (as I
>recall), and the calcium content to calcium chloride (again, as I recall)
>which are NOT water-soluable.

I'd better go to the library. This could be fun.

>
>Our bodies are 87%+ - water. What do you think your body can do with salt
>and the mineral contents that have been altered or destroyed? NOTHING! It
>gets pushed around your body, and dumped wherever your body thinks it can
>best be utilized. "Calcium deposits" and "Bone spurs" are 2 fine examples of
>many, many more.

So...would a person drinking pasteurized milk be likely to get calcium
deposits before a raw-milk drinker? (Again, a **serious** question.)

>
>Sun-dried Sea salt (with NO oven-drying) is the answer. You can obtain it
>from your local Health food store. Place a pinch of the sea salt in a shot
>glass of water, and another pinch of "table salt" in another shot glass of

>water. Swish both glasses a little. Within minutes, the sea salt will be
>completely dissolved, but you will be "pushing up daisies" and the "table
>salt" will not have dissolved, and NEVER WILL!

Is that a sure test or is it advisable to call the company that produces the
sea salt? (Concerning whether it's sun-dried)

>Moral of the story? TABLE SALT IS POISON!!!! Sea salt is NECESSARY for your
>body! It contains ALL of the 40-some essential minerals plus Iodine and
Calcium

>IN ADEQUATE amounts to keep your body healthy. You may consume as much sea
>salt as you desire, and it will not harm you. In fact, it reverses the
>hypertention, deposits, and all of the harm that "table salt" has caused
>rapidly.

Hmmm. If any of this is true, I've been a very good girl for 7 or 8 years
now, having been attracted to sea salt due to the alleged trace mineral content.
>

>This is one of many interesting (scams?) changes SOMEONE(s?) has made since
>the 1930's to our essential food supply. When did all of the "incurable"
>diseases begin to become rampant in the "modern world"????...

Lots of interesting things have happened, yes! We've become SO refined! :)

-Tara

=====

-
- Prev by Date: ["TABLE SALT" IS POISON!!!! *NOT*](#)
 - Next by Date: [Re: "TABLE SALT" IS POISON!!!!](#)
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Re: "TABLE SALT" IS POISON!!!!

- *Subject:* Re: "TABLE SALT" IS POISON!!!!
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Thu, 18 Jul 1996 10:01:50 -0400 (EDT)
-

I have been using SEA SALT just because I liked the taste (and idea) better - I hadn't heard about the other stuff. . . Hmmmm.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

=====

-
- Prev by Date: [Re: "TABLE SALT" IS POISON!!!!](#)
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Comments

- *Subject:* Comments
 - *From:* Steev Clark <steev@darkside.demon.co.uk>
 - *Date:* 18 Jul 96 21:15:29 GMT
-

I haven't written for a while so here's some of my opinions.

To be honest I think that driving without glasses if you really need them is not worth the risks. The roads are dangerous enough as it is. At around -9 you will be relieved to know that I will be keeping my glasses on while driving for a fair while.

Regarding salt, I tend not to add any to my food, but have the odd meal with processed food. How can you tell if you're getting enough? I wonder if I need more as I had a bad cramp in my leg as I was getting up yesterday. I expect that with the amount I am losing in sweat that my salt level must be lower than usual.

On another topic, I've recently taken up Aikido. I have been doing most of the lessons with my glasses on so that I can see the demonstrations, but last week the instructor said I should take them off because we were doing more advanced work now. He reckons I did a lot better without them and that I may subconsciously have been holding back because I was worried about breaking them. I'm not sure about this, but I did the last lesson without glasses and managed pretty well.

Generally, I'm not really sure how my eyes are doing. My last visit to the optician showed no real improvement. I walk around in the sunlight without glasses, but under these conditions the contraction of my pupils is probably giving a misleading impression of improvement.

Keep smiling :)

—
(
_)teev@darkside.demon.co.uk

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- Prev by Date: [Re: "TABLE SALT" IS POISON!!!!](#)
- Next by Date: [Plastic vs Polycarbonate](#)
- Prev by thread: ["TABLE SALT" IS POISON!!!! *NOT*](#)
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Plastic vs Polycarbonate

- *Subject:* Plastic vs Polycarbonate
 - *From:* "Halpern - Edythe C." <ehalpern@umd5.umd.edu>
 - *Date:* Thu, 18 Jul 1996 21:32:22 -0400 (EDT)
-

I am looking for some information on the pros and cons of plastic versus polycarbonate materials for eyeglass lenses. Can anyone in this group help?

Thanks ,

Edythe C. Halpern
ehalpern@umd5.umd.edu

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-
- Prev by Date: [Comments](#)
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I see the DAMD in my rear view mirror

- *Subject:* I see the DAMD in my rear view mirror
 - *From:* BillS@vav-nun.com (Bill Stender)
 - *Date:* Fri, 19 Jul 1996 16:41:31 +0900
-

Some very well reasoned but patriarchal essays have been written about the driving without glasses issue. Next is bound to come a new organization, mobilizing to protect the 'innocent' citizenry: Dads Against Myopic Drivers! It's an unfortunate feature of our times that people still think that laws and other black and white programs will bring about a safe and happy planet. These statements that " x visual acuity is necessary to be a responsible driver" is an example of this type of thinking and is not really useful.

The analogy to a drunk driver is specious. Besides the obvious difference of drug disorientation, for this analogy to be reasonable, then it would also be reasonable to ban coffee drinkers, people who are getting divorced or just lost their job, and spandex wearing joggers! My point being that taking attention away from the driving is the real problem, and people screw up all the time with or without excellent vision.

None of those who reported their good results driving without glasses spoke about the benefits of blurry vision or that 'everyone should do it'. It is disrespectful not to assume that they may have good enough judgement to know when they are being safe, and act accordingly. If one truly wanted to help, one might consider exploring what factors make up a truly safe driver. Maybe also ask what things this myopic driver may have learned to make themselves a safe driver instead of assuming they are simply trying their luck at surviving while driving blind. These statements are usually just projections and prevent everyone from learning anything.

These concise proscriptions also indicates an ignorance of the full process of vision, especially as it pertains to driving. Besides acuity, there is the sense of motion, peripheral awareness, and calm collecting and parsing of the visual field as it pertains to making safe decisions and reactions. In the full throes of myopia, it's hard to imagine what really seeing is

like, but the mental component is huge and putting glasses on when in that good state is as upsetting as taking your glasses off after being tuned into the myopia mode.

There are irresponsible people out there and stupid people, dealing with that problem is not the purview of this list. Noone recommends driving without glasses as a necessary exercise, but in fact, i believe it is a necessary step everyone will be taking on their way to complete independence. I am at a point where i sometimes have to leave my glasses off to function best. To leave them on because of someones arbitrary ruling would NOT be the best for everyone concerned. I know this because I'm a Dad and i just know!

Cordially,

Bill Stender

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-
- Prev by Date: [Plastic vs Polycarbonate](#)
 - Next by Date: [Re: Laser Eye Surgery \(for Astigmatism\)](#)
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Re: Laser Eye Surgery (for Astigmatism)

- *Subject:* Re: Laser Eye Surgery (for Astigmatism)
 - *From:* "Linda Lee" <llee@island.net>
 - *Date:* Fri, 19 Jul 1996 05:48:55
-

Hi,

I just happened to notice this very large ad in this week's TV Guide, Thomas that may answer your question.

"See Clearly, The Beacon Way, with Laser-PRK"

They will send you a free video if you call:

1-800-775-8632

They have a Laser Center in Toronto's BCE Place

And of course, a web site

www.beaconeye.com

Let us know what you find out.

- Linda

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-
- Prev by Date: [I see the DAMD in my rear view mirror](#)
 - Next by Date: [Re: "TABLE SALT" IS POISON!!!!](#)
 - Prev by thread: [Re: Laser Eye Surgery \(for Astigmatism\)](#)
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Re: "TABLE SALT" IS POISON!!!!

- *Subject:* Re: "TABLE SALT" IS POISON!!!!
- *From:* mat@tekbase.metrica.com (Marco A. Terry)
- *Date:* Fri, 19 Jul 1996 09:44:10 -0400 (EDT)

on their last msg, Tara Banfield said:

>
>
>
> >That explains why the "table salt" bought from a store has iodine added,
> >because it was burned up in the oven-drying process. Oven-drying also
> >changes the chemical makeup of salt (sodium) to sodium chloride (as I
> >recall), and the calcium content to calcium chloride (again, as I recall)
> >which are NOT water-soluable.

Here, I must beg to differ. Salt, chemically is NaCl - or Sodium Chloride. Salt is NOT Sodium. As a matter of fact - Sodium is a Metal (and if I recall correctly - highly flammable too).

Actually, according to Websters dictionary Salt is:.."1. Sodium Chloridde... NaCl...A salt is usually what you get when you combine a metal and an acid.....in chrystaline form..... (Hydrogen gets replaced wholly or partly by metal...bla bla bla...) " .

According to Websters..Sodium "(is)..a soft, silver white alkaline metallic chemical element having a waxlike consistency...."

Well, hope that helps clear stuff up.

Marco Terry |
Metrica, Inc. | Power, n:
8 Winchester Pl | The only narcotic regulated by the SEC instead of the FDA
Winchester, MA 01890 |
(617) 756 0022 |

- Prev by Date: [Re: Laser Eye Surgery \(for Astigmatism\)](#)
- Next by Date: [Dr. Ben Lane's patients?](#)
- Prev by thread: [Re: "TABLE SALT" IS POISON!!!!](#)
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Dr. Ben Lane's patients?

- *Subject:* Dr. Ben Lane's patients?
 - *From:* MeiTien <a.wu@worldnet.att.net>
 - *Date:* Fri, 19 Jul 1996 09:47:10 -0400
-

Has anyone been a patient of Ben Lane in NJ? My daughter saw him about three weeks ago, and finally we got a new prescription for the nearsighted glasses(bifocal for school -5/-5 and reading glasses -3.75/-3.75) , the opticians that saw this prescription all laughed at it, it seems very amusing to them someone put out such a "old fashion" prescription , using plastic glasses for kids. Got concerned, and wonder what to do next.

Mei-Tien

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-
- Prev by Date: [Re: "TABLE SALT" IS POISON!!!!](#)
 - Next by Date: [Muscle tensions \(was Re: jaw relaxation techniques\)](#)
 - Prev by thread: [Re: I see the DAMD in my rear view mirror](#)
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Muscle tensions (was Re: jaw relaxation techniques)

- *Subject:* Muscle tensions (was Re: jaw relaxation techniques)
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Fri, 19 Jul 1996 12:34:49 -0400
-

I have read a lot of stuff in nontraditional psychology in the past few months and have accumulated a huge amount of evidence of the way repression of emotional release translates into unconscious muscle tensions that impair various functions of our various organs. In many kinds of unorthodox, "body-inclusive" therapies (Reichian, Rolfing, Janov's Primal, the Orientally derived ones like Reiki, etc.), the aim is to release muscle tensions TOGETHER with emotions that are "locked in." The originator of this approach who made one of the first attempts to formulate it in "Western" (rational) rather than "Eastern" (mystical) terms was Wilhelm Reich, a brilliant though much maligned and virtually drowned in slander heretic scientist whose early work was rooted in psychoanalysis but then took a separate and wildly dissenting route, causing him to split hairs first with his mentor, Freud, and then with everybody and his brother, including the FDA (the latter had found his books important enough not only to ban them but to have been burning them, physically, for three years back in the fifties and again in the sixties). Reich thought that tensions stored in what he called the "ocular armor segment" must be released by opening one's eyes very wide, as in fright, and making other HIGHLY EMOTIONAL PHYSICAL MOVEMENTS involving the eyebrows and the forehead. A Reichian "armor segment" (of which there are supposedly seven, the ocular one being the first one) is radial, so anyone who has ever experienced (like myself) uneasiness or pain behind the ears while wearing glasses knows where this "segment" spreads at the back of your head. Well of course I tried to do it -- opening my eyes really wide and making grimaces of terror or wild surprise, etc. . I was also prepared to FEEL anything that I might feel with this facial expression without controlling or stopping any emotions from emerging. (You have to be alone to do this, naturally, or someone will think you've gone nuts. Another interesting instance of noticeable differences between outward manifestations and the inner MEANING of our

activities. Btw, in the past few months, I've become rather proficient at deciphering WHY people do what they do, what it is that drives their desires... There's some real risky reading out there, there's not only Reich but also Arthur Janov, try it and watch what happens to the world of universally accepted, seemingly unquestionable values...) At some point, I felt a tremendous amount of pain and pressure and strong pulling sensations behind my ears. I won't describe all the effects -- try it, in front of the mirror, and see if anything happens -- but I remember a few weeks ago a member of the list wrote about accidentally discovering that opening his eyes very wide improved his vision. And someone else wrote that he was unable to open them wide because of some uncomfot or pain. Both were right on. This is something to practice, and the initial uncomfot will go away, restoring mobility to many muscles. I've checked my childhood photographs and discovered that I kept my eyes open a lot wider in pre-myopic years. (Have you ever noticed that infants' and very small children's eyes are practically round?) After doing this exercise for a while, not only do I find it very beneficial for the eyesight, I seem to actually LOOK more like my childhood photograps -- there's a peculiar quality to it, something like recognizing your own "real" face after you haven't seen it for a while...

The jaw muscles store tensions of the repressed impulses of "crying, screaming, and vicious biting," according to Reich. (Why do you think we "clench our teeth" when we're very angry?) However, except for viciously biting my toothbrush, I couldn't see much opportunity to work on those under everyday conditions, so I checked the literature on yoga. Sure enough, there are many exercises that are aimed at restoring flexibility to the jaw, tongue, and deep throat muscles, and, sure enough, some of them are designated as "exercises for the eyes!" Makes sense in the light of Reich's explanation that deep throat muscles are involved in choking back tears -- literally "swallowing" them -- and I've long suspected a strong connection between my myopia and the fact that I never cried between the ages of 4 and 21. (Many parents, and later teachers, successfully convey to some impressionable children an unconscious idea that they aren't important enough to attract as much attention as crying does.) Another confirmation I found in a study of the chemistry of tears. William Frey, biochemist at St. Paul University of Minnesota, has discovered high concentrations of stress hormones in tears. (This is not the case with non-emotional tears caused by eye irritants.) Here's a quote from Arthur Janov's "Prisoners of Pain" (he talks about biological aspects of neurosis, but of course it's not only neurosis that can result from an altered hormonal balance but what-not -- any organ or system, especially at the stage of development, will be influenced by the adulterated biochemical milieu it finds itself in when emotional release is repressed. In fact, my another suspicion has always been, myopia is a biological alternative to neurosis -- take your pick of distortions says the stress to our bodies, I have to manifest myself somehow, I need an outlet! -- and some of us will unconsciously choose what's socially more acceptable and become myopic rather than neurotic,

while others will become allergic or obese, etc.):

"Clearly, if there is indeed a release of stress hormones with tears, then the blocking of that release must result in the buildup of stress hormones. We believe that crying is an important biologic function and that the shedding of tears is central, not incidental, to the resolution of neurosis. There is no such thing as 'talking cure.' The fact of weeping itself helps relieve suffering. Tears not only remove toxic substances of the eye, they also have a precise role in the removal of toxic biochemical substances from the entire system."

With yoga exercises that work on the muscles of the jaw and throat, I had the same experience of "release" of muscle tensions (starting with painful, pulling sensations) as earlier with the "ocular segment." An unexpected additional benefit: my singing voice which used to be rather lousy improved considerably (this must also have a lot to do with breathing exercises). Remember the opera singer who wrote about how he came across the idea of working on his eye muscles in a fashion similar to his voice technique exercises? Looks like I've traveled the road the other way around. Book some Metropolitan Opera seats soon -- it's gonna be packed!.. On second thought, don't. I just don't quite feel up to it. -;)

Here's another interesting quote, very illustrative of my own unexpected reactions a while back -- from "Out of Sight Into Vision," by Neville Cohen, OD, and Joseph Shapiro, OD:

"According to optometrist Dr. Lawrence Macdonald, 'optometric visual training involves rematching the visual and kinesthetic coordination. As the kinesthetic system begins to re-adjust, old memories and experiences may surface to the conscious level. Some of these may be loaded with emotional content.' In his excellent article, 'Implications of Critical Empathy, Primal Scream and Identity Crisis in Optometric Visual Therapy,' Dr. Macdonald goes on to point out that at a certain stage of vision therapy, a stage he calls 'critical' or 'breakthrough time,' optometrists have observed a curious response which seems to have its counterpart in psychotherapy. "At this time, the patient first comes to terms with his visual space world. A simultaneous release of pent-up, emotional energy that accompanied previous associations and half-forgotten memories occurs, resulting in sobbing, crying, and general disorientation.

"Some of the fears and anxieties experienced during vision therapy are difficult to describe. Patients gain a certain insight into things and reach a level of understanding not otherwise possible, nor normally within their grasp. They become more confident and can operate more efficiently in their environment, however artificial it may be."

Btw, I've contacted Dr. Janov's International Primal Center with the question whether any of their patients who happen to have refraction errors (and who come with emotional problems, 'not' with vision-related ones), have experienced any incidental changes in visual acuity. As I expected, the

reply was, verbatim, "some of our patients report spontaneous vision improvement in the course of Primal therapy but this result is not to be expected in every case."

Elena

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- Prev by Date: [Dr. Ben Lane's patients?](#)
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Re: I see the DAMD in my rear view mirror

- *Subject:* Re: I see the DAMD in my rear view mirror
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Sat, 20 Jul 1996 08:40:40 -0700 (PDT)
-

Bill Stender <BillS@vav-nun.com> writes:

> Some very well reasoned but patriarchal essays have been written about the

You have no reason for that "patriarchal" label. Maybe it's "patriarchal" thinking to go around with impaired vision in a large machine that can do a lot of damage to small objects like bicycles and children, and not think about it.

> driving without glasses issue. Next is bound to come a new organization,
> mobilizing to protect the 'innocent' citizenry: Dads Against Myopic
> Drivers! It's an unfortunate feature of our times that people still think
> that laws and other black and white programs will bring about a safe and
> happy planet.

Having laws helps make driving safer. They are necessary because people otherwise will make up their own rules, such as "it is perfectly fine to drive with 20/300 vision". People who can't see well enough even to read license plates are not seeing well enough to drive. Similarly if there is no enforcement against drunk driving, you would get a lot more drunk drivers deciding they're OK to drive. If people driving without glasses who have very poor uncorrected vision becomes a big problem we probably will have a "Dads Against Myopic Drivers", and it will be needed.

Luckily, most people who need glasses to get their visual acuity to driving level do wear them, because it's easy, it makes sense and it makes driving easier. It only makes sense to wear glasses while driving if one needs them to get good visual acuity. If a person isn't a gang member with a semi-automatic, driving is the time when they have the most potential for causing physical harm to another. We have laws to regulate this activity exactly because drivers can cause a lot of damage. That is why laws require a certain amount of visual acuity. There are no laws about riding a bicycle with poor vision

because if someone gets hurt it's probably the bicycle rider. It only makes sense to get one's vision as good as possible when driving -- and bicycling, for your own sake -- even if it weren't legally required.

> None of those who reported their good results driving without glasses spoke
> about the benefits of blurry vision or that 'everyone should do it'. It is
> disrespectful not to assume that they may have good enough judgement to
> know when they are being safe, and act accordingly. If one truly wanted to
> help, one might consider exploring what factors make up a truly safe
> driver. Maybe also ask what things this myopic driver may have learned to
> make themselves a safe driver instead of assuming they are simply trying
> their luck at surviving while driving blind. These statements are usually
> just projections and prevent everyone from learning anything.

We have laws exactly because people can't be a law unto themselves when they are doing things that can injure or kill another person. The labels that you're throwing around -- "disrespectful", "patriarchal", etc. are ad-hominem and really irrelevant.

Part of the problem with highly myopic people driving without glasses is that if they cause serious injury it is likely enough they will injure something smaller than they are. People may feel safe riding around in something large. However the smaller less easy to see objects near the road -- bicycles, children, motorcycles, are especially at danger from them. You ask bicycle riders how they feel about drivers on the road with 20/300 vision.

> These concise proscriptions also indicates an ignorance of the full process
> of vision, especially as it pertains to driving. Besides acuity, there is
> the sense of motion, peripheral awareness, and calm collecting and parsing
> of the visual field as it pertains to making safe decisions and reactions.

Of course there are many components to good vision. Someone might pass the DMV visual acuity test but have very limited peripheral vision and not be safe to drive. A lot of visual skills, *including* visual acuity, are necessary for driving. This doesn't mean one can ignore the visual acuity if one has the other visual skills.

The argument *for* driving without glasses with poor vision seems to be based on ideas of "independence" and not wanting to depend on an external aid. These ideas are fine. But they also need to mesh with practical realities and the reality of *other* people's safety. Driving is a technical skill that requires among other things certain visual skills. Doing it without at least the minimum legally required visual acuity endangers other people. You ask a bicyclist who's been crippled by a legally blind driver how *they* feel about *their* "independence" and so on. They would probably be suing the legally blind driver for as much as they could!

> To leave them on because of someones arbitrary ruling
> would NOT be the best for everyone concerned. I know this because I'm a Dad
> and i just know!

> Cordially,

No, you are not cordial. You are slinging around a lot of labels and talking ad-hominem.

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- Prev by Date: [Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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Re: Plastic vs Polycarbonate

- *Subject:* Re: Plastic vs Polycarbonate
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Sat, 20 Jul 1996 08:51:30 -0700 (PDT)
-

Halpern - Edythe C. <ehalpern@umd5.umd.edu> writes:

> I am looking for some information on the pros and cons of plastic
> versus polycarbonate materials for eyeglass lenses. Can anyone in this
> group help?

Polycarbonate has more chromatic aberration than many of the other materials. That means that you may notice color fringes on objects, especially in bright sunlight. However, it is nearly impossible to break so polycarbonate glasses are often used for sports like tennis. The chromatic aberration is measured by the Abbe value. So if you are concerned about chromatic aberration, ask for a material with Abbe value similar to crown glass. Also, polycarbonate may give less accurate refraction, but I'm not too sure about that.

Some of the other materials are better optically, but they are easier to break, and thus less safe.

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-
- Prev by Date: [Re: I see the DAMD in my rear view mirror](#)
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Re: "TABLE SALT" IS POISON!!!!

- *Subject:* Re: "TABLE SALT" IS POISON!!!!
 - *From:* Tara Banfield <terror@eskimo.com>
 - *Date:* Sat, 20 Jul 1996 09:24:54 -0700 (PDT)
-

And now...

>on their last msg, someone OTHER than Tara Banfield said:

>>

>>

>>

>> >That explains why the "table salt" bought from a store has iodine added,
>> >because it was burned up in the oven-drying process. Oven-drying also
>> >changes the chemical makeup of salt (sodium) to sodium chloride (as I
>> >recall), and the calcium content to calcium chloride (again, as I recall)
>> >which are NOT water-soluable.

>

>Here, I must beg to differ. Salt, chemically is NaCl - or Sodium Chloride.
>Salt is NOT Sodium. As a matter of fact - Sodium is a Metal (and if I recall
>correctly - highly flammable too).

>

>Actually, according to Websters dictionary Salt is:..."1. Sodium Chloridde...
>NaCl...A salt is usually what you get when you combine a metal and
>an acid.....in chrystaline form..... (Hydrogen gets replaced wholly
>or partly by metal...bla bla bla...) " .

>

>According to Websters..Sodium "(is)..a soft, silver white alkaline metallic
>chemical element having a waxlike consistency...."

>

>

>Well, hope that helps clear stuff up.

>

>-----

>Marco Terry

Except that those weren't my comments! :)

-Tara

=====

-
- Prev by Date: [Re: Plastic vs Polycarbonate](#)
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Re: Plastic vs Polycarbonate

- *Subject:* Re: Plastic vs Polycarbonate
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Sat, 20 Jul 1996 11:42:34 -0700 (PDT)
-

Edythe;

CR-39 (plastic) is a little harder and less scratch-prone than polycarbonate. However, polycarbonate is the MOST impact RESISTANT (no lenses are impact PROOF). So for safety, polycarbonate is the best and is fast becoming required for many sports and industrial purposes as well as for kids who are rough and tumble. Just make sure if you get polycarbonate that they add scratch coating, which most do anyway.

Hope this helps.

Herb Black

3rd year OD student
Pacific University
College of Optometry
Forest Grove, OR

On Thu, 18 Jul 1996, Halpern - Edythe C. wrote:

> I am looking for some information on the pros and cons of plastic
> versus polycarbonate materials for eyeglass lenses. Can anyone in this
> group help?

>
> Thanks,
>
> Edythe C. Halpern
> ehalpern@umd5.umd.edu

>
>

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- Prev by Date: [Re: "TABLE SALT" IS POISON!!!!](#)
- Next by Date: [accomotrac](#)
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accomotrac

- *Subject:* accomotrac
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sat, 20 Jul 1996 16:05:03 -0400
-

Hello, glad to be part of this group. I've been looking for a mailing list like this for some time.

Wanted to report that I am making good progress with vision therapy and the accomotrac. Started at -6.0 diopters in both eyes and I am down to -4.75 after 3 weeks.

I want to hear if any one else has any experience with the accomotrac. I feel like my vision has mostly improved due to relaxation techniques such as palming and breathing, but the accomotrac is real useful because of the biofeedback it gives me on how well my eyes are focusing .. oh, also I am visualizing my lens flattening properly and my ciliary muscles working properly. I think it helps to know how the muscles are supposed to function and then visualize exactly how they look when functioning properly, imagining that they are completely relaxed.

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Art Blake -> art@blakesys.com

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- Prev by Date: [Re: Plastic vs Polycarbonate](#)
 - Next by Date: [Re: lighting](#)
 - Prev by thread: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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Re: lighting

- *Subject:* Re: lighting
 - *From:* JRalls7959@aol.com
 - *Date:* Sat, 20 Jul 1996 16:51:10 -0400
-

Re:Steev@darkside's comments about lighting giving a false impression of improvement. It seems that epidemiologically, a major factor in myopia is indoor, close-up work. Now if you're daily outside in bright light, the circular fibers of the iris should be contracting a lot more than if you were spending all day indoors. The muscle tone would increase. You would have more of a pin hole effect. It would be like the cardiovascular status of a person who spent all day walking delivering mail versus the same person sitting all day at a desk. Couldn't poor tone in these fibers contribute to decreased visual acuity? Anybody know of any published data on this?
julie

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- Prev by Date: [accomotrac](#)
 - Next by Date: [Re: Dr. Ben Lane's patients?](#)
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Re: Dr. Ben Lane's patients?

- *Subject:* Re: Dr. Ben Lane's patients?
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sat, 20 Jul 1996 17:19:05 -0400 (EDT)
-

I am not an expert, but it seems wiser to me to get the bifocal prescription than to expect your daughter to "adapt" to seeing with such strong lenses for both reading and distance. Some optometrists give young readers "plus" lenses to keep them from becoming nearsighted. Perhaps this prescription is meant to keep your daughter from becoming progressively nearsighted (as I did, wearing "minus" lenses to read AND see in the distance.

I now wear "weaker" correction to read and use the computer than I need for distance, and my vision over-all has improved. Some opticians have laughed at me, too, but not the last time I came in with a reduced prescription.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

On Fri, 19 Jul 1996, MeiTien wrote:

> Has anyone been a patient of Ben Lane in NJ? My daughter saw him about
> three weeks ago, and finally we got a new prescription for the
> nearsighted glasses(bifocal for school -5/-5 and reading glasses
> -3.75/-3.75) , the optitions that saw this prescription all laughed at
> it, it seems very amusing to them someone put out such a "old fashion"
> prescription , using plastic glasses for kids. Got concerned, and
> wonder what to do next.
>
> Mei-Tien
>

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- Prev by Date: [Re: lighting](#)
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Re: Dr. Ben Lane's patients?

- *Subject:* Re: Dr. Ben Lane's patients?
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Sat, 20 Jul 1996 23:35:41 -0500
-

>Has anyone been a patient of Ben Lane in NJ? My daughter saw him about
>three weeks ago, and finally we got a new prescription for the
>nearsighted glasses(bifocal for school -5/-5 and reading glasses
>-3.75/-3.75) , the opticians that saw this prescription all laughed at
>it, it seems very amusing to them someone put out such a "old fashion"
>prescription , using plastic glasses for kids. Got concerned, and
>wonder what to do next.

>

>Mei-Tien

Are you saying the prescription is for one pair of bifocal glasses -5.0
distance, -3.75 near? If your kid gets to tolerate it well, this would be
better than having to change glasses. As long as you agree that weaker
glasses help prevent myopia from worsening, you shouldn't be concerned by
the reaction of a bunch of narrow-minded optometrists. Many of us are in
this myopic plight exactly because of stupid ODs.

I am seriously considering trying bifocals (got myself a book on them) and I
repeat my yet unanswered question if someone has tried bifocals for VT and
what their experiences are.

Stefan

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- Prev by Date: [Re: Dr. Ben Lane's patients?](#)
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Re: Muscle tensions (was Re: jaw relaxation techniques)

- *Subject:* Re: Muscle tensions (was Re: jaw relaxation techniques)
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sat, 20 Jul 1996 22:19:26 -0700 (PDT)
-

At 12:34 7/19/96, Elena wrote:

>I have read a lot of stuff in nontraditional psychology in the past few
>months and have accumulated a huge amount of evidence of the way repression
>of emotional release translates into unconscious muscle tensions that impair
>various functions of our various organs.

After 16 years of vision improvement efforts this is the essential conclusion i have come to also. This is the Great_Work we are involved in.

[...]

>emotional release is repressed. In fact, my another suspicion has always
>been, myopia is a biological alternative to neurosis -- take your pick of
>distortions says the stress to our bodies, I have to manifest myself
>somehow, I need an outlet! -- and some of us will unconsciously choose
>what's socially more acceptable and become myopic rather than neurotic,
>while others will become allergic or obese, etc.):

My firm belief also. Ancient medicine held the prime theorem that all disease is congestion, as in, lack of free flow. The Eastern tradition still operates on the assumption that blockage of the ethereal energy flows of the body are the cause of pain or dysfunction. Chiropracty and other medicines also agree with this by one model or another.

>"Clearly, if there is indeed a release of stress hormones with tears, then
>the blocking of that release must result in the buildup of stress hormones.
>We believe that crying is an important biologic function and that the
>shedding of tears is central, not incidental, to the resolution of neurosis.
>There is no such thing as 'talking cure.' The fact of weeping itself helps
>relieve suffering. Tears not only remove toxic substances of the eye, they
>also have a precise role in the removal of toxic biochemical substances from
>the entire system."

A model I find most interesting holds that Emotion is the bridge between outer and inner worlds. The goal of every religion that i have studied is to recognize and establish the awareness of 'Oneness' between these two worlds. "As above, so below" et al. This removing of the dichotomy is facilitated and marked by emotional free-flowing. The so-called 'Astral Body' is also called the Emotional Body and the 'Astral World' is defined as the formative planes of reality, the physical being the most dense. I won't go off on this controversial model but just wanted to point out this major corollary to the *importance* of our Emotional selves. The implication is that our Emotions are not just our personal mental constructs, but very much 'chunks of reality' that can't just be dismissed--they are here whether you like it or not--deal with it!

Emotion is inconvenient to our society, control is still the word. Command of Nature, seen in the great dam projects, miracle drug medicine and petro-farming to name a few, has been the dominant pursuit for at least the last thousand years. This i believe corresponds very well to the belief that one can and should command and control one's Emotions and could explain our society's rampant stress and physical dysfunction.

I have put these books on my list Elena and literally could cry from reading your post because it touches on so much of what i have discovered and theorized and surmised from my reading and vision work all these years. I almost forgot about the list after my intro talking about the 'subconscious wall' was ignored, i'm so glad to find this now! More more!

Bills

Bills@vav-nun.com

~~~Possession is nine-tenths of the flaw~~~

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# Durability of thin frames

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- *Subject:* Durability of thin frames
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Sun, 21 Jul 1996 08:35:33 -0700 (PDT)
- 

Hello,  
I am looking for glasses -- what do people think about the very thin frames that are now being sold? They have wire with some plastic around them. How strong are they? Some of them are stainless steel and titanium -- how strong are those? Would they last for a couple of years?

Thanks!

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- Prev by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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# Underwater Viewing

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- *Subject:* Underwater Viewing
  - *From:* "Linda Lee" <[llee@island.net](mailto:llee@island.net)>
  - *Date:* Mon, 22 Jul 1996 10:34:51
- 

Someone recently posted (was it Mark?) a letter about seeing better at the pool since taking up VT, and i have a comment.

Last summer, at a local swimming hole i accidentally tried out a young friends face mask and checked out the underwater view. I was blown away by the detail. For once i could see very clearly what was going on under the water. I swear i could see 20/20 as long as i stayed underwater. My usual correction is -5.

At the pool, i sometimes use those Speedo goggles, but since there really isn't much happening underwater and they leave great rings on my face, i usually don't bother. But in a natural setting like a river or the ocean, a full face mask allows me to see the fish, underwater caves, and what's really on the bottom. All new experiences for me.

I realize this has nothing to do with VT - it probably involves technical stuff like refractive angle focal length correction, but it was great so i pass it on, FWIW.

- Linda

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# Re: "TABLE SALT" IS POISON!!!!

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- *Subject:* Re: "TABLE SALT" IS POISON!!!!
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Mon, 22 Jul 96 09:47:00 PDT
- 

Tara

Many thanks for such an informative reply. I appreciate the time you've taken to share your findings. You got me thinking about calling someone from the water authorities in Sydney to see what they say (Australian water is fluoridated) and the company that markets my water filter to see if they can show me test results on the effectiveness of fluoride removal.

Wouldn't it be great if there were a test case where fluoride damage (bone cancer? other problems?) was judged to be related to fluoride and the local water company ordered to pay compensation. I bet that would stop the mass medication.

Caroline

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From: Tara Banfield  
To: Richards, Caroline  
Subject: Re: "TABLE SALT" IS POISON!!!!  
Date: Friday, 19 July 1996 12:39PM

At 10:30 AM 7/19/96 PDT, you wrote:

>

>Tara - I'm struggling with the fluoridated water question at the moment.

My

>dentist and most other people tell me that nothing has been proved. Has it?

To my satisfaction, yes! I strongly recommend that *\*anyone\** interested in finding out the truth about *\*anything\** invest him/herself heavily in the task and TACKLE it! I started digging around in this debate, not realizing how long it had been going on, and found people yelling on all sides. I always had believed that fluoride was necessary to dental health, and when I

picked up a flyer at the local health food store, I ignored it for a year, because \*everyone\* knows fluoride is good for you! :-0 I discovered later that while I had been given fluoride drops as a child, my brother had \*not\*, and guess which one of us made it through high school without a single cavity! \*He\* did (And ALL of my molars are filled at least once, and one of my baby molars fused to the bone). So, I started inquiring, and was amazed at what I discovered. The chemical realities are pathetically simple to uncover. You just go to the library. I also got the local WA State Dept. of Ecology to send me the book "Chemicals of Special Concern in Washington State", and found flouride "considered to be of high toxicity". (I have literally reams of material; these are only scraps.)

I called Bob Myrick, the man who heads up Tacoma's public water system, and he admitted to me that fluoride is "terrible stuff", but he says there's nothing he can do (sure). He says it's so poisonous that the employees insist on rotating schedules so they don't have to handle it for more than two weeks at a time.

I wish I could cram into one letter all the things I've found out.

I did notice that every time I asked the pro-fluoride people to tell me what \*form\* of fluoride was used in the studies they touted, and to tell me who funded the "research" I got hot air at best and USUALLY got insulted or even yelled at. I tried all kinds of approaches, but as soon as these people found out I was genuinely interested in finding out the truth (and not sympathetic to their cause or a sucker), they became absolutely hostile. I was accosted at an airport by a man who saw my 'stop fluoridation' button, and he spat "Fluoride's the best thing to hit the tit in the past forty years!" He was unbelievably obnoxious and vulgar. And not unusual. On the other hand, I've found that the unbelievers are kind, helpful, and if challenged will always suggest I go find out for myself. They never have asked me to trust them blindly, which is something I admire!

The initial study that launched this whole fluoride thing based its finding on a water supply that had LOTS of natural minerals in it, \*including\* fluoride. However, this was not raw waste fluoride left over from aluminum smelting or fertilizer manufacture (such as we use in the USA), but naturally bound fluoride compounds (read about that too!). There is nothing there or anywhere that suggests any benefit from the addition of unbound waste fluorides to soft water or any water. Too much of any nutrient can hurt you if you don't have other nutrients to help you metabolize it, and fluoride is quite the \*anti\*-nutrient!

The nearest toxic chemical dump to where I live is in Utah. It would be phenomenally expensive to truck all of that waste from here to there...though I believe we're getting our current batch from British Columbia; have no idea where they have to dump theirs. If you care to check it out, the very \*selling\* of the fluoride waste to cities conveniently changes its status from "toxic chemical" to something rather benign and

commercial-sounding. Makes it all better, in effect. We don't even get pharmaceutical grade poison! It is literally forced mass medication, and I can't switch water companies!

Indian reservations are required to be fluoridated by law. The level of tooth decay at all of them is incredible. I really hope you look into these things.

> He says that toothpaste is ok anyway, as long as you don't swallow it.

Probably won't hurt, especially if your water's not fluoridated. But children have gotten very sick from fluoride treatments and one died after he swallowed the concentrated solution. Even toothpaste can make children sick. I've heard there's enough fluoride in one tube to kill a small child, though I've never seen any reports that this has happened.

> I've also seen a report that suggests that my water filter, which claims to  
>remove fluoride, does no such thing. It's so difficult trying to take  
care  
>of your health!

Water filters (reverse-osmosis type) should remove most of the harmful compounds, as they mimic natural filtering processes. I haven't tested this myself YET, so am drinking well water and using distilled for mixing up juice.

>  
>Tara/Everyone else - I agree with the benefits of sea salt and the harm of

>table salt, but can you really take it to the degree stated below? If so,  
>that's great news, but I just thought that sea salt provided essential  
>nutrients, not that it reversed the harm done by table salt and that you  
>didn't have to try and not overdo it.

I seriously doubt that sea salt is a panacea, and I don't think that an occasional glass of fluoridated water'll kill you either! But fluoride is a proven cumulative toxin -- very easy to overdo -- and I feel significantly better with the addition of a little salt to my diet. I have no idea why. Time to hit the books again! This is really getting to be too much... :) Hope this hasn't exhausted you.

-Tara

BTW, my little boy has perfect teeth -- and not a speck of fluoride to be seen in the house! :)

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## Re: Dr. Ben Lane's patients?

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- *Subject:* Re: Dr. Ben Lane's patients?
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Mon, 22 Jul 1996 19:03:26 -0700 (PDT)
- 

MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)> writes:

> Has anyone been a patient of Ben Lane in NJ? My daughter saw him about  
> three weeks ago, and finally we got a new prescription for the  
> nearsighted glasses( bifocal for school -5/-5 and reading glasses  
> -3.75/-3.75) , the optitions that saw this prescription all laughed at  
> it, it seems very amusing to them someone put out such a "old fashion"  
> prescription , using plastic glasses for kids. Got concerned, and  
> wonder what to do next.

I don't quite get the picture -- bifocals \*and\* reading glasses?  
The two different powers, for distance and for near work, are fairly  
standard I think with optometrists who think that wearing a full  
distance correction for near work could cause more myopia.

If your daughter is pretty young the bifocals might not work -- I've  
heard that little kids don't use the bottom part of bifocals because  
they look through the top part, focussing hard instead.

It doesn't hurt at all to get a second opinion -- I've noticed there  
is a wide variation in quality among optometrists and opticians.  
Some are much more careful than others. Paul Harris at  
[babo@ix.netcom.com](mailto:babo@ix.netcom.com) provides referrals to behavioral optometrists.  
They may cost more but perhaps do a more careful job.

Mostly though your daughter's prescription just sounds like the  
optometrist is being careful not to aggravate her nearsightedness.  
It certainly won't hurt, and might be important especially  
for kids to be concerned about that. But you might want to  
consider whether the bifocals will work for her -- does she normally  
look down for close work, etc.

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# Re: Plastic vs Polycarbonate

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- *Subject:* Re: Plastic vs Polycarbonate
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Mon, 22 Jul 1996 19:07:51 -0700 (PDT)
- 

Halpern - Edythe C. <[ehalpern@umd5.umd.edu](mailto:ehalpern@umd5.umd.edu)> writes:

> I am looking for some information on the pros and cons of plastic  
> versus polycarbonate materials for eyeglass lenses. Can anyone in this  
> group help?

You might consider Spectralite. It is light and lenses will be thinner than glass lenses of the same power. It has little chromatic aberration, not much more than crown glass. It is more expensive than polycarbonate and more brittle.

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# Re: accomotrac

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- *Subject:* Re: accomotrac
  - *From:* "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - *Date:* Mon, 22 Jul 1996 23:16:37 -0400
- 

Scott Lorbeer wrote:

>  
> In regards to the recommendation on knowing what eye muscles do what, and the  
> advice to recognize that the flattening of the eye causes proper vision  
> (for those of excessive curvature), I agree that "beginning with the end  
> in mind" and visualizing where you want to go is highly beneficial.  
>  
> However, how (or where) did you learn what muscles do what in vision?  
>  
> I'd like to follow your suggestion, and escape ignorance!  
>  
> Thanks,  
>  
> Scott

Actually, I do plead ignorance. I looked up 'eye' in the Microsoft Encarta Encyclopedia and they had a little animation of how the lens (note, not the whole eye itself, just the lens behind the cornea) works in focusing. They showed it flattening when the eye was focusing far and widening when focusing near. I had previously read (from several sources, Bates etc) that the ciliary muscle is in a relaxed state when focusing in the distance so I just came up with a mental picture of what and how my lens & ciliary muscles were doing. I'm glad to see that there are posts on other theories about how the eye focuses, because I wanted to open this up for discussion so I can educate myself!

--  
Art Blake -> [art@blakesys.com](mailto:art@blakesys.com)

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## Re: accomotrac

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- *Subject:* Re: accomotrac
  - *From:* "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - *Date:* Tue, 23 Jul 1996 00:05:19 -0400
- 

Kip Bryan wrote:

> ...info on accomodation theories...

Thanks for the info.. I'll read it over and then maybe post my thoughts to the list..

> In any case, I'd love to hear more about your views on the  
> Accommotrac. I had thought that it worked by looking at  
> reflections off the lens so it could measure the lens shape.

thats correct. It bounces an infrared light off of your lens (not sure how/why is skips the cornea) and measures the reflection 40 times per second. From this data it then computes a number and sound, corresponding to how your lens is focusing... the more distant your lens is focusing, the higher the number, and the higher the pitch of the sound. When my eyes are tired and I am stressed out, I can barely get higher than a -4 (note this is the accomotrac number - not related to diopters or anything...) when my eyes were fresh and relaxed, I've been able to get up to a +2, with occasional bursts of +3 (the therapist I am working with says he is able to get +5 numbers [he has perfect vision] with hardly an effort).

The trick is to be able to use the biofeedback to figure out just what it is you are doing to get those plus numbers. I usually try to visualize I am looking at something far away and it usually more or less works...

> I wonder how this relates to the Schachar view. I also wonder  
> how it reacts to any change in refraction of your cornea.

not sure what "increased zonular tension" means ... ?

I'll read up on the Schachar theory..

>

> Do you walk around with good vision at -4.75 or do you have  
> to "remember the tones" to clear up your vision when you  
> need it?

actually remembering the tones hasn't really done too much for me-  
I have only had 3 sessions on the accomotrac and it usually takes  
about 8 to start getting it.

I've noticed a slight improvement in vision almost every day, but  
I feel like the other therapy techniques are what are improving my  
vision so quickly as I am spending much more time and attention  
to them- especially now that I am seeing some improvement..  
I'm psyched!

I'll spend a good 30-45 minutes a days (spread throughout the day)  
doing palming, eye massage and blinking. That is the bulk of my  
self-treatment. I also am using the brock string & harts chart.

I'm also trying to be more aware of just how my eyes are doing  
throughout the day, taking care to look off into the distance every  
so often when doing close up work and remembering to BREATHE!

I'm following an approach very similar to Dr. Kaplan's vision  
fitness program.. using a slightly blurry prescription which  
stimulates my eyes to gradually "lock on" to the out of focus  
prescription. On my first visit to the therapist, I was evaluated  
to have "Accomodative spasm" - meaning that my focusing ability  
showed promise because it was all over the board (showing that  
I was able to at least change it) .. I was seeing 20/20 through  
my -6.0's and the docter decided to try some -5.25's  
on me after the accomotrac. I did a deep blink and was able to  
read the 20/20 line for a brief second. The -5.25's were  
a little rough at first, but plenty good enough to drive with-  
especially in the bright Atlanta sun. (of course I wouldn't drive  
at night with them.) I was noticing a definite improvement in the  
5.25's every day and after two weeks, the doctor measured my  
eyesight again and decided to drop me down to -4.75's (much  
to my surprise!)

On Sunday I went to Olympic soccer, glad to get a chance to focus  
far for a long period of time. I am not seeing in  
perfect sharp focus in my -4.75's, but after a yawn and deep blink  
(the deep blinks seem to work really well for me) everything  
would come into sharp focus for 5-10 seconds and I could see  
the players numbers on the players uniforms with absolute clarity

from the upper deck of the stadium (Legion field, Birmingham AL.)

This was a great feeling given that my prescription is already over 1 diopter lower than just 3 1/2 weeks ago!

Tommorow I am going in for my fourth session and I'll see what happens this time.... Not expecting or hoping for another drop in prescription - just trying to "be" as Dr. Kaplan puts it.

>

> How did you find your accommotrac practitioner? What kind  
> of practice does he/she have?

After reading about the Accomotrac in a book called "20/20 is not enough" (by Dr. Arthur S. Seiderman and Dr. Steven E. Marcus, BTW - they do a much better job in describing how the thing actually works!) I decided to seek out one, so I went to the yellow pages under optometrist .. there were tons of listings (I'm in the Atlanta area) but only two with the magic words "Vision Therapy" I called one of them (Gottlieb Vision Group off of Memorial Drive 404-296-6000 for anyone who cares) and asked if they used the accomotrac.. I got a good vibe after talking to the receptionist for a couple of minutes and so decided to try it out ...

Dr. Gottlieb is a regular optometrist, who prescribes glasses in the traditional manner, but he is open minded about natural vision improvement and vision therapy- he mostly does the traditional vision stuff and there are several therapists (one of which is assigned to you) which teach you various visual techniques. The sessions are 1 hour, once a week (and its pretty expensive.)

The lead therapist told me I was a very good subject because I knew a lot of the techniques already (from reading books like Kaplans, Bates etc.) and that I had maybe a 3 week lead over people going in not knowing anything about vision therapy (I had previously improved from a -6.5 to -6.0 just on my own). They say that 8 weeks is a good rough measure on whether the therapy is going to be effective or not - the doc was quick to tell me that it would be unlikely that I would improve completely back to normal. I'm hoping to prove him wrong.

Hope I have not blabbed to much about this, but I am excited over my improvement!

--

Art Blake -> art@blakesys.com

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# Re: Muscle tensions (was Re: jaw relaxation techniques)

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- *Subject:* Re: Muscle tensions (was Re: jaw relaxation techniques)
  - *From:* [stefansi@ctrvax.Vanderbilt.Edu](mailto:stefansi@ctrvax.Vanderbilt.Edu) (Stefan Stefanov)
  - *Date:* Tue, 23 Jul 1996 01:25:43 -0500
- 

A very interesting post!

Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)> wrote:

>have accumulated a huge amount of evidence of the way repression  
>of emotional release translates into unconscious muscle tensions that impair  
>various functions of our various organs.

I agree. But in the case of myopia I do have a contra-argument that I would love to see it successfully challenged. It has simply to do with time and its relation to the human psychic development.

I shall give as an example myself because I know this case best but this is with the understanding that MANY of the environmental myopes have followed a similar path, therefore this is the general case.

Nine tenths of my myopia I acquired between the ages of 9 and 17. More than half of it between the ages of 9 and 13. At these ages children, although they may be very bright, usually do not have the psychic of the adult and do not go through deep emotional upheavals or crises of the type I believe you (and I) have in mind now (sure, there are first love stories, some changes with puberty, etc, but again, not of the deep, transcendental type in question). I can vouch that despite my myopia, which, as is typical at those ages I didn't seem to notice or mind much, I had a happy childhood. Since 1st grade until 7th grade I was (1) one of the four total A scorers in the class (only one other of these being myopic); (2) The formal leader elected virtually unanimously for five years in a row from 3rd grade on when such organization started; and most importantly, (3) The *\*informal\** leader, frequently being the ataman of various gangs, initiator of games and pranks, etc.

This trend continued from 8th to 11th grade, even though I entered a

highly-competitive school. I was number one at the entrance examinations, scoring max on math and the highest on literature, beating out both boys and girls, even though the latter were somehow presumed to be better in literature than boys. I didn't finish 11th grade at the absolute top, though, having one A-, which put me in second place as there were several all A scorers, but still a good achievement.

At that age, 18, shortly before entering university, I had practically acquired all my present myopia. On the girls side, as this is especially important to teens, I also had success, and counting the first two years at university, I had made love to women on three occasions \*within ten\* minutes after we met, and that was not at orgy parties, just attraction at first sight. Not to mention other hits.

I am saying all this not boast or anything, in fact I am as humble as can be in accordance with the eastern philosophies into which I have been taught, but only to point out that I could have hardly achieved this if I were torn by emotional battles, if I had cronicly repressed my feelings, and if I felt as uneasy I as I unfortunately feel now.

This is not to say that I don't have supressed emotions \*now\*, I do, indeed I have a LOT, but most of this has happened AFTER the age of 18 when I had acquired all my myopia. I \*want\* to let them out but to do this profoundly in order to have the desired purging effect I'll have to pull out the rifle from the closet. First target will be the insane 20/20 seeing drivers on the roads. Seriously, from little (or big) things in the corporate office, to basic human relations, to various national policies, to world economic order I have a lot to be angry about.

To recap, I believe most myopia develops BEFORE the emotional maturity of the level discussed sets in. The primary reason for the acquired myopia is close work. I DO NOT dispute the detrimental effects on health that the emotional condition Elena described has. I object to it being put forward as the causative factor for myopia because of the time discrepancy I mentioned. Whether solving these emotional problems will lead to the evaporation of myopia I do not know, this would certainly help, but I am inclined to think that it is not the cure-all. But for adults I believe good emotional balance is a NECESSARY supplement to the grunt-bearing myopia-reduction process: adaptation to weaker and weaker lenses.

Stefan Stefanov

=====

- Prev by Date: [Re: accomotrac](#)
- Next by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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# Re: Muscle tensions (was Re: jaw relaxation techniques)

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- *Subject:* Re: Muscle tensions (was Re: jaw relaxation techniques)
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Bill Stender)
  - *Date:* Tue, 23 Jul 1996 18:05:32 +0900
- 

At 1:25 AM 7/23/96, Stefan Stefanov wrote:

>Nine tenths of my myopia I acquired between the ages of 9 and 17. More than  
>half of it between the ages of 9 and 13. At these ages children, although  
>they may be very bright, usually do not have the psychic of the adult and do  
>not go through deep emotional upheavals or crises of the type I believe you  
>(and I) have in mind now

I don't have studies to back this with, but i'm pretty sure most of the significant identity crises occur during puberty. Socialization in the modern world is a pretty brutal process. The emotional self is alive and kicking from birth and this training is largely concerned with suppressing that information and molding oneself to established roles and responses. I know that during that time for me as well, i was enjoying myself, did well in school and sports and had many friends but also developed myopia. I have found several things in my adulthood (I'm 38) that are sources of stress that were introduced from the time i started to speak. These things are extremely fundamental building blocks of my worldview and not specific traumatic events that occurred to me. I think it's possible that as a child, the critical capacity is not developed and there is no way to identify and name the specific sources of conflict and also that these conflicts may not be problematic at first- only later after the trail is completely cold does one begin to put the pieces back together.

> I could have hardly achieved this if I were torn  
>by emotional battles, if I had cronically repressed my feelings, and if I  
>felt as uneasy I as I unfortunately feel now.

Causing myopia may not necessarily require full-blown strife, maybe just a little is enough or perhaps the demonstrative people are the ones who avoid the nervous manifestations of stress.

>

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>the level discussed sets in. The primary reason for the acquired myopia is  
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>that it is not the cure-all. But for adults I believe good emotional balance  
>is a NECESSARY supplement to the grunt-bearing myopia-reduction process:  
>adaptation to weaker and weaker lenses.

My guess is that the environmental factors; poor light, close work, etc.  
combine with the various stresses of life to cause the problem. And i agree  
that the physical work of changing habits is as necessary as the psychic  
work.

All of my eye exercise regimens that i have tried to set up over the years  
have had temporary success only, the old patterns reestablish themselves. I  
have been seeing the first really solid results for the past year strictly  
from picking away at discovering my subconscious motivations and really  
facing what i believe, want and \*AM\* (it's totally surprising what pops up)  
and find the motivations to eat right and exercise and do eye stuff have  
been falling into place as a preference and desire. I'm seeing much better  
and its not going away like it used to.

I guess it doesnt really matter how it got there, it's whatever works to  
get rid of it!

-Bill

=====

- 
- Prev by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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# Re: Muscle tensions (was Re: jaw relaxation techniques)

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- *Subject:* Re: Muscle tensions (was Re: jaw relaxation techniques)
  - *From:* [BillS@vav-nun.com](mailto:BillS@vav-nun.com) (Bill Stender)
  - *Date:* Tue, 23 Jul 1996 18:05:32 +0900
- 

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I guess it doesnt really matter how it got there, it's whatever works to  
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-Bill

=====

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- Prev by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
  - Next by Date: [Re: Your laser eye surgery](#)
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# Re: Your laser eye surgery

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- *Subject:* Re: Your laser eye surgery
  - *From:* Torres Mario <[mtorres@wsmr-relay2.arl.mil](mailto:mtorres@wsmr-relay2.arl.mil)>
  - *Date:* Tue, 23 Jul 1996 08:20:54 -0600 (MDT)
- 

On Tue, 23 Jul 1996, Stefan Stefanov wrote:

> > Indeed I find these excerpts very interesting because I've just finished  
> >going through the laser eye surgery to correct my severe myopia, (Sorry  
> >to disappoint any hard-core VT'ers). And I am very impressed and very  
> >happy with my results in going from 20/1200 to around 20/25-20/30.  
> >Anyway, this weekend I noticed my self feeling really insecure and sad  
> >and even boggled down with deep feelings and at one time holding back  
> >some strong emotions so as not to cry. Now I wonder if the sudden  
> >recovery of my sight is bringing out all this penned up feelings?  
> >Interesting but I certainly do plan to put to use all the skills I've  
> >picked up from VT to try and keep my sight healthy and I will try and  
> >deal with sudden rush of emotions. \*interesting!\*

> >  
> >Mario

> Are these emotions of joy, of happiness after gaining back what you lost  
> long time ago, or are they feelings of regret that you have cheated on VT  
> and have corrected one error with another error?

:) Kind of funny the way you phrased that. No psychological analysis here right? Just Kidding. You know I am really happy about the results and yes of gaining back what I've lost a long time ago. It really is amazing how it all worked out and I can tell you all about it if you want. But I must admit I was very, very, impressed by the skills of this doctor, the smoothness and precisness of the procedure and the immediate results with no pain. Can you tell I'm still I bit extatic about it? Truly I don't feel any regret what so ever about "cheating" VT. Actually, I gave up on VT no so much because I did not believe in it... but because it required so much dedication and the results would have to come from a long term

commitment that I was not ready to take on. But down deep in my heart VT sounds like a great alternative to regaining your vision. So I still see it as that, an alternative but now I believe that it is not the only alternative. I was a bit apprehensive going into the surgery but after it was all said and done in about 15 minutes, I was impressed and all my fears were put away. Its amazing that I am writing this without any aid of glasses. I still employ a lot of the things I learned from VT, palming, sunning, eye formulas, attitudes etc.

Now the feelings that I was experiencing were interesting because they were feelings from my young adulthood, such as insecurities and fears of loved ones, career and future. Now, I have decided that I am going to deal with such feelings instead of pushing them aside and trying to understand what it was that I was trying not to see. Its just weird that these feelings are now coming back a couple of days after gaining my sight. It may be a coincidence but either way I am not going to take them lightly and will deal with them accordingly. The repercussions of not dealing with them are too great. Well this may be a longer spill than you anticipated, but its part of my new attitude of openness. :)

>  
> It is my unsuredness of the scope of effectiveness of VT that makes my life  
> hell and keeps me from going on with PRK.

Exactly, I guess if I think about it that had a great deal to do with my decision also. It was more my lack of faith even though all the "theory" behind VT seems to be right. Though decision... but as for me I was really sick and really tired of having that obstructed sight, it was really a pain having to mess with contacts and glasses. So simply, I don't regret that I had it done.

>  
> Stefan Stefanov  
>  
> -----  
>  
> This is a private message but please respond to the list (unless you  
> \*strongly\* prefer private). The only reason I wrote private is because I  
> just posted a long message to the list on another topic and didn't want to  
> dilute its importance with other posts, be they also important.

Right. I've decided to post also to the list, all in the spirit of openness and sharing, and some feel strongly against surgery but I will share anyway, we'll see if it makes it. ;)

Mario

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- 
- Prev by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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  - Prev by thread: [Re: Underwater Viewing](#)
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# Dental Poisons -- where to go for more information

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- *Subject:* Dental Poisons -- where to go for more information
  - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Date:* Tue, 23 Jul 1996 14:03:57 -0500 (EST)
- 

Hi everyone.

It seems a lot of us are interested in teeth. I am too, but the purpose of this list is to talk about the EYES. Maybe someone should start an alternative dentistry mailing list.

Until then, there is a great web site out there that will lead you to a wealth of information on the poisons of fluoridation and fillings, the Preventive Dental Health Association...

<http://emporium.turnpike.net/P/PDHA/health.htm>

Following are the latest posts to I SEE regarding fluoride and mercury. I put them all together in one place so as not to crowd out the legitimate eye-related discussion.

--Alex

----- Forwarded message -----

From: "Richards, Caroline" <[richardc@SYDNEY.BTAP.bt.com](mailto:richardc@SYDNEY.BTAP.bt.com)>

To: I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>

Subject: Re: "TABLE SALT" IS POISON!!!!

Date: Tue, 23 Jul 96 16:31:00 PDT

You read stories in magazines from time to time about people who have been chronically ill and lethargic until they have all their mercury fillings removed. There was even one about a woman who was blind for 15 years, until her fillings were removed - something about short-circuiting. Whatever the reason, the removal of the fillings (if you believe what you read) brought

back her sight immediately.

I am lucky enough to only have 3 fillings, but I've opted for the white ones, even though they don't last as long and are more expensive (in England).

Incidentally - they say that even if you have a mouth full of mercury, it isn't necessarily the best thing to remove it all until it needs replacing.

I don't know about the USA, but in London you can get the level of mercury vapour in your mouth measured and compared with 'safe' levels.

Caroline

-----

From: Tara Banfield

To: i\_see

Subject: Re: "TABLE SALT" IS POISON!!!!

Date: Monday, 22 July 1996 3:17PM

Yum, amalgam. Another insult to the human body. I'd rather explore my options here. It wouldn't be at all surprising to discover that some folks have excruciating sensitivity to amalgam, what with body parts being connected and all.

Feeling kind of toxic,

-Tara

----- Forwarded message -----

Date: Tue, 23 Jul 1996 12:27:11 +0100 (BST)

From: Mike Ellwood <mwe@unixfe.rl.ac.uk>

To: Tara Banfield <terror@eskimo.com>

cc: i\_see@indiana.edu

Subject: Re: "TABLE SALT" IS POISON!!!!

On Mon, 22 Jul 1996, Tara Banfield wrote:

> Yum, amalgam. Another insult to the human body. I'd rather explore my  
> options here. It wouldn't be at all surprising to discover that some folks  
> have excruciating sensitivity to amalgam, what with body parts being  
> connected and all.  
>

Mercury amalgam used for fillings has been implicated as a cause of Tinnitus (ringing in the ears) in some people. However, it's not a case of getting it removed and the T. going away, as sometimes this

has also caused Tinnitus, or made existing T worse. It's a tricky condition with many causes, or triggers. If there are any Tinnitus sufferers on this list who are unaware of it, check out the newsgroup alt.support.tinnitus. You won't find any instant cures there, but you will find plenty of supportive people and good advice.

Mike.Ellwood@rl.ac.uk

----- Forwarded message -----

Date: Tue, 23 Jul 1996 14:19:16 +0100 (BST)  
From: Mike Ellwood <mwe@unixfe.rl.ac.uk>  
Reply-To: m.w.ellwood@rl.ac.uk  
To: "Richards, Caroline" <richardc@sydney.btap.bt.com>  
cc: Tara Banfield <terror@eskimo.com>, I\_SEE <i\_see@indiana.edu>  
Subject: Re: Fluoride; was: "TABLE SALT" IS POISON!!!!

IMO, this whole fluoride thing is another example of the "quick fix" syndrome. Because science has progressed on many fronts, those of us particularly in the industrialised west come to believe that science can solve all society's problems. Instead of the much more difficult (and perhaps economically and politically damaging) task of educating people away from decay-inducing foods and drinks, we tell people they can (literally) have their cake and eat it, with the help of the fluoride fix.

Glasses are an easier fix than VT, which is hard work.

Cycle Helmets and air-bags are an easier fix than curbing vehicle speeds and improving road-user behaviour.

And well blow me down if these fixes aren't also quite good for the economy, at least in the short term...

Fluoride was always simply too good to be true, and unsurprisingly, it turns out not to be true, or at least not as true as was once thought.

It's not too hard to imagine similar events some time in the future relative to genetically altered foodstuffs.

I'm not anti-science - quite the opposite - but it's as well to realise that it may have limitations, and announcements of progress should always be taken with a healthy dose of humility on the part of the sellers, and a healthy dose of scepticism on the part of the buyers.

Mike.Ellwood@rl.ac.uk

----- Forwarded message -----

To: i\_see@indiana.edu  
Subject: Re: "TABLE SALT" IS POISON!!!!  
Date: Tue, 23 Jul 1996 09:15:16 -0500  
From: Mark Jones <mjones@auscsmp.sps.mot.com>

>fluoride, you may like to think about the possible toxicity of the mercury  
>in the dental amalgam used for filling tooth cavities; see  
><http://www.geocities.com/HotSprings/1076/healthis.html>  
>Is this just as "bad" as fluoride or "worse"? Would the health of the eyes  
>be affected in any way?

I hope the 'just as "bad" as' was simply a way of speaking  
and not intended as an argument. I prefer to reject them  
both.

Mark

----- Forwarded message -----

Date: Tue, 23 Jul 1996 09:42:05 MDT  
From: Scott Lorbeer <usssl@msu.oscs.montana.edu>  
To: i\_see@indiana.edu  
Message-ID: <009A5C03.AC4C9B80.255@msu.oscs.montana.edu>  
Subject: Flouridation and filters

Mark asked about water filters:

My personal concern on drinking water is to remove the  
fluoride and chlorine, as well as toxins that the city did not  
remove, or were picked up on the flow through the pipes.

I believe that chlorine will reconvert to a gas and volatize off  
if left out for a day or so, which is what pet stores  
recommend to be done for tap water before being used in  
aquariums. Carbon filters can remove it at the tap or shower  
head.

Flouride stays in ionic form (like a dissolved salt) (I believe) and  
does not come out by letting water sit, or through carbon filters.  
According to literature from the Extension Service, reverse  
osmosis or distillation is about the only way to remove salts

like fluoride.

There are several reverse osmosis filters on the market. They work by forcing the water through a micro pore membrane. The membranes slowly degrade and need to be replaced periodically. A pre-filter can remove sediments and chlorine that can accelerate the wearing down of the membrane. These filters are slow, they run at drip speed, and so a collection device is usually included. They often need to be installed under a sink or on a basement wall. They can clean about 2-10 gallons per day.

I haven't seen many r.o. filters around. But I have seen one at Costco in their California stores, (but not their Montana stores). The price seemed good, I forget how much, maybe \$80 to \$120. Several years ago I bought a small faucet model from Damark, it worked for a while, but I haven't seen them available lately.

TRIVIA ON ORIGINS OF FLUORIDATION:

I read in Acres, USA that the idea that fluoride is good for teeth developed in an area of the country where there were high levels of phosphorus and calcium in the rocks and soil. The food grown in this region was also high in calcium and phosphorus, hence children growing up there had strong bones and teeth. Fluoride is a mineral that occurs with calcium and phosphorus, but is more soluble, and tends to be found in the ground water. Scientists found Fluoride in the natural water supply and assumed it was the Fluoride that caused strong bones and teeth, but others feel that it is the calcium and phosphorus in the crops. This wrong assumption led scientists to believe that adding flouride to water would give a health benefit.

I asked an M.D. about fluroide, he told me that among other things it was an enzyme inhibitor. Physical life is a series of enzyme reactions -- hence I don't want fluoride in my water. So my taxes put it in, and I pay again to take it out.  
hope this helps,  
scott

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# Re: Underwater Viewing

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- *Subject:* Re: Underwater Viewing
  - *From:* Mark Jones <[mjones@auscsmp.sps.mot.com](mailto:mjones@auscsmp.sps.mot.com)>
  - *Date:* Tue, 23 Jul 1996 14:07:41 -0500
- 

>Last summer, at a local swimming hole i accidentally tried out a  
>young friends face mask and checked out the underwater view. I was  
>blown away by the detail. For once i could see very clearly  
>what was going on under the water. I swear i could see 20/20 as  
>long as i stayed underwater. My usual correction is -5.  
>

I've noticed the same effect underwater. Using goggles  
at the pool, I am sometimes surprised at the high levels  
of particles. I don't know if there's a good Newtonian  
model for the experience (the clarity, that is).

Mark

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# Re: Driving without glasses

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- *Subject:* Re: Driving without glasses
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Tue, 23 Jul 1996 12:54:59 -0700 (PDT)
- 

A driver with bad vision kills 3 girls.

>From UPI:

Copyright 1981 U.P.I.

May 18, 1981, Monday, AM cycle

SECTION: Regional News

DISTRIBUTION: Ohio

LENGTH: 408 words

DATELINE: NAPLES, Fla.

BODY:

Former Ohioan Rolland Slatzer, 79 and legally blind, surrendered himself Monday and was taken to a north Florida correctional facility to undergo tests to determine where he will serve his manslaughter sentence for the deaths of three young girls.

Slatzer was sentenced to spend from six months to five years in prison. He pleaded no contest to three counts of manslaughter for driving his car through a group of five children playing near an East Naples street. Slatzer said he did not see the children and thought he had only run over a garbage can.

In the Oct. 9, 1980, incident, Lisa Gant, 13, Renee Dodgion, 13, and Helen Oast, 12, were killed. Terri Gant, 8, was injured. A fifth girl was unhurt.

Slatzer entered no contest pleas to charges of culpable negligence for

the injury, and to two counts of leaving the scene of an accident.

Using a description of the car given them from one of the girls, police found Slatzer shortly after the accident at a nearby restaurant.

Although Slatzer said the girls were lying in the middle of the road playing marbles, others said the girls were near a tree at the end of a driveway when Slatzer's car ran them down.

A Collier County sheriff's spokesman said Slatzer was taken to the Lake Butler Reception and Medical Center north of Gainesville.

Tim Jones, a correction officer at Lake Bulter said Slatzer will be given a battery of educational, medical and psychological testing to determine at which facility the great grandfather should serve his term.

Slatzer will be eligible for parole after his examinations at Lake Butler.

'I think it's unfair,' Slatzer said of his sentence. 'There was no intent on my part to hurt those girls. I just didn't see them.'

Police said Slatzer, unable to obtain a Florida driver's license 13 years ago when he moved to Naples, returned to Ohio to renew his license without a visual examination.

Slatzer's attorney says he is legally blind, has hearing and heart problems and only drove the day of the accident because his wife was hospitalized. She has since died of cancer.

'Usually I didn't drive,' Slatzer said. 'Betty always did the driving. The only reason I drove that day was because I had taken her to the hospital and she turned the car over to me. I was just going to get supper when the accident happened.'

'I think the jail sentence was vital,' said Gary Dodgion, father of the one of the victims. 'He had to be punished.'

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- Prev by Date: [Re: Underwater Viewing](#)
  - Next by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)

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# Re: Muscle tensions (was Re: jaw relaxation techniques)

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- *Subject:* Re: Muscle tensions (was Re: jaw relaxation techniques)
  - *From:* Mark Jones <[mjones@auscsmp.sps.mot.com](mailto:mjones@auscsmp.sps.mot.com)>
  - *Date:* Tue, 23 Jul 1996 15:07:02 -0500
- 

Stefan,

It's an interesting hypothesis, but I don't think it argues against the usefulness of body work for vision improvement.

Here are some rambling thoughts: I also seem to have had a childhood and adolescence successful in most areas that were important to me at the time and not so successful in some other areas. However, childhood is the time that we develop many of the patterns of behaviour that later drive us unless we do a lot of work releasing the energy. Sometimes I discover that an issue that seems to bother me a lot now, resulted from a small, almost unconscious behavioural choice I made some time many years ago.

I was going to say that emotional maturity is not germane to the discussion. Then I realized that as children, we make choices of behaviour and belief based on limited information. We begin to ossify ourselves if we grow older and fail to re-examine those choices and become more flexible.

Another issue is that releasing muscular and energetic stresses ought to accelerate one's emotional fluidity which should feed the process of vision improvement. Deep changes are more difficult if we are holding onto or defending a self-image out of fear or out of holding on too tightly to one way of seeing the world. If you pay attention, you can quickly identify where your body is tensing up in various situations. Others can help identify areas of bodily tension that we ignore

because it feels normal.

The relevance of emotional release through body work makes sense to me since vision is mostly an energy phenomenon (here I'm using a model that I know many will not ascribe to; mind is most adept at defending and maintaining the mirror of self-reflection; so powerful multi-verse vision should be a trans-mind phenomenon; OK you can wake up now.) and since all muscles of the body (as far as I have been able to discern) are connected. The body is full of energy and chronic tension (associated with emotional stresses as far as I've been able to discern) effects the flow.

>To recap, I believe most myopia develops BEFORE the emotional maturity of  
>the level discussed sets in.

It may be that we are too susceptible to conditioning at early ages (or not susceptible enough to good suggestions), thus our lack of "emotional maturity" may be what allows us to choose myopia.

Here are some more concrete images:

Recently, after hurting my knee swimming, I had a session with a swimming instructor. I thought I was a good swimmer, but I was happily surprised to discover various ways to make my strokes more efficient, more powerful, and more relaxed. Also, I've done some work on identifying and relaxing other areas of chronic tension. I didn't feel any deep emotions coming out, just joy at discovering a new level of relaxation in movement and ways to be more efficient in manifesting my body in space/time. I like to cultivate resonant models, so I look forward to finding ways to make my vision more efficient, more powerful, and more relaxed. For me, vision improvement is a whole body thing.

Mark

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- Prev by Date: [Re: Driving without glasses](#)
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# Re: I see the DAMD in my rear view mirror

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- *Subject:* Re: I see the DAMD in my rear view mirror
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Tue, 23 Jul 96 15:35:00 PDT
- 

I'm all for people doing what they can to improve their vision, but NOT at the risk of harming other people. Haven't drunk drivers proved over and over again how this type of "The law's irrelevant, I'm the only one who can say if I'm safe to drive" logic does not work?

There are so many people killed on the roads each year, why don't we just say that this idea of 'below the legal limit' drivers driving without correction is (if not extremely reckless driving) at best debatable and therefore not worth the risk?

Come on, let's not get ourselves a bad name when all we're trying to do is help ourselves. Surely it isn't too much to ask for people to act responsibly and not endanger others in the attempt.

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> None of those who reported their good results driving without glasses spoke

> about the benefits of blurry vision or that 'everyone should do it'. It is  
> disrespectful not to assume that they may have good enough judgement to  
> know when they are being safe, and act accordingly. If one truly wanted to  
> help, one might consider exploring what factors make up a truly safe  
> driver. Maybe also ask what things this myopic driver may have learned to  
> make themselves a safe driver instead of assuming they are simply trying  
> their luck at surviving while driving blind. These statements are usually  
> just projections and prevent everyone from learning anything.

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- Prev by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
- Next by Date: [Re: Driving without glasses & injuring someone](#)
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# Re: Driving without glasses & injuring someone

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- *Subject:* Re: Driving without glasses & injuring someone
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Tue, 23 Jul 1996 18:21:56 -0700 (PDT)
- 

>From a thread on rec-bicycles.soc, etc. on driving without glasses.  
>No-one has said it seems fine to them.

Date: Tue, 23 JUL 1996 22:34:07 GMT  
From: Nicholas Sylvain <[sylvain@ix.netcom.com](mailto:sylvain@ix.netcom.com)>  
Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,  
alt.law-enforcement, rec.autos.driving  
Subject: Re: Driving without glasses

snowe@rain.org (Nick Halloway) wrote:

>On Tue, 23 Jul 1996, Kai wrote:

>> How would these people feel if they hit and killed somebody while not  
>> wearing their glasses? I for one wouldn't like to face the relatives of the  
>> victim and have to explain why I wasn't wearing my glasses.

>I would think someone who was driving around with 20/200 vision or so  
>and injured or killed someone would be in a lot of trouble --  
>reckless driving? involuntary manslaughter? and be a sitting  
>duck for a large lawsuit.

Indeed, I think that anyone in that situation would be "peversely  
disregarding a known risk" and as a consequence acting with criminal  
recklessness, at the very least.... depending on the situation, it  
could go even higher.

Nicholas Sylvain ([sylvain@ix.netcom.com](mailto:sylvain@ix.netcom.com))  
Assistant Prosecuting Attorney, Montgomery County, Ohio

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# A long addendum to "Re: Muscle tensions"

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- *Subject:* A long addendum to "Re: Muscle tensions"
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Wed, 24 Jul 1996 00:17:02 -0400
- 

I thank everybody who has replied to my post.

Bill, I'm glad we're in agreement on the essential points -- I enjoyed your posts and I hope to be exposed to more of your ideas.

Mario, congrats on your successful operation. I may be a "hard-core VTer" but I certainly don't expect everyone to be as I am or do as I do. Hope you'll keep us informed, and get additional benefits from your Batesean vision skills.

Stefan, I will have to clarify a few points before getting down to a full-blown reply. By childhood emotional experiences, I mostly mean EARLY, like in very early, experiences, and I mostly mean REPRESSED memories, i.e. not the ones that you or I readily remember, but the ones stored away from consciousness (or even too early to be conscious). Otherwise, on the surface, the childhood/teenage picture you've described looks familiar -- been there done that, the best student, the formal/informal leader, sports achievements, off to a good start in college by being voted the prettiest freshman, etc.. Yet all these things are "me for others" -- "me behaving a certain way," "me succeeding by some outwardly imposed standards," "me getting approval from the outside world," and so on. They still don't prove anything about how one feels inside. There's a good reason for why so many people don't really KNOW how they feel inside -- they've been trained to assume that if they're well-adjusted and successful they're "entitled" to feeling good, and if they aren't they're supposed to feel bad. As adults, they seldom remember how to differentiate between what they actually feel and what they've been trained to feel. If it wasn't for this falsification, or if a falsified emotion was a good substitute for the real one, there would be no movie stars or millionaires or world-famous writers committing suicide -- but I do seem to recall a few names...

As for the time frame for acquiring myopia: an early emotional trauma (either cumulative or a single occurrence) causes some crucial changes in the functioning of the brain (the earlier it occurs, the more fundamental

are those changes), and they may take years to fully manifest themselves. For instance, early traumatic experience has been proven to be capable of changing the output of the growth hormone for life. This invariably screws up the immune system's functioning and all the delicate hormonal balance in the body. We don't know which substances specifically do the biochemical job of changing an emmetropic eye into a myopic one, but they may be (and most probably are) long-term factors that get into the picture covertly long before they become manifest. Btw, the genetic theory of myopia goes down the drain with this understanding.

Now for a full-blown reply. I have some notes that seem to already contain answers to some questions I could anticipate. Mostly I was just writing down some of my thoughts -- it often helps me clarify them -- and I wasn't sure I was going to post this particular piece of speculation to i\_see, therefore I didn't do any self-censoring. So anyone who feels that my opinions are too strong or offensive, please accept my assurance that there's nothing of the order of a personal attack on anyone contained therein.

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The changes in my vision came inseparably connected with changes in my thinking and my emotional status. At some point, I abandoned (lost?) much of my habitual control over feeling and expression and just let it all take its course, watching with a modicum of detachment how the first layer (excitement and hope as VT brought its first fruits, and some arrogance too -- "see what I can do!" and some unexpected "mentor's" overtones -- "I'm the one who knows the way!..") shifted to reveal the deeper level of feeling (anger! even rage! what did "they" do to me, how did "they" get me into this myopic mess in the first place?), only to be replaced by a host of other, deeper still, emotional realizations. That anger, for one, is fear in disguise ("they" can do things to change me, "they" shape my being into what "they" want it to be... and I don't even know when it's happening, I change in order to conform, I AM the product of this change... which is, whatever it is, however successful and well-adjusted to THEIR requirements, not the real me!). It only sounds paranoid if one stops right there -- but I followed the general rule, which was to ask the next question, rather than dismiss something I'd arrived at as "paranoid" or "speculative" or "subjective" or whatever. So the next question was, who are "they," exactly? And who is the "real me," for that matter? I only seemed to know one thing for sure about this alleged "real me": it's someone with perfect vision. So whatever happened to change this natural reality into its myopic distortion was a violation of my right to be myself.

Whatever/whoever it was had built itself into me, into my very own physiology, into the shape of my eyes and the way they see; and knowing that THAT was my myopia -- an alien thing, an "act" of conforming to someone/something else's requirements superimposed on my "real" functioning, it was only natural to infer that it was reversible, as long as I could correctly pinpoint the "villain," the thing or process responsible, and

eliminate it. Easy to say, one may think, where's the time machine? Whatever happened happened in the past, so how do I reach it from the present?

We are adults, to varying extents successful in our adult endeavors, busy solving our adult problems, enjoying our adult pleasures, and fulfilling our adult responsibilities; that's what we all think. Whatever happened to us, around us, and within us in the remote past, in early childhood, in infancy, seems to have nothing to do with our present joys and sorrows. But the thing is, the very concept of the "past" -- and the concept of time as such -- is the product of a late evolutionary acquisition of our human brain, the layer on top capable of conceptualizing. That's the part of us that can differentiate between "past" and "present," "then" and "now," "childhood" and "adulthood." The major part of our brain, and in particular its limbic system, the home of the "feeling" mind, can't do that. For the major part of our brains and all of our bodies, memories of past experiences is what's happening to them right now, they are physical, physiological patterns of functioning, not abstractions. Every experience creates an ORGAN in our brain, a tangible, physical organ comprised of a certain number of neurons connected in a certain way, excitable in a certain way, functioning all through our lives. In this (very real) sense, the part of you that can read is an organ; ditto the part that can ride a bicycle. And, unfortunately, the part that has gleaned from your early interactions with the world that you have to be something OTHER THAN YOURSELF in order to be accepted and loved and taken care of -- more polite, or more quiet, or less demanding, or smarter, or faster, or more self-confident, or "the best in everything" -- that part is an organ, too, and it does to certain systems of your body exactly what the part that can ride a bicycle does to the muscles responsible for the actual task: it tries to makes them adjust and perform in a certain way. Unfortunately, however it goes about it, this "certain way" is bound to be the unnatural way, because its task is to replace the natural way you are.

Forgetting all about these "replacements" of the way you really feel with some ritualistic enactments of someone else's idea of the way you are supposed/allowed/expected/encouraged to feel; having no idea of their nature and their very existence; doesn't make the real thing go away. One can forget he or she has a heart or a liver -- with no consequences for the functioning of those organs. Similarly, one can (and does) forget his/her early childhood experiences, with no consequences for the functioning of the organs in the brain created by those experiences. They just go on working, transmitting energy from the bottom to the top of the brain, "moving" the conscious layer the way the ocean would move a splinter floating on its surface. This is what the actual "map" of energy distribution in the brain looks like: the top layer is "rocked by the ocean" underneath.

Now imagine that this splinter is capable of conceptualizing, of thinking "rationally," but has no idea that the ocean exists. Simply has no conscious concept of "the ocean," or of any "underlying energy source." How

would it account for its own movement? Invariably, it would come up with the concept of "free will." It would decide that, since it moves (thinks, makes decisions, etc.), it IS the source of the motion. It would be proud of its "own" achievements whenever the direction of its floating coincided with its "conscious decision" to float in a certain direction. It would become depressed if, for some reason, it were unable to float where it "wants to," if mysterious obstacles between its "will" and the actual direction prevented it from being "free." The "mysterious obstacle" would be the ocean of course, the expansion of energy wide and deep and NOT EVEN CAPABLE OF BEING INFLUENCED by the activities of the splinter, no matter how "dedicated" or "single-minded" or "courageous" or "smart." But the splinter would go on analyzing or modifying ITSELF in order to come up with a solution.

Conscious activity is activity unaware of its energy source. The real outcome of this activity -- where the splinter will float, where an individual life will float, where the human race will float -- is determined by the activity of the energy source.

After seeking high and low for a year, I think I've theoretically solved the riddle of myopia -- and hope I'm on the way to solving it practically -- by integrating into my own understanding the ideas of Arthur Janov; his predecessor, Wilhelm Reich; his on-track (though in a weaker dilution, and shamelessly plagiarizing) followers, J. Konrad Stettbacher, Alice Miller, and Janet Jenson; and some Oriental traditions that view human body/mind/spirit non-dualistically. The above-mentioned sources aren't concerned specifically with myopia; however, my old belief that myopia is a physiological condition brought about by emotional events fit in well with their assumption that all disease, not excluding the "organic" kind, is psychophysiological in nature. Traditional psychology deals with human thinking and behavior, while traditional branches of (Western) medical science deal with organs and systems of the body; I humbly submit that the distinction is false in every single case. The whole symptom-based division of human conditions into "mental" and "physical" and "psychosomatic" is dead wrong. It's not "partially" wrong -- it's wrong in its entirety; medical science is a make-believe science resting on a false premise.

Medicine as we know it is not only counterintuitive and impersonal and cold and uncaring and inefficient and outright cruel; what's worse, it's going nowhere, and no amount of compartmentalized achievement in any given field will ever change the fact. It deals in unrealities. The only reality is precisely what it refuses to deal with: a whole human being -- sick as a whole, well as a whole, normal and real as a whole. "Myopia" is a term for one possible manifestation of the "something is wrong with the whole" condition. So is "diabetes." So is "schizophrenia." So is "cancer." So is "addiction." They are symptoms; distinguishing and investigating them separately from the whole (no matter how deeply) is an act of scientific irrelevance. What's relevant (and ignored) is the fact that they are totally integrated into who "has" them, or, rather, who "is" a lot of things

intertwined with that thing. Each and every one of these symptoms is a "biopathy," to use Reich's term; or a "psychophysical acting-out that replaces suppressed feelings," to use Janov's concept. Without dealing with the whole, mind-body-spirit-tension-repression-defense-pain-pleasure-fear-joy-all-things-human, none of them will ever be resolved. After four centuries of "scientific approach" and several decades of its alleged triumph, where's the goddamn cure for a common cold? Nowhere, and will never be found. Scientific approach (dismantling the whole, naming the parts, and eventually forgetting that a label and the actual phenomenon are not the same... "myopia," for one, is a label which contains NOTHING of the actual experience in it, whereas the real, subjective experience of myopia is NOT a verbal/symbolic expression of anything at all), the tear-it-apart-in-order-to-understand approach to a non-scientific, "non-tear-apartable" entity (a live human being, not a walking collection of labels like "gene" or "cell" or "rotten mood" or "outgoing personality" or "toothache") will never be successful, ever, in any field. There's never been a scientific cure for anything. Alleviating (repressing) some of the artificially isolated symptoms, which is the only thing it's capable of doing, is a trade-off: you shut it down here, it will re-emerge there, you kill your pain with a painkiller and it will do what a "killed" thing is naturally good at doing: turn into a corpse. You'll walk around with all those corpses of your repressed feelings disintegrating in your body/mind/spirit -- forever.

The "Eastern" cure is as prone to forgetting the whole as the "Western" -- the difference is just that they forget different things about it. The most "relaxed" and "aware" splinter floating on top, in deep meditation, with palmed and refreshed eyes, still can't relax the raging ocean underneath. It may be able to meditate itself away from the ocean, away from the underlying reality (maybe into an "alternate" reality for all I know), but it can't meditate the ocean into disappearing. No practice and "training" and exercise alone will do either; whether the eye muscles are relaxed or "trained" won't change the fact that they are an embodiment of the classic muscle block of repression; they contain the repressed feeling in their structure, and there's no changing that structure without releasing and experiencing the feeling. THAT will discharge the circuit in the brain that keeps the spasm in place. Nothing less will do the trick. The incredible pain my eyes felt during the first months of clear flashes was not the pain of "a muscle doing sit-ups;" it was the pain of feeling what had been blocked out of consciousness. The tears that accompanied it were not a mechanical discharge; they were the tears that I suppressed years and years ago. They had to be held back then, and the method is, invariably, suppression of feeling, which starts in the brain and winds up as an electrochemical command to the muscles that actually perform the physical act of suppression. The translation of "e-motion" is "motion toward the outside," and human emotions originate in the universal biological language of expression -- every live creature on Earth expresses what it feels, be it

the most primitive pain/pleasure reactions, as "motions," not as "inner" events, not as rationalizations/intellectualizations. You can sit back and intellectualize without lifting a finger -- but to stop a natural emotion from being expressed, to stop the "motion toward the outside" of a basic natural reaction, one needs to involve a hell of a lot of muscles in the act. And they never stop doing it, for the initial inhibiting command -- "suppress! here's an impulse, here's an adequate feeling you are supposed to feel given this particular stimulus, but don't you dare react to it! do what's necessary to stop it from being released outward!" -- THIS COMMAND HAS NEVER BEEN REVERSED. Hundreds, thousands of such nonverbal commands have never been reversed. They are interwoven with the fibers of our muscles, all through our bodies. They still govern the way our organs work. They still release the ruling hormones, still transmit, electrochemically, their eternal message. Suppress. Don't feel. Block. Shut away from consciousness, forever.

Hypnosis or "positive thinking" won't reverse those commands because you can't reverse a nonverbal message with a verbal message: it isn't backed up with enough energy. The amount of energy your brain uses up to inhibit feelings is too great to be released by an "uninhibiting" verbal idea, energetically infinitesimal compared to the underlying process it's up against. The organs involved respond to their own language, to the universal biological language of feeling. Mechanically performed exercises for the muscles of any kind won't work either, because they contain the movement but not the accompanying feeling, i.e. part of the message but not the most essential part; the most essential part is the "source" of the inhibiting message, its precise emotional MEANING, not the activities of the muscles that are merely obeying it.

Time doesn't exist in the domain of your inner brain. You're still suppressing those tears you had to choke back ten, twenty, thirty, eighty years ago. This very second, that's what you're still doing. That's what a certain part of your brain is busy doing. That's what your muscles are doing. Always. All of them that were ever used to suppress a natural movement, a cry of pain or indignation or pure need. All the impulses to reach out, to cry out for love and understanding and against cruelty and indifference, for all eternity, are being counteracted by impulses to suppress the sound and the motion born of a real feeling, forever circumvented into muscle spasms that had stopped them from being released. Myopia is a garden-variety muscle block of repression, something that has stopped the feeling when you were denied an opportunity to express it -- time and time again. To even express it to your own consciousness, which would amount to consciously understanding what's happening and integrating your own feeling into your consciousness, rather than letting it govern you without your ever knowing what it is that makes you tick in a certain way. Maybe you were too little for that. Or maybe the feeling was too hopeless, too unbearable to face without falling apart. So repression of feeling is a defense of course. At some point, it served the purpose of preserving your

sanity, because integrating the feeling into your consciousness at that time would have flooded it with more pain than you could possibly take. Because you were too little, or because the feeling was too cruel.

It happened long long ago. It is happening right now. It is outside time. Time, a conscious concept of yours, floats on top of a frozen wave of frenzy. That's what the real, tangible energy of a repressed feeling is: a frozen frenzy in your brain and in your body. You can't feel it because the thing that's frozen is feeling itself. Release it -- and what you feel is pain. Until it has been felt it can't be released; until it's released it can't unfreeze the muscles.

My better vision came at a price. A number of very near and dear illusions, the important ones, the ones that have shaped my perception of myself and of some "crucial" people and events in my life as well as in the larger world, came crushing down at the onslaught of clarity. Another confirmation of the essential sameness of our perception, feeling, thinking, and physical functioning. From the start, I couldn't decide what term would appropriately express the idea of this sameness. At one point, I was almost tempted to call myopia a "neurotic" condition, but didn't of course because the word has such unpleasant connotations and in fact is an insult in the guise of a medical term; but I felt that I needed a term that would express the sameness of what primarily manifests itself as functional difficulties (like myopia or stammering or impotence) in some people, as behavioral inadequacies in others (like addictions or criminality or the neurotic need to "prove oneself" over and over again, to overachieve, to rely on the perceptions of others for one's concept or self-worth), and as organic complaints (like cardiovascular disease or arthritis or cancer) in still others. The term was supplied by Janov: unreality. Regardless of the course repression has taken in an individual, organic or functional or behavioral, the outcome is always the same: its victim is unreal. Severed from his or her real feelings, which are replaced by surrogate activities or organic complaints or functional insufficiencies, this person is an illusion, living and breathing unreality. The very awareness of this fact is what our defense mechanisms are busy hiding from us. When some of them are removed, it dawns on you that you've never been yourself -- nobody ever let you. The plight is quite universal. You don't have to be subjected to some extreme, headline-type abuse; all you have to do to be thus deprived of yourself is be born to ordinary civilized parents, in an ordinary society of any type, in a world screwed up phylogenetically way before your birth, bound to screw you up onthogenetically no matter what you do. Hidden cruelty in child-rearing is your human heritage. In this respect, East and West match each other and don't differ a lot, although some Eastern methods of alleviating the universal results of the inherently cruel upbringing seem superior to some and Western, to others.

Is it worth it, coming to realize -- not intellectually, but with your whole being -- things like these? It can't be minor, it's an all-or-nothing

realization. It can do things to your life. It can demolish your values and goals just like that, the real you suddenly awake amidst a crazy make-believe, not knowing what to do next, not wanting to fit in anywhere where things are this way, not seeing anywhere where they aren't. Is it worth it?.. Anyone can decide for himself or herself. Improving myopia is increasing the real you and decreasing the unreal you in a lot more ways than what directly pertains to visual acuity. Is it worth it to be real? Far as my present understanding is concerned, there's nothing else worth living for. Although for someone else, quite plausibly, some kind of acceptable unreality will do, and acting-out and getting symbolic rewards for symbolic achievements (be it money or prestige or success or importance or power or whatever is out there that is essentially NOT A FEELING but something you replace it with, for lack thereof) will substitute for what's missing just fine.

Not for me. A whiff of reality makes all unreality stink. Can't help it. I was born to be real. I think everyone was, but I can't make "everyone" real, nor will I try talking "everyone" into wanting the same thing that I want. It's difficult and I don't quite know how to go about it and it's got to be resolved between me and me. The dispute between you and you is, similarly, none of my business.

But, hey everybody, I just wish for the real you to prevail.

Elena

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## Re: accomotrac

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- *Subject:* Re: accomotrac
  - *From:* "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - *Date:* Wed, 24 Jul 1996 00:49:48 -0400
- 

Richards, Caroline wrote:

>  
> Why won't you be able to get back to normal? Does this imply that people  
> with a small degree of myopia won't be able to improve as easily/at all?

I will be able to!

Actually, this is something I was wondering about; is progress usually "linear"-- or does one typically improve faster the worse your sight is but slower the closer you get back to normal?

>  
> Caroline  
> -----  
> From: Art Blake  
> To: Kip Bryan  
> Cc: i\_see  
> Subject: Re: accomotrac  
> Date: Tuesday, 23 July 1996 12:05AM

>  
> - the doc was quick to tell me that it would  
> be unlikely that I would improve completely back to normal. I'm  
> hoping to prove him wrong.

>  
> --  
> Art Blake -> [art@blakesys.com](mailto:art@blakesys.com)

His reason for saying this was so that I would not have un-realistic expectations about what VT could do for me. I did not like the negative attitude and I countered with "on the other hand nothing is impossible." He agreed with this.

If you don't believe you can do it, you are setting yourself up for failure.

--  
Art Blake -> art@blakesys.com

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# Fluoride filter page

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- *Subject:* Fluoride filter page
  - *From:* [dcmjune@pc.jaring.my](mailto:dcmjune@pc.jaring.my)
  - *Date:* Thu, 25 Jul 1996 00:03:06 +0800
- 

>To: "Richards, Caroline" <richardc@sydney.btap.bt.com>  
>Cc: Tara Banfield <terror@eskimo.com>, I\_SEE <i\_see@indiana.edu>  
>Subject: Re: "TABLE SALT" IS POISON!!!!  
>Date: Mon, 22 Jul 1996 10:36:05 -0500  
>From: Mark Jones <mjones@auscsmp.sps.mot.com>  
>Sender: owner-i\_see@indiana.edu

>  
>  
>Speaking of flouride reduction, can anyone recommend  
>water filters that succeed at flouride reduction  
>(along with the other toxins)? Multipure (my current  
>water filter) stopped selling the flouride filter.

>Mark  
>  
>

A filter, designed and produced by a Nuclear Physicist (?), marketed as GE II by General Ecology is claimed to remove virtually everthing (except water, of course) ..including the halogens (chlorine, fluorine/ fluoride), heavy metals, bacteria, etc. It is also claimed that the filter is used by major airlines, the U.S. Armed Forces in the Gulf War, and other major organisations. They also claim favorable analytical tests certifications by reputable international centers. The filter is a bit pricey, but if all their claims are true??..

You may like to read more about them, and make up your own mind, at:

<http://www.concentric.net/%7E1pwp/>

David Matanjun.

P.S. No..I am working neither for the fluoride industry nor for General Ecology. As a health-related scientist, I believe we should share all available information for the benefit of everyone and anyone who care to make an informed decision..

```
*****  
*   David Matanjan                                     *  
*   E-mail: dcmjune@pc.jaring                         *  
*   URL: http://www.geocities.com/HotSprings/1076 *  
*****
```

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- Prev by Date: [Re: accomotrac](#)
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# Re: accomotrac

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- *Subject:* Re: accomotrac
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Wed, 24 Jul 96 11:05:00 PDT
- 

Why won't you be able to get back to normal? Does this imply that people with a small degree of myopia won't be able to improve as easily/at all?

Caroline

-----

From: Art Blake  
To: Kip Bryan  
Cc: i\_see  
Subject: Re: accomotrac  
Date: Tuesday, 23 July 1996 12:05AM

- the doc was quick to tell me that it would be unlikely that I would improve completely back to normal. I'm hoping to prove him wrong.

--

Art Blake -> [art@blakesys.com](mailto:art@blakesys.com)

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- Prev by Date: [Fluoride filter page](#)
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# Re: accomotrac

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- *Subject:* Re: accomotrac
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Wed, 24 Jul 96 17:27:00 PDT
- 

Art

That's what's worrying me, since my eyes are only -0.5 and -1.0 to start with. Tell you what, be sure to let me know when you bypass me and I'll swallow my doubts and try harder!

Caroline

-----

From: Art Blake  
To: Richards, Caroline

Actually, this is something I was wondering about; is progress usually "linear"-- or does one typically improve faster the worse your sight is but slower the closer you get back to normal?

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# Re: Muscle tensions (was Re: jaw relaxation techniques)

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- *Subject:* Re: Muscle tensions (was Re: jaw relaxation techniques)
  - *From:* [BillS@vav-nun.com](mailto:BillS@vav-nun.com) (Fr. ALSO)
  - *Date:* Thu, 25 Jul 1996 00:45:40 -0700 (PDT)
- 

At 10:27 7/25/96, Caroline wrote:

>I wonder if this fits in with what other people find. Is VT of no permanent  
>use unless the accompanying subconscious work is also tackled? Or is this  
>just if the cause is mainly emotional rather than mainly bad habits?

No definite answer to that i can offer. My experience is that the VT has  
been effective, but not completely\_successful. My strong belief is that the  
flashes of proper relaxation/functioning are temporary because the cause(s)  
of the spasm are still present. the external exercises are essential for  
me though, the feedback from what that work generates helps identify  
success on the other end. the bad habits of viewing are to be fully  
discovered and could possibly drive the process, if driving the process is  
actually possible.

>  
>Bill - Anything special about how you discovered your subconscious  
>motivations?

sheeew:> some luck, some diligence, So many of the clues posted by Elena  
earlier today are right on the money for me too. I will be posting tomorrow  
and beyond to try and recount what i can. The telling of successes helps to  
establish/define their reality for me. Much more to still discover, so dont  
use the past tense please!

The mind is an iceberg, the conscious part is above waterline.

-Bill

BillS@vav-nun.com

~~~Possession is nine-tenths of the flaw~~~

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Re : Accommotrack

- *Subject:* Re : Accommotrack
 - *From:* Massimiliano Stolfa <mstolfa@rtmol.stt.it>
 - *Date:* Thu, 25 Jul 1996 09:26:10 +0100
-

I have read the debate on the use of the accommotrack with interest and from expert of the sector, I am a regulate Behavioural Optometrist, I would mean anything in worth. Different years ago, five for the precision, I began to use this tool inserts it in my clinical practice like visual re-education for the recovery of the functional myopia. After different time and much personal experimentation I noticed that the accommotrack and similar tools, don't measure the accomodative value of the eye at all (in fact it marks positive values also with afachics) and that has also shown from subjects able to accomodate voluntarily. The variation of the sound depends exclusively from the big or small shine of the reflected ray and therefore from the transparency of the lens, of the vitreous and from the retinic reflection. That is correlated to the attention and to the concentration of the subject. The cost of the use of this tool (for the subjects) has pushed me to continue the searches and together to other two collegues of mine I have patented and experimented a method that before block the myopia, fights it and confers a visual natural acuity (without glasses) superior to what was had in departure; but without eliminate the physical myopia of the eye (because if an eye is longer than another, anything can reduce it without surgery). That could seem absurd, but it is the reality. This method is called S.C.S. Method. The S.C.S. Method eliminates astenopia caused from a wrong behavior at close distances (reading, writing, computer, etc.), it increase the visual natural acuity, it reduces the power of the necessary lenses to have a visual acuity of 20/ 20 and, important thing, it stabilize the results at the end of the period of training (this only with the accommotrack is impossible). All this staying at home going to the Optometrist few times for some checks, without excessive expenses and without strange tools. For have ulterior information you could view my home page to the URL: <http://www.webcom.com/visionet/max.html> or to the general

index to the URL: <http://www.webcom.com/visionet/welcome.html>. All that because I am a promoter of the natural, simple and economic visual- behavioural techniques. Our organism, if direct in a good manner, it is able to enormous potentiality. Excuse for my bad English and I am waiting for any other our visual problem or question.

Massimiliano Stolfa mstolfa@rtmol.stt.it

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- Prev by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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Re : Laser Surgery

- *Subject:* Re : Laser Surgery
 - *From:* Massimiliano Stolfa <mstolfa@rtmol.stt.it>
 - *Date:* Thu, 25 Jul 1996 09:26:22 +0100
-

At 21.24 03/01/70 -0700, Torres Mario wrote:

>

>Very interesting indeed!

>

>On Fri, 19 Jul 1996, Elena wrote:

>

>> Here's another interesting quote, very illustrative of my own unexpected
>> reactions a while back -- from "Out of Sight Into Vision," by Neville Cohen,
>> OD, and Joseph Shapiro, OD:

>> "According to optometrist Dr. Lawrence Macdonald, 'optometric visual
>> training involves rematching the visual and kinesthetic coordination. As
>> the kinesthetic system begins to re-adjust, old memories and experiences may
>> surface to the conscious level. Some of these may be loaded with emotional

>

> Indeed I find these excerpts very interesting because I've just finished
>going through the laser eye surgery to correct my severe myopia, (Sorry
>to disappoint any hard-core VT'ers). And I am very impressed and very
>happy with my results in going from 20/1200 to around 20/25-20/30.

>Anyway, this weekend I noticed my self feeling really insecure and sad
>and even boggled down with deep feelings and at one time holding back
>some strong emotions so as not to cry. Now I wonder if the sudden
>recovery of my sight is bringing out all this penned up feelings?
>Interesting but I certainly do plan to put to use all the skills I've
>picked up from VT to try and keep my sight healthy and I will try and
>deal with sudden rush of emotions. *interesting!*

>

>Mario

>

>

I'm an Italian Vt'er and I use any technique that don't touch the eye to improve the visual skills of my patients. I like to follow your follow-up time in the next month about your vision after surgery (Visual Acuity, its stability during the day, shape vision, colour vision, vision around the

lights, near vision, etc.). Besides, if you know some techniques of VT, I think you can have some helps from it, especially to mantein the results you have had. Any information can help other people and other Optometrists or Ophthalmologists.

Hoping you can only have a better vision than now, I'm waiting for your news. Excuse my bad English.

Massimiliano Stolfa
mstolfa@rtmol.stt.it

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Re: A long addendum to "Re: Muscle tensions"

- *Subject:* Re: A long addendum to "Re: Muscle tensions"
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Thu, 25 Jul 1996 03:49:40 -0500
-

Elena, it was really very interesting to read your follow-up post and I concur with many of the things you said. In essence, you elaborated on your first post, with which, you will recall, I agreed with the therapy you proposed, namely, with the inclusion of 'emotional therapy', emotional release, being yourself, or however you may wish to call it, in the myopia reduction process.

My objection was on the etiological side, that myopia is **caused** by emotional imbalance, something you stated again,

>my old belief that myopia is a
>physiological condition brought about by emotional events fit in well with
>their assumption that all disease, not excluding the "organic" kind, is
>psychophysiological in nature.

and to which I think you've gone too far. You have fallen victim to Russo's first fallacy of reasoning, the 'cave fallacy', i.e. assuming that what you think is true about yourself is the universal rule.

A few basic facts. Myopia is much more common among the more educated people and among those who spend a lot of time doing close work like clerks, etc? About 60% of Southeast China's population is myopic, about 80% in Singapore, and these nations are known for their demanding school systems. Frances Young's study of Eskimo children found an unequivocal relation between their enrolment in western style education and the sudden occurrence of myopia (more than 50%), while virtually none of their parents were myopic. Are you suggesting that all these people have had seriously traumatic childhoods or have suffered from child abuse (sorry, couldn't help thinking about this)?

I think I take a broader view when I observe not only myself but other myopes (in abundance). I have talked on the subject with people ranging from top executives of Dow Jones-10 companies to ordinary stockbrokers to various 'desk clerks' to grassroot librarians to PhD students to artists from all arts, and from another angle, to people from more than 20 countries. Believe me, I have received very different answers, like 'never notice it, I just don my glasses in the morning', to 'weaker glasses make your vision deteriorate' (this from a -5.0 D Chinese).

If you think that all disease has an emotional root, how would you explain a ruptured cornea following a car accident or a broken limb, for example? If these do not qualify as 'diseases' so that they can fit your theory then be sure than I will say that myopia doesn't either. If they do, then I am bracing for a twisted explanation. Like atheletes who develop their bodies in a specific way in response to particular exercises, we, too, have trained ourselves into myopia mainly through close work. However, I do allow for myopia in some cases to have been caused by purely emotional reasons, having dealt with Freud, Carl Young, and Adler in past years as well as having own observations. Without having any data to back this up, my hunch for myopia causes distribution is as follows: 90% environment and genetics, 10% other (psychological causes belong here, as well as others like whiplash injury, brain damage, etc, that cannot be classified as environmental in the sense of 'close work').

As I emphasized in my previous post, 'emotional therapy' is a NECESSARY part of the vision recovery and I look forward to your posts as you have shown an incredible insight into this sphere.

Stefan

=====

-
- Prev by Date: [Re : Laser Surgery](#)
 - Next by Date: [Re: Muscle tensions \(was Re: jaw relaxation techniques\)](#)
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Re: Muscle tensions (was Re: jaw relaxation techniques)

- *Subject:* Re: Muscle tensions (was Re: jaw relaxation techniques)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 25 Jul 96 10:27:00 PDT
-

I wonder if this fits in with what other people find. Is VT of no permanent use unless the accompanying subconscious work is also tackled? Or is this just if the cause is mainly emotional rather than mainly bad habits?

Bill - Anything special about how you discovered your subconscious motivations?

From: Bills
To: stefansi; i_see
Subject: Re: Muscle tensions (was Re: jaw relaxation techniques)
Date: Tuesday, 23 July 1996 6:05PM

All of my eye exercise regimens that i have tried to set up over the years have had temporary success only, the old patterns reestablish themselves. I have been seeing the first really solid results for the past year strictly from picking away at discovering my subconscious motivations and really facing what i believe, want and *AM* (it's totally surprising what pops up) and find the motivations to eat right and exercise and do eye stuff have been falling into place as a preference and desire. I'm seeing much better and its not going away like it used to.

I guess it doesnt really matter how it got there, it's whatever works to get rid of it!

-Bill

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Re: A long addendum to "Re: Muscle tensions"

- *Subject:* Re: A long addendum to "Re: Muscle tensions"
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Thu, 25 Jul 1996 20:26:00 -0400
-

Stefan,

thanks for helping me shape my arguments by disagreeing with them. One can never overestimate the value of a thoughtful opponent!

>My objection was on the etiological side, that myopia is **caused** by
>emotional imbalance, something you stated again,

>

>and to which I think you've gone too far. You have fallen victim to Russo's
>first fallacy of reasoning, the 'cave fallacy', i.e. assuming that what you
>think is true about yourself is the universal rule.

Exactly. And because I did it "with my eyes open," knowing precisely what I was doing, rather than falling into that cave as the result of taking a precarious reasoning step, I found not only those "shadows on the wall" there but also a lot of hidden things not visible from outside the cave, things that I would have missed if I followed the linear path of reason. Guess what -- you get out at the other end of that cave and the path of reason leading to the universal rules is still there, only you realize you've taken a shortcut and saved yourself years of travel!

Btw -- this is not to pick on you, I write in a freakin' foreign language and occasionally can use a spelling wake-up call myself -- it's not Russo as in Russo-Japanese war, it's Rousseau as in, Jean-Jacques. I happen to know why you wrote "Russo" only because we have, in this case, some subjective reality in common: I'm also prone to back-transliterating some foreign names from my native Cyrillic version. I bet nobody understands the precise reason why one would use this particular spelling unless he/she knows a very specific factor -- the Cyrillic version. The reason behind your spelling is unobvious to others, hidden from others, yet absolutely, unquestionably clear to you, right? That's the way all subjective truths

work: they are incontestable. The only problem is arriving at them, for so many are hidden not only from others but from ourselves.

>A few basic facts. Myopia is much more common among the more educated people
>and among those who spend a lot of time doing close work like clerks, etc?
>About 60% of Southeast China's population is myopic, about 80% in Singapore,
>and these nations are known for their demanding school systems. Frances
>Young's study of Eskimo children found an unequivocal relation between
>their enrolment in western style education and the sudden occurrence of
>myopia (more than 50%), while virtually none of their parents were myopic.
>Are you suggesting that all these people have had seriously traumatic
>childhoods or have suffered from child abuse (sorry, couldn't help thinking
>about this)?

Yes.

Yes I do think that education can be and is and has long been a form of institutionalized abuse. A "demanding" school system is all the more abusive. This one, not from a personal perspective of someone to whom books didn't come easy -- I may have mentioned that I had photographic memory in pre-myopic years and to study meant to take a picture, a few minutes worth of homework for each subject can hardly qualify as abuse in my case. But there were other kids who had to spend hours doing the same amount of work, and for them, it was abuse. Not letting them develop at their own pace, setting a universal pace for non-universal, different, one-unlike-the-other kids, is abuse. If it takes the form of close work -- well it's close-work abuse, and if it takes the form of having to compete, being shamed for poor performance, ridiculed for stupidity, threatened with disciplinary action, warned against a bleak future, and instructed that they can avoid THIS kind of abuse by doing more close work, then ok, we may assume that it's close work that's to blame -- unless we notice a not-so-subtle logical fallacy in this kind of reasoning. For me, personally, the abusive part of education was to have to sit still in class and pay attention and get bored out of my mind. Thousands of hours of movement/thought/meaningful experience deprivation: cumulative trauma, however you slice it.

>I think I take a broader view when I observe not only myself but other
>myopes (in abundance). I have talked on the subject with people ranging from
>top
>executives of Dow Jones-10 companies to ordinary stockbrokers to various
>'desk clerks' to grassroot librarians to PhD students to artists from all
>arts, and from another angle, to people from more than 20 countries. Believe
>me, I have received very different answers, like 'never notice it, I just
>don my glasses in the morning', to 'weaker glasses make your vision
>deteriorate' (this from a -5.0 D Chinese).

None of these answers answer anything. The thing about myopia is, what's making you myopic is hidden from you by definition if it's an unconscious defense. It's a process whereby your clear understanding of your emotional circumstances decreases, not increases. It's similar to every other defense in this respect: their role is to NOT let you understand what's really happening. What you get for answers is what people were told to believe by their mother or their optometrist (the -5.0 D Chinese must have picked an especially lousy source of information). You would have to go BEYOND defenses for the real answer. Something that often fails even in deep psychoanalysis, and certainly can't be done in a casual conversation.

As for "never noticing it": do you know that, "for reasons unknown to science" (but a fact picked up in bewilderment by statistics), moderate/high myopes have life expectancy about the same as alcoholics -- 4 to 7 years shorter than the general population? Looks like me and others on i_see haven't called minus glasses an "addiction" for nothing. So... they never notice it in the spirit of, "I don't have a drinking problem -- I only have a problem when I can't get a drink!"

>

>If you think that all disease has an emotional root, how would you explain a >ruptured cornea following a car accident or a broken limb, for example? If >these do not qualify as 'diseases' so that they can fit your theory then be >sure than I will say that myopia doesn't either. If they do, then I am >bracing for a twisted explanation.

Have I ever given you one? :-)

An accident is an accident. I have nothing to say about accidents except that, apart from some of them being a natural toll we occasionally pay for being flesh and blood and non-invulnerable, there's too many cars and not enough public transportation. That 79-year-old manslaughter culprit from a different thread who was legally blind, deaf, hadn't driven a car in ten years, and had to take his dying wife to the cancer ward, may have opted for a bus if he had a choice. (This is not to revive the driving w/o glasses argument -- matter of fact I don't do it and wouldn't recommend it -- but just to check how observant we all are, here's a pop quiz: which one looks like an endangered, disappearing species, rules/regulations or accidents? I won't get into an argument -- just suggesting this as an exercise in clear vision.)

> Like athletes who develop their bodies
>in a specific way in response to particular exercises, we, too, have trained
>ourselves into myopia mainly through close work. However, I do allow for
>myopia in some cases to have been caused by purely emotional reasons, having
>dealt with Freud, Carl Young, and Adler in past years as well as having own
>observations. Without having any data to back this up, my hunch for myopia
>causes distribution is as follows: 90% environment and genetics, 10% other
>(psychological causes belong here, as well as others like whiplash injury,

>brain damage, etc, that cannot be classified as environmental in the sense
>of 'close work').

Here's mine (a preliminary estimate):

- 1)For low myopia: a combination of low-impact emotional factors (abusive schooling), poor environmental conditions, nutritional deficiencies, and iatrogenics ("correction" with minus lenses) accounts for 99% of all cases.
- 2)For moderate/high myopia: moderate/high-impact emotional factors (biochemical/hormonal developmental changes in response to subjectively/objectively traumatic emotional experiences of early childhood, starting in infancy), aggravated by all of the "low myopia causes" mentioned above: 99% of all cases.
- 3)For extremely high, destructive, "malignant" myopia: high-impact emotional trauma (either traumatic birth, or severe early abuse or neglect): 99% of all cases. Other possible eye-related manifestations of this kind of trauma: ocular migraine (originates in excessive pressure on the head and face during birth, worse on the side pressed against a physical obstacle; a migraine is structured as a visceral memory of this event that keeps re-emerging either in response to certain specific triggers, or spontaneously. In one typical case, a nurse was pushing back the baby's emerging head for twenty minutes because she wanted to wait for the doctor, who was running late, to perform the delivery. The baby grew up without the slightest idea that this ever happened -- all he knew was that as an adult, he suffered from debilitating migraines for decades. They disappeared after this experience was remembered, re-lived, felt, and integrated into consciousness.). Some cases of glaucoma; some cases of amblyopia.
- 4)Genetic myopia of varying severity (usually part of complex syndroms, chromosome aberrations, congenital brain/eye defects, etc): 1% or less.
- 5)Myopia due to accidents: no idea. Probably rare.

>
>As I emphasized in my previous post, 'emotional therapy' is a NECESSARY part
>of the vision recovery and I look forward to your posts as you have shown an
>incredible insight into this sphere.

Thanks. Neither do I argue the importance of other approaches commonly known as VT, but my point is, myopia, like any chronic condition, will be influenced by many factors and some will temporarily relieve it, while uprooting the cause may cure it. I agree that visual re-education is crucial since one has to eliminate not only the cause of myopia but the effects of one's eyes/brain/mind having led a myopic visual life, and of having worn glasses!

Elena

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Jacob Raphaelson

- *Subject:* Jacob Raphaelson
 - *From:* dcmjune@pc.jaring.my
 - *Date:* Fri, 26 Jul 1996 13:06:43 +0800
-

>Date: Mon, 22 Jul 96 15:27:20 EDT
>From: RBF41@CNSIBM.ALBANY.EDU
>Subject: Jacob Raphaelson
>To: I_see@indiana.edu
>Sender: owner-i_see@indiana.edu

>
>My grandfather, Jacob Raphaelson, wrote a book on plus glasses many years ago.
> Does anyone have any information on the book or on him? He died about 25 year
>s ago. Rich Felson.

>
>
No guarantee here, but try searching within:

<http://www.blackwell.co.uk/bookshops/>

Blackwell's is said to have over 150,000 books in its stock, including a section on rare books. You can search for a book by author, title, subject, publisher or ISBN.

2. Alternatively you may like to try British Library's vast collection of 17,000,000 bibliographic records representing material in every printed language - ranging from the earliest printed books to most recent scientific papers. You may like to try to look for Jonathan Barnes', a British biologist, readable and level-minded book on the Bates method and read how he can now see electrical cables 2 kilometers away (?) with better than 6/6 vision.

3. Or you may like to search the massive New York Public Library :

<http://web.nypl.org/>

4. Then there is this thing called the Electric Library:

<http://www.oplin.lib.oh.us/ABOUT/ACCESS/access11.html>

Peace.

* David Matanjun *
* E-mail: dcmjune@pc.jaring *
* URL: <http://www.geocities.com/HotSprings/1076/> *

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 - Next by thread: [Jacob Raphaelson](#)
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Re: A long addendum to "Re: Muscle tensions"

- *Subject:* Re: A long addendum to "Re: Muscle tensions"
 - *From:* stefansi@ctrvax.Vanderbilt.Edu (Stefan Stefanov)
 - *Date:* Fri, 26 Jul 1996 00:42:12 -0500
-

Elena has again shared some very insightful thoughts with us. The argument shapes out to be about the **relative weight** of close work vs emotional distress in the genesis of myopia, as it is now clear that we both agree about the causative power of the two factors.

However, we stand on the two extremes, Elena thinking that emotional factors are responsible for 99% of myopia cases and myself thinking that they account for less than 10%, with close work and genetics(=past close work) chiefly to blame. It seems to me that the ultimate solution could come from carefully controlled studies, but their practical feasibility is hard to imagine.

Shrugging off this somewhat bleak scientific intro I will hit harder on Elena's gaping logical flaws. I realize she is a woman or a lady but feminism/emancipation may have some negatives for some. I hope this will bring us closer to an "out-of-court settlement", meaning eliminating the need of a sci study.

>Yes I do think that education can be and is and has long been a form of
>institutionalized abuse. A "demanding" school system is all the more
>abusive.

Can't deny that school is an unpleasant experience for many and that it can be greatly improved. Fundamentally, though, acquiring knowledge is the most rewarding thing for me, and I should say to many other minds from Socrates to Newton to Hegel and beyond. I have had boring classes but by the time I had reached my junior year at university I was immune to the influence of professors whom I considered to be inferior in understanding. But straight to the point, my observation is that it was generally the more studious and conscientious pupils/students who became myopic and these usually did not perceive the schooling system as especially onerous. On the contrary, those

who couldn't stand still in classes, who would spend every free moment out with friends, they usually enjoyed good or better vision. Many of my grad school professors were *very* myopic but they really enjoyed what they were doing and are still national and world authorities in their areas.

Second, even more convincing argument. In light of the wholistic view to which we both ascribe, I assume you wouldn't deny the links that exist between species. How would you then explain that in numerous experiments with monkeys, chicks, tree shrews, etc., all animals confined to small spaces or fitted with minus lenses invariably became myopic? Obviously, there is no universal school abuse in these cases.

>>If you think that all disease has an emotional root, how would you explain a >>ruptured cornea following a car accident or a broken limb, for example? If >>these do not qualify as 'diseases' so that they can fit your theory then be >>sure than I will say that myopia doesn't either. If they do, then I am >>bracing for a twisted explanation.

>

>Have I ever given you one? :-)

>

>An accident is an accident. I have nothing to say about accidents except >that, apart from some of them being a natural toll we occasionally pay for >being flesh and blood and non-invincible, there's too many cars and not >enough public transportation. That 79-year-old manslaughter culprit from a >different thread who was legally blind, deaf, hadn't driven a car in ten >years, and had to take his dying wife to the cancer ward, may have opted for >a bus if he had a choice. (This is not to revive the driving w/o glasses >argument -- matter of fact I don't do it and wouldn't recommend it -- but >just to check how observant we all are, here's a pop quiz: which one looks >like an endangered, disappearing species, rules/regulations or accidents? I >won't get into an argument -- just suggesting this as an exercise in clear >vision.)

Well, this was an ellusively twisted one. No intelligent paradigm will have 'accident' as a primary concept. On a Macro level this is a question of mechanics and forces, and the eye elongates under the influence of various forces. On a Micro level We speak of Language(Syntax and Semantics), the Esthetics Principle, and the merging of the Conscious with the Unconscious, but the final result is the same.

>Exactly. And because I did it "with my eyes open," knowing precisely what >I was doing, rather than falling into that cave as the result of taking a >precarious reasoning step, I found not only those "shadows on the wall" >there but also a lot of hidden things not visible from outside the cave, >things that I would have missed if I followed the linear path of reason. >Guess what -- you get out at the other end of that cave and the path of >reason leading to the universal rules is still there, only you realize >you've taken a shortcut and saved yourself years of travel!

Many people claim they know better and have a farther look into the future and yet they speak differently. Who's to be trusted by the less clairvoyant?

As far as your spelling note goes, you are right, Rousseau is the right spelling, I knew it was wrong but the IBM server of the library I use to check names and other stuff had crashed at the time of my writing and I couldn't access it. And I didn't want to lose time surfing the web. Btw, taking a self-hit, I misspelled another name but it has escaped your scrutiny or your were graceful not to point it out. It is Carl Jung, Carl Gustav Jung, not Carl Young as I wrote, although young(English)=jung(German).

>I agree that visual re-education is
>crucial since one has to eliminate not only the cause of myopia but the
>effects of one's eyes/brain/mind having led a myopic visual life, and of
>having worn glasses!

This is a good statement and I stand behind it. Finally, Bill Stender may prove to be wisest when he said "I guess it doesnt really matter how it got there, it's whatever works to get rid of it!"

Stefan

=====

-
- Prev by Date: [Jacob Raphaelson](#)
 - Next by Date: [Vision Exercise for Two](#)
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Vision Exercise for Two

- *Subject:* Vision Exercise for Two
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Fri, 26 Jul 1996 09:39:56 -0500
-

Last night, I was trying to go to sleep after a late-night workout, and I was struck by the following idea. It comes from reflections on body/emotion work, massage, and other threads of experience.

=====
A Vision Exercise for Two

Have your partner place his/her palms over your eyes.

RECEIVER:

Lean back against your partner and allow your partner to place his or her palms over your eyes. Breath deeply, relax your body, rest, feel warmth of hands, do nothing or enjoy meditation or awareness exercises. Be present and aware of any feelings or memories, or other impressions that come up.

GIVER:

Relax your body. Place palms of hands over partner's eyes. Be lovingly present in your touch. You can do one or more of the following awareness exercises to maintain a sense of connection:

1. At the beginning, and again at the end, breath in deeply from the stomach and hold the breath for a comfortable count, such as 10. Then release all the air and repeat 3 - 5 times. This will temporarily increase the oxygen supply. If you are comfortable with the idea, consider that it will increase the energy as well.

2. If you like, synchronize your breathing with that of your partner. After a while, try breathing opposite your partner.

Also, note any feelings, memories, or other impressions that come up.

AFTERWARD

Afterward, share impressions or feelings.

=====

Mark

=====

-
- Prev by Date: [Re: A long addendum to "Re: Muscle tensions"](#)
 - Next by Date: [Elena's Posting - Muscle Tension](#)
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Elena's Posting - Muscle Tension

- *Subject:* Elena's Posting - Muscle Tension
 - *From:* "Linda Lee" <llee@island.net>
 - *Date:* Fri, 26 Jul 1996 11:37:47
-

Elena,

I have read your last two postings carefully. I pretty much agree with you as far as you go, but i personally confer with Bill (fr.ALSO) who wrote that our beliefs create our reality. Yes, emotions are important, but IMHO, behind every emotion there is a thought that holds it in place. Something like, "i am at fault here because i am unworthy..." and i believe these thoughts are very carefully buried, perhaps metaphorically at a muscular level.

I did have a go at the exercise you describe, the wide-eyed terror face with very rewarding results. I was able to achieve an emotional release of a pain i didn't even know i had. I felt exhausted after the attempt and plan to continue.

I would like to know more about the exercises that address the jaw, throat and tongue muscles. I have looked though some yoga books myself but have been unable to find any. Can you point me in the direction of a few titles of books that are still in print? I was intrigued by your claim that your singing voice improved so i gave heavy yawning a shot today. And it's true, my windpipe was much less cluttered, more open. This is very good news for me because i am a singer.

Thanks for you help.

Linda

=====

- Prev by Date: [**Vision Exercise for Two**](#)
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Jacob Raphaelson

- *Subject:* Jacob Raphaelson
 - *From:* dcmjune@pc.jaring.my
 - *Date:* Sat, 27 Jul 1996 01:14:12 +0800
-

My apologies: I, inadvertently, left out the URL for British Library Online in my earlier mail (as per para. 2 below). It is, in fact:

<http://portico.bl.uk>

David Matanjun.

```
>Date: Mon, 22 Jul 96 15:27:20 EDT
>From: RBF41@CNSIBM.ALBANY.EDU
>Subject: Jacob Raphaelson
>To: I_see@indiana.edu
>Sender: owner-i_see@indiana.edu
```

```
>
>My grandfather, Jacob Raphaelson, wrote a book on plus glasses many years ago.
> Does anyone have any information on the book or on him? He died about 25 year
>s ago. Rich Felson.
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>
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>
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No guarantee here, but try searching within:

<http://www.blackwell.co.uk/bookshops/>

Blackwell's is said to have over 150,000 books in its stock, including a section on rare books. You can search for a book by author, title, subject, publisher or ISBN.

2. Alternatively you may like to try British Library's vast collection of 17,000,000 bibliographic records representing material in every printed language - ranging from the earliest printed books to most recent scientific papers. You may like to try to look for Jonathan Barnes', a British biologist, readable and level-minded book on the Bates method and read how he can now see electrical cables 2 kilometers away (?) with better than 6/6 vision.

3. Or you may like to search the massive New York Public Library :

<http://web.nypl.org/>

4. Then there is this thing called the Electric Library:

<http://www.oplin.lib.oh.us/ABOUT/ACCESS/access11.html>

Peace.

```
*****  
* David Matanjun *  
* E-mail: dcmjune@pc.jaring *  
* URL: http://www.geocities.com/HotSprings/1076/ *  
*****
```

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- Prev by Date: [Elena's Posting - Muscle Tension](#)
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Re: A long addendum to "Re: Muscle tensions"

- *Subject:* Re: A long addendum to "Re: Muscle tensions"
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Fri, 26 Jul 1996 11:10:48 -0700 (PDT)
-

At 0:42 7/26/96, Stefan Stefanov wrote:
after Eleana wrote:

>>Yes I do think that education can be and is and has long been a form of
>>institutionalized abuse. A "demanding" school system is all the more
>>abusive.

>

>Can't deny that school is an unpleasant experience for many and that it can
>be greatly improved. Fundamentally, though, acquiring knowledge is the most
>rewarding thing for me, and I should say to many other minds from Socrates
>to Newton to Hegel and beyond. I have had boring classes but by the time I
>had reached my junior year at university I was immune to the influence of
>professors whom I considered to be inferior in understanding. But straight
>to the point, my observation is that it was generally the more studious and
>conscientious pupils/students who became myopic and these usually did not
>perceive the schooling system as especially onerous. On the contrary, those
>who couldn't stand still in classes, who would spend every free moment out
>with friends, they usually enjoyed good or better vision. Many of my grad
>school professors were **very** myopic but they really enjoyed what they were
>doing and are still national and world authorities in their areas.

The enjoyment of acquiring knowledge is separate from the schooling system.
Are you saying you enjoyed the pressure to make the best grade? enjoyed
those times when the material was suddenly opaque but the test was still
being given on schedule? And meditate honestly about the devices one
constructs to explain these factors, such as 'it's necessary to the
process' or 'we can't survive it if we whine about it', we look beyond the
smaller inconveniences to the 'greater picture' and suck it up and even
develop a 'taste' for pressure, (no pain no gain). But the theory is that
this pain didn't vanish, but was diverted and became bodily
stress/dysfunction. Don't get me wrong, the school is just an extension of
society, which is an extension of our collective belief system. I'm not
willing to move to a desert island to solve it, and a kid sure can't, so

how do we ameliorate the situation?

>

>Second, even more convincing argument. In light of the wholistic view to
>which we both ascribe, I assume you wouldn't deny the links that exist
>between species. How would you then explain that in numerous experiments
>with monkeys, chicks, tree shrews, etc., all animals confined to small
>spaces or fitted with minus lenses invariably became myopic? Obviously,
>there is no universal school abuse in these cases.

This sounds like patent abuse. It's not just 'school' that causes stress,
it just happens to be one common cage we all were put in.

>

>>>If you think that all disease has an emotional root, how would you explain a
>>>ruptured cornea following a car accident or a broken limb, for example? If
>>>these do not qualify as 'diseases' so that they can fit your theory then be
>>>sure than I will say that myopia doesn't either. If they do, then I am
>>>bracing for a twisted explanation.

> No intelligent paradigm will have
>'accident' as a primary concept.

Well i could give you the statistical rebuttal that these are exceptions to
the normal cause of myopia, but i KNOW you secretly want the twisted
explanation, so here goes:>

There is no such thing as an accident. The term will become archaic in our
not too distant future as science slowly catches up with reality and
endorses the fact that everyone creates their own reality. 'What goes
around comes around' will be restated with technical precision. I know this
theory makes people very angry to hear when for instance they or someone
they love has fallen victim to some horrible accident because the
implication is that they did something horrible to deserve it. But the
false concept of universal Right and Wrong is to blaim for that anxiety,
life is a series of trajedies and blissful solutions. This is the way we
like it! (direct all religious-specific rebuttals to my private mailbox
please:)

>

>>you get out at the other end of that cave and the path of
>>reason leading to the universal rules is still there, only you realize
>>you've taken a shortcut and saved yourself years of travel!

>

>Many people claim they know better and have a farther look into the future
>and yet they speak differently. Who's to be trusted by the less clairvoyant?

trust noone. "Success is your proof and courage is your armor". First
person research and individual conclusions and tangible results are the
ONLY way. Reading other people's theories and conclusions is only useful
to get ideas for your own research. Many people make a point of avoiding
other peoples conclusions in order to not 'pollute' their own research,

what happens when reading other well phrased theories is that they tend to create borders for thought and experiment, (prejudice). I don't really worry about whether one author or another is RIGHT, also i dont worry about whether I'M right, i don't even believe there is such a Thing as Objective Rightness. they are just so many words and are secondary to the real matter of generating maximum joy, which is where 'the rubber meets the road' as they say.

One quick recounting of a stress that went unnoticed for my entire myopia forming years. I am an artist, i've always been a good artist. But in my house and in my schools, art was a fun thing but not a serious thing. I always tended to go along with what my parents and teachers wanted me to do, which essentially meant that i never seriously considered being an artist. I was good at math so i naturally followed a science course and went to University intending to become either a biologist or something to do with environmental science. This worked alright, but in my second year i took an elective drawing class. I was way out front in that class and my teacher took me aside and started encouraging this side of me. I realized that i really enjoyed this and for the first time started thinking about it as a valid career pursuit. Now i cant imagine NOT following this course, but at the time it was a very difficult decision, informing my father of this was extremely stressful and i was not really given much support by anyone. Life is full of these types of situations, we are not encouraged to be 'different', in fact some people are beaten to death for it. Consider the plight of the average gay person, here's their very sexual preference and they cant express it without being ostracized (the universal and harshest punishment). Sure you can live with the repression of your preferred behavior, but you sacrifice a bit of your life with each of these decisions. Little things add up and start causing larger outward manifestations.

-Bill off soapbox;>

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Myopia Statistics?

- *Subject:* Myopia Statistics?
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Fri, 26 Jul 1996 18:58:12 -0400 (EDT)
-

In earlier posts, statistics were mentioned. Maybe someone knows the answer to my question: What is the percent of myopia in females? What is it in males? My guess is that it is higher in females, and I believe it is culturally induced. In cultures where downcast eyes are expected of both sexes, the numbers might be more even. The remark about limiting the distance research animals were allow to see brought this to mind...

I think there are other ways of being short sighted, too. One way I have been was to value (and rely on) my intellect, while denying my physical and intuitive skills. I did that because I wanted to belong, and because I came to not trust myself.

Mary Marlowe
phishes@pbfreenet.seflin.lib.fl.us

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- Prev by Date: [Re: A long addendum to "Re: Muscle tensions"](#)
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laser surgery

- *Subject:* laser surgery
 - *From:* JRalls7959@aol.com
 - *Date:* Sat, 27 Jul 1996 00:20:09 -0400
-

I forgot to save the address of the person who just got the laser surgery. I have some questions for you. Prior to the surgery did your doctor tell you that you had other options for improving your vision and were these options written into the consent form you signed before surgery. Were you informed that myopia is more than just a visual acuity problem? That myopic eyes have more glaucoma, more vitreous degeneration and more retinal detachments? That the surgery would change your visual acuity but not your risk for these other problems? That research is going on now regarding the etiology of myopia and possible chemical factors involved in the stretching process? Meaning that if a mechanism, biochemical, for myopia is better understood, not only will we have this VT therapy, which is difficult, but there is a possibility in the next few years or more of a medical treatment to reverse myopia. A treatment that might not only reverse the visual acuity problem, but also reverse the stretch and thus perhaps lower the risk for glaucoma, etc.? Were you informed that there were many unanswered questions regarding this disease?

julie

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-
- Prev by Date: [Myopia Statistics?](#)
 - Next by Date: [Re: Myopia Statistics?](#)
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Re: Myopia Statistics?

- *Subject:* Re: Myopia Statistics?
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Sat, 27 Jul 1996 10:28:27 -0700 (PDT)
-

On Fri, 26 Jul 1996, Mary Marlowe wrote:

> In earlier posts, statistics were mentioned. Maybe someone knows the
> answer to my question: What is the percent of myopia in females? What is
> it in males? My guess is that it is higher in females, and I believe it
> is culturally induced. In cultures where downcast eyes are expected of
> both sexes, the numbers might be more even. The remark about limiting the
>..... (Snip)

>
Hi Mary;

Just HAD to jump in with my new found 3rd year optometry knowledge!
According to my professor Dr. Septon, who has researched the epidemiology
literature on myopia prevalence and incidence, here is what I know:

- a. Females develop myopia at an earlier age, by 1-2.5 years (12.5 yr. vs 13.6 yr.)
- b. Adult females have a higher prevalence of any myopia (75.1% vs. 70.3%).
- c. Males and females have about the same prevalence of low myopia (3.00 D or less, 45.7% vs. 45.9%).
- d. High myopia is more prevalent among females (6.00 D or more, 15% vs. 8.4%).
- e. Males are more likely to develop late onset myopia (onset older than 18 years, 23.8% vs. 14.6%).

If you are interested, I can give you the references that Dr. Septon used. Yes, I know, the prevalence sounds very high. But that is what I have.

Hope this is of some interest.

Herb Black

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-
- Prev by Date: [laser surgery](#)
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driving without glasses -- some outside perspectives

- *Subject:* driving without glasses -- some outside perspectives
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Sat, 27 Jul 1996 10:38:31 -0700 (PDT)
-

Following are some Usenet postings about driving without glasses. I posted a query on bicycle, motorcycle, driving, kids and law enforcement groups asking what people thought of it.

Date: 20 JUL 1996 13:23:54 -0400
From: Dave Althoff <dalloff@freenet.columbus.oh.us>
Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving
Subject: Re: Driving without glasses

Nick Halloway (snowe@rain.org) wrote:
: What do you think about people who have badly impaired visual acuity
: without their glasses, say 20/200, driving without them?

: Have you heard of an accident where someone was at fault who
: was driving with really poor vision?

You mean someone like me? I am 20/200 or worse in my right eye, and about 20/60ish in my left eye uncorrected; my glasses correct to about 20/15 overall. My Ohio driver's license is not valid if I am not wearing my glasses, and quite frankly, the thought of driving or bicycling without my glasses scares the \$#!+ out of me. It's doggone stupid, if you ask me. Heck, I don't even ride roller-coasters without my glasses, and there I'm not expected to react to unexpected life-and-death situations!

--Dave Althoff, Jr.

--

/-\ Celebrating the International Year of the Roller Coaster
/XXX\ /X\ /X_ _ /XX_ _ _ _

/XXXXX\ /XXX\ _/XXXX\ /X\ /XXXXX\ /X\ /X\ /XXXXX
/XXXXXXXX/XXXXX\/XXXXXXXXX_/XXX_/XXXXXXXX_/XXX_/XXX_/_/XXXXX

Date: 20 JUL 1996 14:53:37 -0400

From: Matthew T. Russotto <russotto@wanda.phl.pond.com>

Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving

Subject: Re: Driving without glasses

In article <4sr17v\$ssql@news.rain.org>, Nick Halloway <snowe@rain.org> wrote:
}What do you think about people who have badly impaired visual acuity
}without their glasses, say 20/200, driving without them?

My glasses provide around -3.5 diopter correction in my worse eye. I don't know how bad this is, but I don't think it's as bad as 20/200. I would not recommend anyone with vision as poor as mine driving without glasses. When I've done it, I've had no trouble on the highway (CARS are big enough to see easily), but my ability to see threats on side streets (not to mention to read street signs) is greatly reduced. This could obviously contribute to an accident, though I've never heard of one caused by this.

Fun fact: In PA, you need 20/80 vision, in at least one eye, to get a license. Yes, that means that if you're blind in one eye and the best correction you can get in the other eye lets you distinguish things at 20 feet that most people can at 80 feet, you can get a license! Daytime only, though.

--

Matthew T. Russotto russotto@pond.com russotto@his.com
"Extremism in defense of liberty is no vice, and moderation in pursuit of justice is no virtue."

Date: 21 JUL 1996 05:16:08 GMT

From: Debra A. Dempsey <proplan@erols.com>

Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving

Subject: Re: Driving without glasses

I think they would have plenty of difficulty just seeing well enough to WALK to the car, much less operate it.

Many years ago, there was a public service ad on television where a woman was stopped by an officer on a routine traffic stop. The officer asked if she was supposed to wear glasses and she said yes, but she was just on a short errand and "really didn't need them". He asked if she could read the sign ahead, and when she couldn't she fished out her glasses from her

purse. What she saw was a warning sign for a dangerous road condition, on par with a "dead man's curve", or something to that effect, which she would not have been able to negotiate without seeing clearly.

Debbie

Date: 22 JUL 1996 14:25:00 GMT
From: Cathy Byland <cccathy@gold.missouri.edu>
Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving
Subject: Re: Driving without glasses

Nick Halloway (snowe@rain.org) wrote:
: What do you think about people who have badly impaired visual acuity
: without their glasses, say 20/200, driving without them?

: Have you heard of an accident where someone was at fault who
: was driving with really poor vision?

: Thanks ...

depends whether the other occupants of the car are sober or not. I'd rather drive w/o my glasses (though my eyesite at 20/80 is significantly better than 20/200) which I NEVER do, than let a drunk friend drive me somewhere. If I'm sober, I still have my quick reaction time, and my overly careful driving habits, even if I can't see as well. I can't say the same for a drunk driver. However, if I had 20/200, I'd probably call a cab rather than drive.

Cathy

Date: 22 JUL 1996 14:34:24 GMT
From: Cathy Byland <cccathy@gold.missouri.edu>
Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving
Subject: Re: Driving without glasses

Matthew T. Russotto (russotto@wanda.phl.pond.com) wrote:

: Fun fact: In PA, you need 20/80 vision, in at least one eye, to get a
: license. Yes, that means that if you're blind in one eye and the
: best correction you can get in the other eye lets you distinguish
: things at 20 feet that most people can at 80 feet, you can get a
: license! Daytime only, though.

In Missouri, your overall vision must be 20/40 or better to get licensed. 20/80 (which is what I've got uncorrected) is bad enough that I'd be uncomfortable knowing there were people driving with that eyesite (or

lack thereof). My glasses correct my vision to about 20/20 and my contacts to about 20/25 or 20/30. But when I've slid my glasses down on my nose to see what it was like...I couldn't read signs at all (By the time I was close enough to read it, I didn't have time to read them, and I'm a fast reader), I couldn't read license numbers, etc. In short, I doubt my or anyone else's ability to drive safely with eyesite that poor. Unless of course for some odd reason, you are the designated driver, and your glasses got lost or broken. I'd rather have someone with 20/80 eyesite driving than someone who is drunk.

Cathy

Date: Mon, 22 JUL 1996 14:47:51 GMT
From: JD TURNER <turnerjd@aston.ac.uk>
Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving
Subject: Re: Driving without glasses

Nick Halloway (snowe@rain.org) wrote:

:
: The reason I'm asking is that there is a discussion going on on a
: mailing list for natural vision improvement -- many very myopic people
: say they drive without glasses and don't see a problem with that.
: --

Are there any people from the mailing list in the UK?

If so I will damned well make sure that I stay away from them, not only is driving without glasses stupid, but it is dangerous. If driving without glasses does help these people (and I doubt that it will do) make sure that they do it well away from the rest of us, because not only are they risking their lives, but they are putting the lives of other road users at risk as well.

just my (obviously biased) .02

jon

Date: 23 JUL 1996 01:16:52 GMT
From: Bev <bashley@ktb.net>
Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving
Subject: Re: Driving without glasses

Nick Halloway (snowe@rain.org) wrote:

| What do you think about people who have badly impaired visual acuity
| without their glasses, say 20/200, driving without them?

I think they're idiots. My husband's vision is roughly 20/200. He can't

recognize me at 10 feet, although he can tell that I am a human. He can't *SEE* street signs at the usual distance. He can recognize that there's a car in front of him, but not how far away it is. He has to put on his glasses to make sure his shoes match.

Without his glasses, it would be *slightly* less safe for him to drive if he drank a fifth of gin and then put a paper bag over his head.

Bev bashley@ktb.net

Horn broken. Watch for finger.

Date: 23 JUL 1996 12:52:01 GMT

From: Joseph M. Saul <jmsaul@us.itd.umich.edu>

Newgroups: rec.bicycles.soc, rec.bicycles.misc, misc.kids.health,
alt.law-enforcement, rec.autos.driving

Subject: Re: Driving without glasses

>If anyone knows about accidents that involved people who were
>driving with really poor vision, I would be interested to hear
>about them as an illustration of what can happen.

This case received a fair amount of publicity at the time, and resulted in one state (Ohio, I think) changing its policy on renewing drivers' licenses by mail -- they now have a limit on how many times you can do it.

An elderly man (in his 80's) had extremely poor vision. Had he been tested, his license would have been pulled. He lived in Florida, however, and had been renewing his license by mail from his home state for a long time, like 15-20 years. One day, he was driving his car down a residential street. He hit a couple of trash cans by the side of the road, because he didn't see them in time.

The "trash cans" were actually two children, both of whom were killed.

The people who are deliberately driving with uncorrected bad vision are endangering not only *their* lives, but the lives of countless drivers, pedestrians, and cyclists. I can only hope that they hit something inanimate before they hit a human or animal. I have neither sympathy nor respect for them. If I knew someone who was doing it, I would turn them in.

Joe Saul

jmsaul@umich.edu

Date: 24 JUL 1996 17:36:46 GMT

From: Hronn Gunnarsdottir <hronng@rhi.hi.is>

Newgroups: rec.bicycles.soc, rec.bicycles.misc, alt.law-enforcement,

rec.autos.driving

Subject: Re: Driving without glasses

In <snowe.837962938@rain.org> snowe@rain.org (Nick Halloway) writes:

>snowe@rain.org (Nick Halloway) writes:

>>What do you think about people who have badly impaired visual acuity
>>without their glasses, say 20/200, driving without them?

>>Have you heard of an accident where someone was at fault who
>>was driving with really poor vision?

>The reason I'm asking is that there is a discussion going on on a
>mailing list for natural vision improvement -- many very myopic people
>say they drive without glasses and don't see a problem with that.

Hmmm. I was into that once. The idea is to go without glasses as much as possible. But when somebody like that is operating a vehicle that could easily kill or maim somebody and the traffic signs, legal speed etc. is based on drivers with 20/20 vision I think that person should be stopped.

Heck, I had enough problems being a pedestrian as nearsighted as I am. I especially had problems seeing gray cars. It never even occurred to me to drive or even ride a bike for that matter.

Hronn

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- Prev by Date: [Re: Myopia Statistics?](#)
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 - Prev by thread: [laser surgery](#)
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the occult

- *Subject:* the occult
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sun, 28 Jul 1996 22:00:01 -0700 (PDT)
-

Springboarding from my earlier twisted metaphysical offering, (which was rather off the point im afraid), I'd like to speak squarely on topic and hopefully add some new viewpoints:

This is to add to the proposal by Elena that psychological exploration can uncover keys to the solution of myopia (and other manifestatons of anxiety).

As the subject line suggests, the topic is the occult. I'd like to suggest the value of its doctrines in vision therapy. For the benefit of those of you who have only heard the Billy Graham definition of 'the occult', this post should provide some valuable balance. (a preemptory statement to avoid lengthy irrelevancies similar to the driving issue)

The etymology of the word occult means: 'hidden from view'. This suggests immediate potential for the student of improving vision, and in fact it does contain much of value. The subject is considered illogical and irrelevant to many, this is partly due to the illogical and irrelevant statements of some of its adherents, but more because of the campaign of bloody persecution waged by the Catholic Church over ten centuries to maintain their monopoly on spiritual empowerment resulting in a break in the roots of this science. I will define occult more closely as 'Hermetic Science', that school of thought headed by the legendary Hermes Trismegistus with roots purportedly several thousand years BC.

Modern Science itself suffers from a prejudice brought about by this suppression policy, as 'the age of reason' was kindled--disavowing the existance of anything not measureable in response to such eggregious practices of the Church as jailing Copernicus for life until he recanted his statement that the Earth revolved around the Sun! Currently, the vanguard of modern science is discovering many interesting things in the field of quantum mechanics which sound awefully mystical. My personal hunch

is that our cosmological paradigms will come "full circle"(a basic Hermetic principle) to eventually restate all of the ancient theorems in modern form.

What does this have to do with emotion-work? The thing that is "hidden from view" is our subconscious. Like the iceberg, a much vaster chunk of mind is not "in the Sun". The Hermetic method uses a set of symbols and analogy to negotiate this hidden portion. the purpose being to understand and manipulate it. The symbol of the Sun, for instance, corresponds to the Consciousness, the Rational. We see sharper in full sun, but it also hides much from our awareness including the vast sea of Stars still overhead. Our Sun worshipping society echoes the scientific/rational bias.

The Day/Night image is a useful analogy for our discussion here as the Unconscious equates to that vast sea of Stars, giving one an accurate view of the proportion of the conscious mind vs. the unconscious (a much better analogy than the iceberg it occurs to me). The incredible vastness of the unconscious this analogy suggests is difficult to accept due to the notion of separation inherent in the current scientific/rational cosmology. How could one person contain such an awesome portion within their little brain? But the mystical doctrine of all persons being an inextricable part of the Universe and NOT separate and dispensable chunks thereof makes the analogy hold up. And it goes beyond analogy, this Oneness can be directly experienced and is the inspiration behind the many religious texts extant. >From this point of view, the metaphorical works begin to appear much more rational, using the devices of poetry, metaphor and analogy to describe this reality.

This Body/Universe dichotomy inherent in the modern scientific paradigm is a source of much anxiety. The fear of death, accidents, loneliness, are all traceable to this supposition. My suggestion here is that the language of the occult, the symbolism connecting the outer to the inner was carefully crafted for several thousand years specifically to facilitate the rational mind's search of this hidden realm and give it tools to discover the sources of pain and joy and to help one to enjoy health and happiness.

Students of Jung are familiar with his work with occult symbolism, classifying Gods, Goddesses, Demons and other Spirits as Archetypes. His description of the Collective Unconscious creates quite a raise of the eyebrow still. His therapy depends largely on analyzing dream symbolism, that place where the subconscious mind is seen. (often at night!) I mentioned the astral world earlier, and the command of this realm is the goal of every occult student- it is the conscious entry into the subconscious realms, a sort of willed dream, and is populated by the complete gamut of 'archetypes'.

I will cut this brief intro here. My point has been to offer the suggestion

to those unfamiliar with this body of work that much fruit may be had in this study. The increased attention to the world it inspires adds much to one's health. Unfortunately, the source of my visceral charge earlier to 'trust noone' is largely a result of this study of mine over many years. The thread of meaning in the Hermetic Sciences has been fairly well trampled after being forced underground for a thousand years, and nowadays the occult is a source of great mileage for the iconoclastic showman to put out magical writings which add nothing but confusion to the subject, some are even malignantly deluded. How does one know? a classic 'blind leading the blind' conundrum which can only be gotten past by patience and trusting one's OWN mind, which can work just as perfectly as any EYE can, given the right conditions!

with Love,

Bill Stender aka Frater ALSO

BillS@vav-nun.com

~~~Possession is nine-tenths of the flaw~~~

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- Prev by Date: [driving without glasses -- some outside perspectives](#)
  - Next by Date: [Question.](#)
  - Prev by thread: [driving without glasses -- some outside perspectives](#)
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# Question.

---

- *Subject:* Question.
  - *From:* [mat@tekbase.metrica.com](mailto:mat@tekbase.metrica.com) (Marco A. Terry)
  - *Date:* Mon, 29 Jul 1996 09:35:19 -0400 (EDT)
- 

Hello fellow Vision Enthusiats.

I am very curious about the results that people are experiencing using Vision Freedom (sold by Brian Severson). I asked the same question a few weeks ago but my name had been mistakenly removed from the list so I never got an answer.....Any replies are welcome.

Cheers.

-----

|                      |                                                           |
|----------------------|-----------------------------------------------------------|
| Marco Terry          |                                                           |
| Metrica, Inc.        | Power, n:                                                 |
| 8 Winchester Pl      | The only narcotic regulated by the SEC instead of the FDA |
| Winchester, MA 01890 |                                                           |
| (617) 756 0022       |                                                           |

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- Prev by Date: [the occult](#)
  - Next by Date: [Something Curious....](#)
  - Prev by thread: [Re: the occult](#)
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# Something Curious....

---

- *Subject:* Something Curious....
  - *From:* [mat@tekbase.metrica.com](mailto:mat@tekbase.metrica.com) (Marco A. Terry)
  - *Date:* Mon, 29 Jul 1996 09:38:06 -0400 (EDT)
- 

Howdy.

This morning I noticed something *\*VERY\** weird. After I woke up I went and sat down on the couch on my living room and I *\*WAS\** able to read the clock from my VCR (something I usually cant do)...After going through all the morning tribulations: shave (almost cut throat), shower, get dressed et al I noticed that after sitting on the couch the clock seemed a lot more blurry. So? I am wondering , is the improvement acuity related to the facyt the my pupil (probably) is dilated? Any ideas?

Cheers.

-----

|                      |                                                           |
|----------------------|-----------------------------------------------------------|
| Marco Terry          |                                                           |
| Metrica, Inc.        | Power, n:                                                 |
| 8 Winchester Pl      | The only narcotic regulated by the SEC instead of the FDA |
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| (617) 756 0022       |                                                           |

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- Prev by Date: [Question.](#)
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## Re: Myopia Statistics?

---

- *Subject:* Re: Myopia Statistics?
  - *From:* Mike Ellwood <[mwe@unixfe.rl.ac.uk](mailto:mwe@unixfe.rl.ac.uk)>
  - *Date:* Mon, 29 Jul 1996 15:29:02 +0100 (BST)
- 

On Sat, 27 Jul 1996, Herbert T. Black wrote:

> Just HAD to jump in with my new found 3rd year optometry knowledge!  
> According to my professor Dr. Septon, who has researched the epidemiology  
> literature on myopia prevalence and incidence, here is what I know:  
>  
> a. Females develop myopia at an earlier age, by 1-2.5 years (12.5 yr. vs  
> 13.6 yr.)  
> b. Adult females have a higher prevalence of any myopia (75.1% vs. 70.3%).  
> c. Males and females have about the same prevalence of low myopia (3.00 D  
> or less, 45.7% vs. 45.9%).  
> d. High myopia is more prevalent among females (6.00 D or more, 15% vs.  
> 8.4%).  
> e. Males are more likely to develop late onset myopia (onset older than  
> 18 years, 23.8% vs. 14.6%).  
>  
> If you are interested, I can give you the references that Dr. Septon  
> used. Yes, I know, the prevalence sounds very high. But that is what I  
> have.  
>  
> Hope this is of some interest.  
>

Yes it is; on that "e." point, what is the latest recorded age  
for myopia to develop. Also is this really "late onset" that  
is being recorded or just "late diagnosis"?

Thanks,

Mike.Ellwood@rl.ac.uk

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- 
- Prev by Date: [Something Curious....](#)
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## Re: Something Curious....

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- *Subject:* Re: Something Curious....
  - *From:* [BillS@vav-nun.com](mailto:BillS@vav-nun.com) (Fr. ALSO)
  - *Date:* Mon, 29 Jul 1996 08:42:26 -0700 (PDT)
- 

At 9:38 7/29/96, Marco A. Terry wrote:

>Howdy.

>This morning I noticed something \*VERY\* weird. After I woke up I  
>went and sat down on the couch on my living room and I \*WAS\* able  
>to read the clock from my VCR (something I usually cant do)...After  
>going through all the morning tribulations: shave (almost cut throat),  
>shower, get dressed et al I noticed that after sitting on the couch  
>the clock seemed a lot more blurry. So? I am wondering , is the improvement  
>acuity related to the facyt the my pupil (probably) is dilated?  
>Any ideas?

Sleep allows one to act out the various events of the (usually) previous day either celebrating victories or tragically expressing unfulfillments. this refreshes and relaxes the psyche and the eyes naturally follow. As the morning progresses, the daily routine of shaving and showering signals another day which inevitably reminds one of the various lingering features which have established stress and so the myopic condition, and it reasserts itself.

Normal dilation takes only a second to adjust.

Anybody with some dream therapy info?

-Bill

BillS@vav-nun.com

~~~Possession is nine-tenths of the flaw~~~

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- Prev by Date: [Re: Myopia Statistics?](#)
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Re: Something Curious....

- *Subject:* Re: Something Curious....
 - *From:* BillS@vav-nun.com (Fr. ALSO)
 - *Date:* Mon, 29 Jul 1996 08:42:26 -0700 (PDT)
-

At 9:38 7/29/96, Marco A. Terry wrote:

>Howdy.

>This morning I noticed something *VERY* weird. After I woke up I
>went and sat down on the couch on my living room and I *WAS* able
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Anybody with some dream therapy info?

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BillS@vav-nun.com

~~~Possession is nine-tenths of the flaw~~~

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- 
- Prev by Date: [Re: Something Curious....](#)
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faxes must be in before midnight.](#)
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# Re: Myopia Statistics?

---

- *Subject:* Re: Myopia Statistics?
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Mon, 29 Jul 1996 09:33:24 -0700 (PDT)
- 

On Mon, 29 Jul 1996, Mike Ellwood wrote:

> > e. Males are more likely to develop late onset myopia (onset older than  
> > 18 years, 23.8% vs. 14.6%).

> >

> Yes it is; on that "e." point, what is the latest recorded age  
> for myopia to develop. Also is this really "late onset" that  
> is being recorded or just "late diagnosis"?

>

> Thanks,

>

> Mike.Ellwood@rl.ac.uk

>

>

Mike;

Myopia onset actually increases after age 40 again, but this is due to mostly cataracts. The changes in the lens in cataracts causes it to become more powerful, more plus, ie, more myopic.

Also, some stats:

At entrance to school, 2% of children are myopic

Age 6 through teens, prevalence of .50 D or more myopia increases from 2% at 6 years to 20% at age 20.

Prevalence increases from 20% to 30% age 20 through 40.

For those of you who sometimes wonder about myopia and education, some more stats:

Undergraduate college students: males-35%; females-40.6%.

Graduate students (Harvard Business School): 43.5% myopia.

Optometry students (Pacific Univ.) 1994 study- 71.5% myopes!

So it is pretty obvious that either more school causes more myopia or myopes like school more than non-myopes.

I regards to late onset vs late diagnosis, I think it is probably really late onset in these stats rather than late diagnosis because, at least I know in the US studies, almost all school kids are screened for myopia which is a very simple chart test and so easy to detect. In contrast, hyperopia is often overlooked because schools don't screen for it as well and so studies of hyperopia are probably flawed due to late diagnosis.

Enjoy!

Herb Black

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- 
- Prev by Date: [Re: Something Curious....](#)
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# Urgent: Last day to file objections to blanket approval of aspartame (NutraSweet) - faxes must be in before midnight.

---

- *Subject:* Urgent: Last day to file objections to blanket approval of aspartame (NutraSweet) - faxes must be in before midnight.
  - *From:* Betty Martini <[betty@noel.pd.org](mailto:betty@noel.pd.org)>
  - *Date:* Mon, 29 Jul 1996 16:16:46 -0400 (EDT)
- 

As many of you know aspartame marketed as NutraSweet, Equal, Spoonful, etc. was approved for everything in the grocery store without advising the public. Obviously, because of previous hearings in Washingtons and an outcry from the public for years the FDA wanted no interference. Dr. H. J. Roberts notified me he had a copy of the Federal Register and we had to the 29th to fax objections. The fax number is 301 594 -3215 and you must put Docket number 94-F-0405. This is Dockets Management Branch, HFA-305.

Aspartame destroys the optic nerve because of the methanol (wood alcohol) which converts to formaldehyde even in the retina of the eye, and it destroys the central nervous system. As case histories continue to flow in the FDA has approved it for everything in the marketplace.

We are trying to get this reversed but a million faxes would help. Please spread the word. Most of the public doesn't know and people are continually going blind. One case was just faxed from Stephen Krol this A.M., diabetic, who said he had completely lost his vision in one eye. Then someone gave him one of our warning flyers, he got off of it and his vision came back. He was one of the fortunate ones! But if its in everything people will not be able to avoid it.

You can get more info from our auto-responder by emailing me for a directory. Simply sendme help in the subject line like this.  
Subject: sendme help

You can email me personally for a copy of our warning flyer. Please

spread the word to all networks. Midnight is the deadline.

Regards,

Betty Mission Possible (warning the world aspartame is poison)

\*\*\*\*\*

To get more information on aspartame, email [betty@pd.org](mailto:betty@pd.org) as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

|                  |                                                |
|------------------|------------------------------------------------|
| Betty Martini    | 1. Take the 60-day No-Aspartame test           |
| Mission Possible | and send us your case history.                 |
| PO Box 28098     | 2. Tell your doctor and your friends.          |
| Atlanta GA 30358 | 3. Return Aspar-Poisoned foods to the store.   |
| USA              | (Nutrasweet(tm), Equal(tm), Spoonful(tm), etc) |

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

=====

- 
- Prev by Date: [Re: Myopia Statistics?](#)
  - Next by Date: [Delivery failure notification](#)
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# Delivery failure notification

- *Subject:* Delivery failure notification
- *From:* Mail Delivery System <[Postmaster@swansea.ac.uk](mailto:Postmaster@swansea.ac.uk)>
- *Date:* Tue, 30 Jul 96 0:25:36 GMT0BST

With reference to your message with the subject:  
"Re: Myopia Statistics?"

One or more addresses in your message have failed with the following responses from the mail transport system:

<WE3GEORG@ccugrad2.swan.ac.uk>  
File creation error delivering to 'WE3GEORG'.

For assistance, please mail [Postmaster@Swansea.ac.uk](mailto:Postmaster@Swansea.ac.uk) or, if on campus, contact ACMS Reception or Program Advisory in the Computer Centre.

----- Returned message follows -----

Return-path: <owner-i\_see@indiana.edu>  
Received: from mhs.swan.ac.uk by CCugrad2.SWAN.AC.UK (Mercury 1.21) with ESMTTP;  
30 Jul 96 00:25:31 GMT0BST  
Received: from belize.ucs.indiana.edu by mhs with SMTP (PP);  
Mon, 29 Jul 1996 23:41:12 +0100  
Received: (from daemon@localhost)  
by belize.ucs.indiana.edu (8.7.3/8.7.3/1.10IUPO) id RAA22034  
for i\_see-outgoing; Mon, 29 Jul 1996 17:15:45 -0500 (EST)  
Date: Mon, 29 Jul 1996 15:29:02 +0100 (BST)  
From: Mike Ellwood <[mwe@unixfe.rl.ac.uk](mailto:mwe@unixfe.rl.ac.uk)>  
Reply-To: [m.w.ellwood@rl.ac.uk](mailto:m.w.ellwood@rl.ac.uk)  
To: "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>  
cc: Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>, [i\\_see@indiana.edu](mailto:i_see@indiana.edu)  
Subject: Re: Myopia Statistics?  
In-Reply-To: <[Pine.SUN.3.91.960727101459.536A-100000@tabitha.pacificu.edu](mailto:Pine.SUN.3.91.960727101459.536A-100000@tabitha.pacificu.edu)>  
Message-ID: <[Pine.A32.3.94.960729152649.66642b-100000@unixfe.rl.ac.uk](mailto:Pine.A32.3.94.960729152649.66642b-100000@unixfe.rl.ac.uk)>  
Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)  
Precedence: bulk  
MIME-Version: 1.0

Content-type: text/PLAIN; charset="US-ASCII"

On Sat, 27 Jul 1996, Herbert T. Black wrote:

> Just HAD to jump in with my new found 3rd year optometry knowledge!  
> According to my professor Dr. Septon, who has researched the epidemiology  
> literature on myopia prevalence and incidence, here is what I know:  
>  
> a. Females develop myopia at an earlier age, by 1-2.5 years (12.5 yr. vs  
> 13.6 yr.)  
> b. Adult females have a higher prevalence of any myopia (75.1% vs. 70.3%).  
> c. Males and females have about the same prevalence of low myopia (3.00 D  
> or less, 45.7% vs. 45.9%).  
> d. High myopia is more prevalent among females (6.00 D or more, 15% vs.  
> 8.4%).  
> e. Males are more likely to develop late onset myopia (onset older than  
> 18 years, 23.8% vs. 14.6%).  
>  
> If you are interested, I can give you the references that Dr. Septon  
> used. Yes, I know, the prevalence sounds very high. But that is what I  
> have.  
>  
> Hope this is of some interest.

Yes it is; on that "e." point, what is the latest recorded age  
for myopia to develop. Also is this really "late onset" that  
is being recorded or just "late diagnosis"?

Thanks,

Mike.Ellwood@rl.ac.uk

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- Prev by Date: [Urgent: Last day to file objections to blanket approval of aspartame \(NutraSweet\) - faxes must be in before midnight.](#)
  - Next by Date: [Re: Elena's Posting - Muscle Tension](#)
  - Prev by thread: [Urgent: Last day to file objections to blanket approval of aspartame \(NutraSweet\) - faxes must be in before midnight.](#)
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## Re: Elena's Posting - Muscle Tension

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- *Subject:* Re: Elena's Posting - Muscle Tension
  - *From:* [RaKi01@aol.com](mailto:RaKi01@aol.com)
  - *Date:* Mon, 29 Jul 1996 20:53:07 -0400
- 

In a message dated 96-07-29 10:28:22 EDT, llee@island.net (Linda Lee) writes  
in response to a post by Elena:

>I would like to know more about the exercises that address the=20  
>jaw, throat and tongue muscles. I have looked through some yoga >books  
myself but have been unable to find any. Can you point me in >the directio=  
n  
of a few titles of books that are still in print? I was=20  
>intrigued by your claim that your singing voice improved so i gave=20  
>heavy yawning a shot today. And it's true, my windpipe was much less=20  
>cluttered, more open.

Your comment about singing voice improvement reminded me of my own experien=  
ce  
with neo-Reichian or Radix emotional release work (in the Los Angeles area)  
which emphasizes attention to breathing and release of "body armor". After  
an hour-long session with an instructor I found an unexpected and delightfu=  
l  
opening of my voice. Normally very self-conscious about my voice, I  
spontaneously began to sing in the car on my way home after these sessions.  
I was amazed at how good my voice sounded=97at least to me=97and the pleas=  
ure it  
gave me to sing.

Ray King

=====

- Prev by Date: [Delivery failure notification](#)
- Next by Date: [Re: the occult](#)
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# Re: the occult

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- *Subject:* Re: the occult
  - *From:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Date:* Tue, 30 Jul 1996 01:36:22 -0400
- 

Funny you should bring this up as I am exposing myself to some of the healing concepts in tribal religions, paganism, or whatever you want to call it. It tends to sound a lot like "New Age". I recently took a short course in parapsychology. The instructor, Diane Morrissey, had been electrocuted at home, had an out of body experience but woke in the ER. She said she was severely myopic, but when out of body, her vision was perfect. It's like the energy body remembers something that the physical body forgot. So how do I get my eyes well using this line of thought? If I come up with anything good, I'll let you know. I think we could all pray for each others eyes.  
Julie

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- 
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# Re: Elena's Posting - Muscle Tension

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- *Subject:* Re: Elena's Posting - Muscle Tension
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Mon, 29 Jul 1996 23:12:38 -0700 (PDT)
- 

At 11:38 7/26/96, Linda Lee wrote:

>... behind every emotion there is a  
>thought that holds it in place. Something like, "i am at fault here  
>because i am unworthy..." and i believe these thoughts are very  
>carefully buried, perhaps metaphorically at a muscular level.

This is an interesting statement. This suggests that a language formation holds an emotional charge. Thus 'definition' could possibly be the mechanism able to corral an emotion. All of my best psychic successes have had this feature; a definition was challenged and in challenging and going against its advice, i gained an opening of new power. The implication is that to break down artificial barriers-restrictions- is a key. This seems totally obvious, i just never thought about it so simply! Of course some of those restrictions seem SO necessary sometimes, it's easier said than done. But SO satisfying when done!

-Bill

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- 
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  - Next by Date: [Need help for lazy eye](#)
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# Need help for lazy eye

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- *Subject:* Need help for lazy eye
  - *From:* Mark Herold <[HEROLD@brk.bfg.com](mailto:HEROLD@brk.bfg.com)>
  - *Date:* Tue, 30 Jul 1996 09:13:59 -0400
- 

Hi,

This in the final update in Melissa's Amblyopic condition, part of the following text is copied and pasted from historic postings I have placed:

About year ago I started my own personal Internet search for data relating to amblyopia (Lazy Eye). This search was driven by the need to see all possible options being explored in the treatment of my daughter's (Melissa) amblyopia condition. In the following text you will find a brief description of the history and option that I have found in regards to her intractable amblyopia. For the record I am not a medical doctor, I 'm just a father seeking out all options for the treatment my daughter... I would like to share what I have found so far.

## Basic Background:

Melissa was about age 5 when she was diagnosed with amblyopia, at that time her right eye had the visual acuity equal to about 20/400 sight... this was after here vision was optically corrected with glasses. As a result of this patching was prescribed and steady improvement was made over a period of time (about 6 months) but eventually her improvement plateaued at about 20/100 visual acuity. This acuity level, in her right eye, has remained for over 6 months now, and she is now slightly over 6.5 years old.

## Information Located:

After posting a number of information requests, and receiving a plethora of information, I finally was pointed to research that was being conducted at the Ohio State University in

Ohio-USA( for detailed information see the proceedings of the 13th Eye Research Seminar conducted by Research to Prevent Blindness - article Treating Older Children With Intractable "Lazy Eye", p37-39, author: Leguire L.E. ). Basically real improvement appears to be possible for children that have stopped improving under standard patching therapy for Amblyopia, this includes older children - such as ones in their teen years. The method involves using patching in conjunction with a very low dosage of Levodopa/Carbidopa over a 7 week period.

Present Condition:

Melissa recently completed the treatment plan detailed above and no noticeable side effects were noted during the treatment period.

Final Results:

I took Melissa in for final check up last Thursday, at that point she had been patched full time (about 11.5 hour/day for about 7weeks) along with using the medication noted above. The results, unfortunately, were quite disappointing. She is still testing at 20/100 visual acuity in her amblyopic eye. Her other eye is testing at 20/20. Even though the result, in this case, was basically no improvement .... I still consider this as an option that should be at least examined for other children with Amblyopia.

Alex and fellow readers of this list, if you happen to run across any new treatment options I would clearly like to hear about them as soon as possible.

I hope this data can help some one else in the future.

Mark Herold

herold@brk.bfg.com

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# Re: the occult

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- *Subject:* Re: the occult
  - *From:* [BILLS@vav-nun.com](mailto:BILLS@vav-nun.com) (Fr. ALSO)
  - *Date:* Tue, 30 Jul 1996 11:04:18 -0400 (EDT)
- 

At 1:36 7/30/96, JRalls7959@aol.com wrote:

> had an out of body experience but woke in the ER. She said she was  
>severly myopic, but when out of body, her vision was perfect. It's like the  
>energy body remembers something that the physical body forgot.

Or, the 'energy' body displays something the conscious mind forgot--that we  
are perfect.

>So how do I  
>get my eyes well using this line of thought?

try becoming aware of your astral body. Astral Projection by Denning and  
Phillips is considered a good standard instruction manual.

>I think we could all pray for each others eyes.

This is no joke! though i prefer the term 'meditation'

-Bill

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# Improving focus on some definitions

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- *Subject:* Improving focus on some definitions
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Tue, 30 Jul 1996 19:24:14 -0400
- 

At 11:37 AM 7/26/96, Linda Lee wrote:

>Elena,

>

>I have read your last two postings carefully. I pretty much agree  
>with you as far as you go, but i personally confer with Bill  
>(fr.ALSO) who wrote that our beliefs create our reality. Yes,  
>emotions are important, but IMHO, behind every emotion there is a  
>thought that holds it in place. Something like, "i am at fault here  
>because i am unworthy..." and i believe these thoughts are very  
>carefully buried, perhaps metaphorically at a muscular level.

I have to apologize for using some terms loosely, without specifying what it is exactly that I mean -- I know part of misunderstanding in any disagreement stems from all kinds of vague, qui-pro-quo terminology. When I was talking, in my statistical estimate and elsewhere, about "emotions," I should have used another word -- feelings. I will try to be a bit more specific in the future and say,

1) "rational/intellectual/thinking/symbolizing processes" when I mean psychological processing of experiences, the upper-level, neocortical consciousness. I will say 2)"emotions" or "affective processing" when talking about our discerning stimuli as positive/negative, pleasant/unpleasant, something to seek/avoid, etc., or mid-level, limbic consciousness, regulated by the middle brain. And I will say 3)"somatosensory" when talking about visceral/kinesthetic, etc., consciousness, the kind of processing associated with the inner brain. Finally, I will say "feelings" or, alternatively, "(w)holistic consciousness" to denote experiences that are processed everywhere at once, by the whole brain and whole body and all organs simultaneously. In case it's a surprise to anyone, or in case someone thought it was a metaphysical concept, that's simply the way life on earth functions: it feels. Its animal part to which we can still somehow relate (at least if a scientist who has "performed a controlled experiment" tells us we should), used to

have feelings some 300 million years before it invented a neocortex, because it already had (and still has) a body complete with a lot of organs, and a middle brain and an inner brain, no better and no worse than ours, to process its interactions with its environment. Consciousness evolved as a systemic phenomenon, as an ability to "notice," respond to, and integrate, experiences, not "some" experiences but all experiences. That would be any species' undoing if it managed to have experiences and ignore them -- for instance, drink sand from where water used to be and be "unaware" of this particular fact. It could be unaware on a higher level (for instance, ignore the unpleasant taste) but not on a lower level (the cells needing water would "notice" that they got something else instead, plus they would "notice" that they still need what they needed before, only more so). One needs to be UNFEELING in order to be unconscious. No creature on earth is without consciousness, or it wouldn't have survived. Consciousness is any live creature's ability to notice its all experiences with everything it has to notice them with. Johnny-come-lately, homo sapiens, is grossly mistaken when he thinks that he has learned how to feel by learning how to think. He's mistaken when he thinks that he's learned how to exist by learning how to think. His "cogito ergo sum" means "I have a neocortex therefore I exist"-- which is not so much idiotic as ahistoric. Existing is something we've been perfecting for so much longer, it would have been funny he's come up with this particular idea if it wasn't so tragic.

So "emotional trauma" was a bad term for what I meant. A good term will be "a trauma to one's feelings," which means, a trauma to your

- 1) first-level consciousness (if you're old enough to have a functional neocortex), of the type, "I think that's not fair!" or "now I understand -- when he/she was talking about love he/she was lying to me," or "I did something bad in seventh grade/in a past life, and therefore deserve to be punished";
- 2) to your second-level consciousness -- physical pain of being hurt in an accident, or beaten or shot or roasted alive as a sacrificial offering to gods, etc.;
- 3) to your third-level consciousness -- the trauma of having to adapt, beyond capacity, to adulterated inner/outer conditions -- for instance, to drinking sand when you need water... or to the need to triple your adrenaline production in response to some events occurring in your first- and second-level consciousness, plus to produce extra hydrochloric acid in your stomach to digest what's having trouble being digested because you're under the "not enough oxygen" conditions of stress, and the blood is diverted elsewhere from the walls of your gastric tract and from that sandwich your well-meaning stomach was CONSCIOUS OF and planned to process in peace, and still has to process somehow, whether in peace or not. Any kind of trauma occurs not only on its own level but is carried over to all levels of your consciousness, to your whole being, to each organ "in its own language." (That's an important point of disagreement between our views, my mystic-minded fellow i\_see'ers: we don't store metaphors in our muscles.

We store metaphors in our neocortex. Muscles store information about the SAME experience in a DIFFERENT language. It's not symbolic -- it's direct. The language will be the speed of nerve endings growth or their conductivity, core body temperature changes, etc. That's body language, not what I saw recently when a self-proclaimed adherent of "holistic" approaches showed me how she "talks to her body." She actually spoke to it in plain, simple English, like to a dumb child. It's not dumb -- it speaks metabolic, biochemical, electroconductive, thermoregulatory, photosensory, and many other ancient languages that haven't become extinct in hundreds of millions of years, unlike so many human languages in a much shorter time!) This is what I mean by trauma to your mind/body/spirit, for purposes of further discussion called "a trauma to feelings."

As for mind over/under/behind/before, etc., matter -- I don't disagree with anything and I've even made it through The Dancing Wu Li Masters, a history of modern physics that views physics as a science that really studies the structure of consciousness. But I don't have (and don't care to fake) the same first-hand understanding of the trans-atomic, pre-Big-Bang, after-life, whatever, "ultimate realm" that I have of "the feeling, conscious life," and I have good reasons not to care, for now. I think we aren't ready for that lesson yet, whatever it may be. We're like a first-grader who's failing arithmetics while daydreaming about his future Nobel prize in math. Maybe he'll get it after all -- but hardly as an automatic reward for flunking arithmetics.

I did come to revere something finally. It's life on earth. That we are part of it and are designed on its general principles -- which means, NEVER unconscious, never unfeeling, but, rather, a species facilitated with a handy but also potentially life-extinguishing ability to ignore (or fake, i.e. symbolize) and ultimately "not know" what we're really feeling, is of a much greater concern to me than who was here first, mind or matter. It's like asking what's ice cream, ice or cream. It's neither. It doesn't have to be either/or, or to consist of one plus the other, in order to exist. It's not a dichotomy, and consciousness and matter are separated only in a split mind/disjointed body/broken spirit. I used to think human spirit is split in two. That was wishful thinking. It's split in multiples of six. Three levels of consciousness split twice horizontally and once vertically by STOPPING/PREVENTING integration of feeling of every single experience produce the kind of "consciousness" we're so proud of. That's what it takes to be human these days.

Have fun.

Elena

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# Re: the occult

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- *Subject:* Re: the occult
  - *From:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Date:* Wed, 31 Jul 1996 23:48:17 -0400
- 

Astral Projection? I used to make fun of it, actually, I still do, only due to some "weird " experiences in the last few years, I think it's for real. I'm in an on-line study group now going through "The Women's Book of Healing" by Diane Stein which deals with auras, the laying on of hands, crystals and gemstones, chakras and colors. I just picked up Dolores Kreiger's (RN & PhD) "Therapeutic Touch"(is it possible to underline anything on a computer? Mine will erase any word I try to underline.). I am interested in all these concepts, I may even astral project all the time without remembering it. I have these vague impressions of having been on the moon.....They're a little different than my occasional dream recollections. Just enough to make you go hum.....!?. With all these books to read, how am I ever going to get rid of this myopia? I think I got it by reading too much in the first place. I need to meditate more. Please meditate on my behalf, I'm visiting a sceptical ophthalmologist on Monday. If my vision is even slightly improved, I will be very excited. If it's not, I'm not doing a very good job with VT.  
julie

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# Re: Improving focus on some definitions

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  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 19:24 7/30/96, Elena wrote:

>Consciousness is any  
>live creature's ability to notice its all experiences with everything it has  
>to notice them with. Johnny-come-lately, homo sapiens, is grossly mistaken  
>when he thinks that he has learned how to feel by learning how to think.  
>He's mistaken when he thinks that he's learned how to exist by learning how  
>to think. His "cogito ergo sum" means "I have a neocortex therefore I  
>exist"-- which is not so much idiotic as ahistoric. Existing is something  
>we've been perfecting for so much longer, it would have been funny he's come  
>up with this particular idea if it wasn't so tragic.

Prior to consciousness, which for homo-sapien includes thinking, there is only more speculation. In the \*describing\* of the source of life and mind, \*any\* model becomes self-defeating. However, i agree with your summation with the caveat that thinking is nonetheless a valid \*and necessary\* activity.

I'm flashing on an analogy to the treatment for alchoholism; "AA" , the treatment essentially rests upon the absolute ban on the consumption of alchohol. Though effective, there is an artifice implicit which doesnt actually solve the problem, only the symptoms.

>  
>So "emotional trauma" was a bad term for what I meant. A good term will be  
>"a trauma to one's feelings,"  
>[...] Any kind of trauma  
>occurs not only on its own level but is carried over to all levels of your  
>consciousness, to your whole being, to each organ "in its own language."  
>(That's an important point of disagreement between our views, my  
>mystic-minded fellow i\_see'ers: we don't store metaphors in our muscles.  
>We store metaphors in our neocortex. Muscles store information about the

>SAME experience in a DIFFERENT language. It's not symbolic -- it's direct.

Then i guess we are in agreement but are you suggesting superiority of one language form here? Of course the metaphor is an expression of the language function, and the spasm is the expression of the muscle, are they not both fractional responses to the same experience? I agree strongly with your suggestons of a wholistic process, where a bee sting or a hateful look is felt throughout the system. This is the ideal goal, i believe, to FEEL everything as fully as possible. To 'acknowledge reality' is a way of expressing this. The seventh emanation of the tree of life (cf. the biblical creation of the world) is another way of describing it, (for the mystic-minded;) .

In the case of a chronic muscle spasm which denies us the ability to visually accomodate, the theory you suggest, if i got it right, is that traumas (painful events (whether physical or ideological)) exist in ones past which have yet to be fully \*fealt\* and so are still 'unfulfilled' and must be released for the spasm to vanish. My suggestion in response to Linda's reply, that a thought holds the key, i can see could be misleading if taken as the 'cause', but i meant to suggest that the thought is symbolic of the trauma and could be more readily identifiable and modifyable. Or perhaps it is simply a part that must be dealt with as well. But theory aside, i know that it works to remember incidents and question the conclusions i have held.

>

>I did come to revere something finally. It's life on earth. That we are >part of it and are designed on its general principles -- which means, NEVER >unconscious, never unfeeling, but, rather, a species facilitated with a >handy but also potentially life-extinguishing ability to ignore (or fake, >i.e. symbolize) and ultimately "not know" what we're really feeling, is of a >much greater concern to me than who was here first, mind or matter.

Analysis is basically boring unless it gets applied. That is certainly my intent as i'm sure it's yours. Let's talk about techniques for putting the theory to work. Let's reclaim our vision!

>I used to think human spirit is >split in two. That was wishful thinking. It's split in multiples of six.

hmmm, and six gets you;

>Three levels of consciousness split twice horizontally and once vertically >by STOPPING/PREVENTING integration of feeling of every single experience >produce the kind of "consciousness" we're so proud of. That's what it takes >to be human these days.

that path of the Scorpion is so scary though! Translation; the full integration/engagement of the world is a total committment--it is Love--

and it is a Death to the Ego. Fear of Change prevents that final actualizing. It's an extremely basic response, i dont think modern society is really the problem (actually a symptom), the tendency is an result of the development of the frontal lobe, imagining our(perfect)selves, and resisting unauthorized modifications to that picture.

>  
>Have fun.

that's practical advice!

-Bill

- 
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# Re: laser surgery

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: laser surgery
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Thu, 1 Aug 1996 14:58:22 -0700 (PDT)
  - *In-Reply-To:* <Pine.OSF.3.91.960801142323.13056A-100000@ewald.mbi.ucla.edu>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

JRalls7959@aol.com writes:

> I think the medical profession IS in for a big shock. I'm not over my own  
> yet. I still don't get how this got so far without someone raising a big  
> stink. I was brought up being told that my eyes had just grown too big, like  
> a person being too tall. That myopia was a normal biological variant. That  
> it was genetic. Well, if you look at the epidemiology, you know something's  
> wrong with that concept. You get large increases in myopia in a population  
> when industrialization and westernization is introduced. You get new onsets  
> in adulthood, when the person has stopped growing. There is a strong  
> correlation between myopia and indoor, close-up work. Brains wear glasses.  
> I had seen this all my life but dismissed it as a stereotype.  
> I too was considering the surgery and asked a number of ophthalmologist  
> for their opinion. None mentioned that myopia is a pathologic stretch. The  
> myopic eye is longer, with more glaucoma, thinner eye walls, and more retinal  
> detachments. It's much more than a visual acuity problem.

> From what I've read, myopia come in many different flavors. What works  
for one person may not work for another. People seem to draw a  
distinction between severe myopia and mild myopia; severe myopia is  
generally considered to be genetic and mild myopia may be  
environmental. Severe myopia seems to occur at about the same  
frequency regardless of amount of near-point work; but the same  
didn't seem to be true of mild myopia. Severe myopia is likely  
to be associated with the  
risks that you mention, retinal detachment etc. Do you know if  
mild myopia is associated with these risks? There is also myopia  
that's associated with various genetic syndromes and with diseases --  
I seem to remember it being associated with diabetes.

> This surgery is based on the concept that myopia is a normal biological

> variant. But that doesn't mesh with up-to-date information. There is more  
> than one cause for myopia. Ask your doctor how he or she knew that you  
> didn't have pseudo-myopia, which is considered to be a reversible condition.

I have wondered about that, whether surgeons screen for "pseudo-myopia".  
Some optometrists say they screen for myopia associated with  
accommodative spasm, by giving a drug to totally relax the ciliary  
muscle. If totally relaxed refraction is still myopic, I suppose  
they conclude nothing can be done with vision training.

I'm not sure though whether this screen is effective in screening out  
all people who could improve their objective refraction without  
surgery.

Also, people who've acquired myopia who have the surgery but no  
education about reducing bad visual habits, near-point stress, etc.  
might be at risk for developing myopia again after a few years.

It's not clear to me how the surgery "is based on the concept that  
myopia is a normal biological variant". It is possible that people  
can acquire myopia which is not reversible -- there are various  
theories about how near-point stress might cause longer eyeballs, etc.  
so that the pseudo-myopia becomes permanent myopia.  
If it is not reversible, surgery might be the best option.  
Myopia is only reversible in some cases.

If someone is somewhat myopic but not very myopic, it would make  
sense to at least look into non-surgical treatments. Perhaps, one  
reason that people go for the surgery is that vision therapy is  
a lot of work, slow, can be very expensive and doesn't work for  
everyone. The surgery costs a couple thousand dollars or so,  
and people don't have to put a lot of time into it, and works  
pretty well most of the time. It's easy to imagine weekly  
vision therapy appointments adding up to \$\$\$.

- 
- Prev by Date: [Re: Improving focus on some definitions](#)
  - Next by Date: [Re: mild vs severe myopia](#)
  - Prev by thread: [Re: Improving focus on some definitions](#)
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# Re: mild vs severe myopia

---

- *To:* [snowe@rain.org](mailto:snowe@rain.org), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Re: mild vs severe myopia
  - *From:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Date:* Fri, 2 Aug 1996 00:04:53 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Re: mild vs severe myopia and risk for glaucoma etc. From my recollection of various conversations and reading, there is not a clear demarkation between mild and severe myopia and the risk or non-risk for other eye problems. I don't remember anything on all environmental factors being controlled, yet still myopia progressing in a significant portion of the population. I think a study like this has yet to be done. But my information is limited. I do think picture is clearer for the more severe cases of myopia. But I still haven't seen or heard anything that clearly states that mild myopes have the same risk for glaucoma etc as the general population.

Another MD friend who I would call a moderate myope- I don't know her exact numbers I think she's around -3 to - 5.- asked her ophthalmologist at her last visit about my concerns. She's on the faculty of my medical school, and in family medicine too, just in case you care. Her doctor told her she was getting some degenerative changes already. I may see her next week and get more details.

I have asked this of several ophthalmologist but have not been told that mild myopes have no increased risk for problems. I have asked for specific numbers on risk ratios and the response I've gotten is that severe myopes have a definite increased risk. Maybe mild myopes have no increased risk but no one I've talked to, and nothing I recall reading has been definite about this.

My own doctors have always treated this as a normal variant. My friends have had similar experiences. I've never had an MD mention VT as an option.

Once I found out about VT, I did visit an optometrist for evaluation, but I really don't need to keep going any more than someone who wants to loose weight needs to see an M.D. to be in a diet and exercise program. These professionals have nothing more to give me. I just need to do the work myself.

And if VT is so hard, how do we know that a person's myopia is irreversable vs they are having a problem with compliance, or that the speed

of reversal is logarithmic, the further out you go, the harder it is to get back? And what about future research regarding medical (non-surgical but not natural) treatment possibilities for myopia? The money in research has gone for this laser surgery. Probably because there is a business interest in selling the laser equipment. But in the long run, will surgery have been the best medicine? Two years ago I thought the surgery would be a cure for my myopia. I am in the medical profession, I did read a bit about it and was asking a lot of specialists about it. I hated my glasses and was ready to go with the surgery. Now I would say I had a very limited understanding of the problem. And not a single MD informed me of my options. Does the average person undergoing this procedure get informed consent? I don't think so.

julie

---

● **Follow-Ups:**

○ [Re: mild vs severe myopia](#)

■ *From:* "Herbert T. Black" <blackht@pacificu.edu>

○ [Re: mild vs severe myopia](#)

■ *From:* Torres Mario <mtorres@wsnr-relay2.arl.mil>

● Prev by Date: [Re: laser surgery](#)

● Next by Date: [Re: mild vs severe myopia](#)

● Prev by thread: [Re: laser surgery](#)

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# Re: mild vs severe myopia

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- *To:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Subject:* Re: mild vs severe myopia
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Fri, 2 Aug 1996 09:45:31 -0700 (PDT)
  - *Cc:* [snowe@rain.org](mailto:snowe@rain.org), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *In-Reply-To:* <[960802000452\\_375527492@emout17.mail.aol.com](mailto:960802000452_375527492@emout17.mail.aol.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

> increased risk for problems. I have asked for specific numbers on risk ratios  
> and the response I've gotten is that severe myopes have a definite increased  
> risk. Maybe mild myopes have no increased risk but no one I've talked to, and  
> nothing I recall reading has been definite about this.

> My own doctors have always treated this as a normal variant. My friends  
> have had similar experiences. I've never had an MD mention VT as an option.  
> Once I found out about VT, I did visit an optometrist for evaluation, but I  
> really don't need to keep going any more than someone who wants to loose  
> weight needs to see an M.D. to be in a diet and exercise program. These  
> professionals have nothing more to give me. I just need to do the work  
> myself.

Julie;

It's too bad that MD's so often dismiss other healing modalities they haven't learned about in school, assuming that they have a monopoly on healthcare and health knowledge. I think people are getting very tired of that. The truth is that VT is a very complex field to know about and most OD's don't even know much about it since it is not being taught in optometry schools as much as it used to be because optometry is all excited about being more "medical". A mistake I think. Anyway, I do not think you can just do VT on your own anymore than most people with a weight problem can lose weight PERMANENTLY without some sort of support, either professional or like OA.

There are OD's that specialize in VT and you will find FCOVD after their name. It is well worth seeing one of these professionals with extensive postgraduate training and certification in VT.

- **Follow-Ups:**

- [Professional help...](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- **References:**

- [Re: mild vs severe myopia](#)

- *From:* JRalls7959@aol.com

- Prev by Date: [Re: mild vs severe myopia](#)

- Next by Date: [Re: the occult](#)

- Prev by thread: [Re: mild vs severe myopia](#)

- Next by thread: [Professional help...](#)

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# Re: the occult

---

- *To:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Subject:* Re: the occult
  - *From:* [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - *Date:* Fri, 2 Aug 96 09:09:30 -0700 (PDT)
  - *Cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

To Julie and all the skeptics:

I am silently following these threads with great interest. My two pennies worth is for those who are interested to read a book called The Infinite Mind by Valerie Hunt. This skeptical researcher presents very compelling scientific evidence that has converted me into looking into the idea of energy and fields of energy more deeply and its relationship to emotional and non-visible forces at work in healing eyes and vision.

Enjoy while palming,

>Astral Projection? I used to make fun of it, actually, I still do, only due  
>to some "weird " experiences in the last few years, I think it's for real.  
> I'm in an on-line study group now going through "The Women's Book of  
>Healing" by Diane Stein which deals with auras, the laying on of hands,  
>crystals and gemstones, chakras and colors. I just picked up Dolores  
>Kreiger's (RN & PhD) "Therapeutic Touch"(is it possible to underline anything  
>on a computer? Mine will erase any word I try to underline.). I am  
>interested in all these concepts, I may even astral project all the time  
>without remembering it. I have these vague impressions of having been on the  
>moon.....They're a little different than my occasional dream  
>recollections. Just enough to make you go hum.....!?.  
>With all these books to read, how am I ever going to get rid of this myopia?  
> I think I got it by reading too much in the first place. I need to meditate  
>more. Please meditate on my behalf, I'm visiting a sceptical  
>ophthalmologist on Monday. If my vision is even slightly improved, I will be

>very excited. If it's not, I'm not doing a very good job with VT.  
>julie

Robert-Michael Kaplan. O.D., M.Ed., FCOVD  
Sunshine Coast, B.C. Canada

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"What you see from you heart is clear, so look with love!"  
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Our Web Page-With Online EYE FITNESS NEWS letter  
<http://www.sunshine.net/www/0/sn0011/>

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Join us for an exciting 7 day retreat holiday and adventure and  
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# Re: mild vs severe myopia

---

- *To:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Subject:* Re: mild vs severe myopia
  - *From:* Torres Mario <[mtorres@wsmr-relay2.arl.mil](mailto:mtorres@wsmr-relay2.arl.mil)>
  - *Date:* Fri, 2 Aug 1996 09:28:51 -0600 (MDT)
  - *Cc:* [snowe@rain.org](mailto:snowe@rain.org), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *In-Reply-To:* <[960802000452\\_375527492@emout17.mail.aol.com](mailto:960802000452_375527492@emout17.mail.aol.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Its difficult who said what on this message but it sounds like the last part is and answer from Julie to JRalls

> And if VT is so hard, how do we know that a person's myopia is  
> irreversable vs they are having a problem with compliance, or that the speed  
> of reversal is logarithmic, the further out you go, the harder it is to get  
> back? And what about future research regarding medical (non-surgical but  
> not natural) treatment possibilities for myopia? The money in research has  
> gone for this laser surgery. Probably becaused there is a business interest  
> in selling the laser equipment. But in the long run, will surgery have been  
> the best medicine? Two years ago I thought the surgery would be a cure for  
> my myopia. I am in the medical profession, I did read a bit about it and was  
> asking a lot of specialists about it. I hated my glasses and was ready to go  
> with the surgery. Now I would say I had a very limited understanding of the  
> problem. And not a single MD informed me of my options. Does the average  
> person undergoing this procedure get informed consent? I don't think so.  
> julie  
>  
>

I agree that the research and money has gone into the laser surgery and the like. And that is in great part why I have confidence in the surgery. This is not a new procedure and it has been around since the 1950's where it originated in Russia. I understand that Russia continues to correct through surgery instead of eyeglasses, if there were long term effects we would have heard of them by now. Also we must recall that the FDA has approved the eye surgery with simple RK and also the PRK (laser). Whether we can trust the FDA's studies or not is another debate, but we do know that the FDA does take longer to aprove new

procedures so that their case studies can be as thorough as possible.

Now regarding all the extra "information" about various possible side effects or risks, I wonder if that will not just confuse the issue? I decided to make an educated decision and on all the literature I picked up. I based my decision on "solid" research and studies and tried to filter out most of the hear-say and unproven theories. It does seem that we have some proof that VT works for some, but we also have proof that surgery has worked for many more. Then its up to the individual to make an educated decision which solution is best for them. Then drop without a second thought all the scare and superstitious comments that often seem to surface around all sorts of healing procedures. Is there any "healing" alternative that does not have any risks or side-effects?

Mario

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● **References:**

- [Re: mild vs severe myopia](#)
  - *From: JRalls7959@aol.com*
  
- Prev by Date: [Re: the occult](#)
- Next by Date: [A SURVEY -- PLEASE RESPOND](#)
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# A SURVEY -- PLEASE RESPOND

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- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: A SURVEY -- PLEASE RESPOND
  - From: Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - Date: Fri, 2 Aug 1996 12:49:27 -0400
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I will share the statistical results with everybody and GUARANTEE ANONYMITY to all respondents. I expect either some eye-opening correlations everyone will be able to see, or a refutation of my present theory (partial or total). I am open to either outcome (I went through the process of defying my own next-to-last hypothesis a number of times and I don't mind being proved wrong -- a negative result is a result none the less.) I'll share the theory in its entirety, and in case it's as significant as I now think it is, the repercussions for our present "let's reclaim our vision" quest will be direct.

Here goes:

I. Please respond in figures to questions in this section.

1. At what age was your vision problem first diagnosed?
2. How strong was your first prescription? What was your unaided acuity?
3. How high was your refraction error at its highest? At what age?
4. How bad is it now? How old are you?
5. For how many hours a day did you wear your glasses/contacts at various ages?
6. Did you wear full-strength glasses for near-point work (reading, etc.)?
7. Average daily amount of near-point work at different ages?

II. Please ask your mother for details if you don't know the answer to any of the questions in this section.

1. Were you born at full term or premature? If premature, specify age in addition to weight.
2. Complications at birth (if any): a) normal natural birth; b) Caesarean; c) cord strangulation; d) suffocation on fluids; e) a twin; f) other. Please include details (wasn't breathing/had to be revived, bluish or purple skin color, loud/weak crying, etc.)
3. Was your mother medicated with tranquilizers or painkillers at any time while in labor?
4. The duration of labor?
5. Ask your mother if she remembers any details of the environment of the

delivery room: cold/hot, noisy and hectic/quiet, etc.. Give details if you can.  
6. The lighting of the delivery room: bright/dim, incandescent/fluorescent, few/many reflections from bright-lit objects, etc.  
7. Were you separated from your mother immediately after birth? If yes, for how long?

III. Be specific or poetic in this section, whichever seems appropriate.

1. Please describe the circumstances around the time when you first started noticing difficulties with your vision.
2. Can you recall any specific experiences that made you aware of a change in vision for the first time?

I look forward to your answers!

Elena

- 
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# Professional help...

---

- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Professional help...
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Sat, 3 Aug 1996 12:54:41 -0400 (EDT)
  - *In-Reply-To:* <[Pine.SUN.3.91.960802093840.5946B-100000@tabitha.pacificu.edu](mailto:Pine.SUN.3.91.960802093840.5946B-100000@tabitha.pacificu.edu)>
  - *Reply-To:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Fri, 2 Aug 1996, Herbert T. Black wrote:

> (big snip)  
> The truth is that VT is a very complex field to know about  
> and most OD's don't even know much about it since it is not being taught  
> in optometry schools as much as it used to be because optometry is all  
> excited about being more "medical". A mistake I think. Anyway, I do  
> not think you can just do VT on your own anymore than most people with a  
> weight problem can lose weight PERMANENTLY without some sort of support,  
> either professional or like OA.

I have to disagree loudly. I see this as elitism - the same kind of professional snobbery that is rampant in the "accepted" medical establishment. "You people must get our superior, professional opinion before attempting an exercise or weight-loss program." The truth is, doctors receive little or no training in nutrition. The information they do have is based on the male model (where all the research money goes) or comes from drug companies who want to sell their chemicals.

Anyone with an interest is capable of learning what is involved with vision therapy. It is not necessary to earn a degree or take classes to learn. Just as a degree and medical license is no assurance of competency, the lack of these things does not indicate incompetency!

I have not found my program to be expensive or time consuming. It fits neatly into my lifestyle, and I am pleased by the results I have gotten so far. I do use eyecare "professionals", because I am unable, legally,

to prescribe my own lenses. I choose the strength of those lenses, but am not allowed to purchase them without a "note from the doctor". So far, the costs are about the same as I was spending just to maintain my myopia - that seems like a real bargain to me.

I hope no one has been discouraged from exploring their options, just because they are not "qualified optical experts". After all, it was a qualified ophthalmologist that got me started on this addiction to minus lenses!

Mary (getting down from her soapbox) Marlowe

---

- **Follow-Ups:**

- [Re: Professional help...](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- **References:**

- [Re: mild vs severe myopia](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [A SURVEY -- PLEASE RESPOND](#)

- Next by Date: [Re: Professional help...](#)

- Prev by thread: [Re: mild vs severe myopia](#)

- Next by thread: [Re: Professional help...](#)

- Index(es):

- [Date](#)

- [Thread](#)

---

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

## Re: Professional help...

---

- *To:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Subject:* Re: Professional help...
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Sat, 3 Aug 1996 14:29:05 -0700 (PDT)
  - *Cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *In-Reply-To:* <[Pine.3.89.9608021655.B1203-0100000@pbfreenet.seflin.lib.fl.us](mailto:Pine.3.89.9608021655.B1203-0100000@pbfreenet.seflin.lib.fl.us)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Mary;

I did not say that people should go to an MD for weight loss- that's the LAST place I would go. I too am not fond of MD's, especially ophthalmologists, since it was one of those who missed my binocular vision problems as a child. I was seeing double and he told my mother I was faking so I could miss school! So being a good, submissive child, I assumed that the "adults" and the doctor were right and I was wrong, so I stopped seeing double, by suppressing one eye (alternate eyes), subconsciously of course! Which of course left me with no depth perception, clumsy, bad at sports, any activity or thinking process which required 3D visualization, etc. Finally, my daughter had similar problems and the occupational therapist helped her a lot but then recommended VT which I had never heard of. But being good yuppy parents, we sent our daughter and it made a HUGE difference in her. So I then went through VT myself and the OD liked me so offered me a job as a VT therapist which I did part-time while working at my regular job (geology).

I saw so many kids come in either in special ed or about to go into it, beyond help many times, discouraged, negative, etc. After a few months on VT, they were positive, on the honor roll, mellow, etc, etc. The family was also very happy to say the least.

This is the type of VT I am talking about, not so much myopia

reduction which seems to be the item of greatest interest to this list. I frankly think myopia reduction is the least important aspect of VT especially for kids who are failing at school, many of whom have NO REFRACTIVE ERROR! Not myopic, in other words. Or if they are, VT helps them anyway.

So that is my story and why I am now a 3rd year optometry student going through a ridiculously stressful program so that I can maybe help a few kids not go through what I did. If that is elitist and "medical", then so be it. The stuff we do cannot be done by people alone usually because it requires equipment and training to know what to do. We do ask them to do exercises at home as well as come in periodically for offive visits.

Myopia reduction

I know CAN be done at home with a book about Bates or one of Jacob Lieberman's books. That is just not my interest area.

My 2 cents worth.

Herb Black

---

● **Follow-Ups:**

- [None](#)
  - *From:* owner-i\_see@indiana.edu
- [Re: Professional help...](#)
  - *From:* MeiTien <a.wu@worldnet.att.net>

● **References:**

- [Professional help...](#)
  - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Professional help...](#)
- Next by Date: [Re: Professional help...](#)
- Prev by thread: [Professional help...](#)
- Next by thread: [None](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

## Re: Professional help...

---

- To: [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - Subject: Re: Professional help...
  - From: [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - Date: Sat, 3 Aug 1996 17:23:16 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

>On Fri, 2 Aug 1996, Herbert T. Black wrote:

>

>> I do

>> not think you can just do VT on your own anymore than most people with a  
>> weight problem can lose weight PERMANENTLY without some sort of support,  
>> either professional or like OA.

Mary Marlowe expressed my immediate reaction quite well. So instead i'll just ask, why do you believe this? Is it because of special difficulties a non-professional is unable to discover on their own, or because of the extra encouragement and 'prodding' a personal trainer can provide, or what?

I have known of VT for 17 years and i still wear glasses. I have achieved successes of near independence a couple of times and i have reduced my prescription over all, but i havent gotten that PERMANENT state of 20/20. My understanding of this is that i have not worked diligently enough, the pressing forward with my busy life I've given priority and just slapped on the specs instead! I'd like to hear any of your info on how a pro can make it happen.

What are the statistics for a professional therapist's success rate bringing an entrenched myope to PERMANENT 20/20? How about the average for solo efforts?

-Bill

- **Follow-Ups:**

- [Re: Professional help..](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [Re: Professional help...](#)

- Next by Date: [Re: laser surgery](#)

- Prev by thread: [A SURVEY -- PLEASE RESPOND](#)

- Next by thread: [Re: Professional help..](#)

- Index(es):

- [Date](#)

- [Thread](#)

---

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

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# Re: laser surgery

---

- *To:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Subject:* Re: laser surgery
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Sun, 04 Aug 1996 10:57:22 -0400
  - *CC:* [mtorres@wsmr-relay2.arl.mil](mailto:mtorres@wsmr-relay2.arl.mil), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *References:* <960801013444\_250276353@emout10.mail.aol.com>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

myopia is expansion glaucoma (per Kelly of Bath, England, 3rd Int. Congress on Myopia, Copenhagen, August 24-27,1980, Documenta Ophthalmologica, Proceeding Series, Volume 18,1981, Eds. Fledelius, P.H., Alsbirk, and Goldschmidt.)

From my understanding, there is research being done looking for a quick fix for the overall problem, fixing the disease at its biologic root, not just from the visual acuity aspect. The only article I have on this is Raviola, M.D., and Wiesel, M.D., The Neural Basis of Myopia, ON THE BRAIN, The Harvard Mahoney Neuroscience Institute Letter, Summer, 1995 (and these guys I am told are really, really smart!)..

Julie,

These articles you mentioned sounded really interesting. I always wondered about the possible link between myopia and glaucoma..and wonder the things we can do for glaucoma possibly is also good for myopia, such as Vitamin C for lessening the pressure in the eye. Could you tell us more about these? I believe I won't be able to find these articles in my local libraries.

What kind of VT do you do?

Thanks.

Mei-Tien

- 
- Prev by Date: [Re: Professional help...](#)
  - Next by Date: [None](#)
  - Prev by thread: [Re: laser surgery](#)
  - Next by thread: [Re: mild vs severe myopia](#)
  - Index(es):
    - [Date](#)
    - [Thread](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

# None

---

- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* None
  - *From:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
  - *Date:* Sun, 4 Aug 1996 14:06:45 -0500 (EST)
  - *In-Reply-To:* <[Pine.SUN.3.91.960803141511.22217A-100000@tabitha.pacificu.edu](mailto:Pine.SUN.3.91.960803141511.22217A-100000@tabitha.pacificu.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Dear Herbert,

Please forgive the intense knee-jerk reaction I had to your post. I am glad you made clear that you were talking about a particular case where you felt it unlikely that people could ferret out their own information. I still believe the information can be had without seeking a "specialist", though many people are more comfortable hiring outside help.

I recommend research - whether doing-it-yourself or hiring an outside contractor. For me, blind faith is a thing of the past :)

I have a thought on children and vision: Are schools (and the rest of us, by extension) asking them to use their eyes in developmentally inappropriate ways? I think it much more likely that there is something wrong with our relatively new (150 year old) compulsory education system, than with our children (who usually manage just fine until about second or third grade).

Mary

On Sat, 3 Aug 1996, Herbert T. Black wrote:

> Mary;

>

> I did not say that people should go to an MD for weight loss- that's the  
> LAST place I would go. I too am not fond of MD's, especially  
> ophthalmologists, since it was one of those who missed my binocular vision  
> problems as a child. I was seeing double and he told my mother I was  
> faking so I could miss school! So being a good, submissive child, I

> assumed that the "adults" and the doctor were right and I was wrong, so I  
> stopped seeing double, by suppressing one eye (alternate eyes),  
> subconsciously of course! Which of  
> course left me with no depth perception, clumsy, bad at sports, any  
> activity or thinking process which required 3D visualization, etc.  
> Finally, my daughter had similar problems and the occupational therapist  
> helped her a lot but then recommended VT which I had never heard of. But  
> being good yuppy parents, we sent our daughter and it made a HUGE  
> difference in her. So I then went through VT myself and the OD liked me  
> so offered me a job as a VT therapist which I did part-time while working  
> at my regular job (geology).  
>  
> I saw so many kids come in either in  
> special ed or about to go into it, beyond help many times, discouraged,  
> negative, etc. After a few months on VT, they were positive, on the honor  
> roll, mellow, etc, etc. The family was also very happy to say the  
> least.  
>  
> This is the type of VT I am talking about, not so much myopia  
> reduction which seems to be the item of greatest interest to this list.  
> I frankly think myopia reduction is the least important aspect of VT  
> especially for kids who are failing at school, many of whom have NO  
> REFRACTIVE ERROR! Not myopic, in other words. Or if they are, VT helps  
> them anyway.  
>  
> So that is my story and why I am now a 3rd year optometry student going  
> through a ridiculously stressful program so that I can maybe help a few  
> kids not go through what I did. If that is elitist and "medical", then  
> so be it. The stuff we do cannot be done by people alone usually because  
> it requires equipment and training to know what to do. We do ask them to  
> do exercises at home as well as come in periodically for office visits.  
> Myopia reduction  
> I know CAN be done at home with a book about Bates or one of Jacob  
> Lieberman's books. That is just not my interest area.  
>  
> My 2 cents worth.  
>  
> Herb Black  
>

---

● **References:**

- [Re: Professional help...](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [Re: laser surgery](#)
- Next by Date: [Re: Professional help..](#)
- Prev by thread: [Re: Professional help...](#)
- Next by thread: [Re: Professional help...](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

## Re: Professional help..

---

- *To:* "Fr. ALSO" <[BillS@vav-nun.com](mailto:BillS@vav-nun.com)>
  - *Subject:* Re: Professional help..
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Sun, 4 Aug 1996 19:35:17 -0700 (PDT)
  - *Cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *In-Reply-To:* <[v02140b02ae293743d54b@\[153.37.85.67\]](mailto:v02140b02ae293743d54b@[153.37.85.67])>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Sat, 3 Aug 1996, Fr. ALSO wrote:

> Mary Marlowe expressed my immediate reaction quite well. So instead i'll  
> just ask, why do you believe this? Is it because of special difficulties a  
> non-professional is unable to discover on their own, or because of the  
> extra encouragement and 'prodding' a personal trainer can provide, or what?  
>

> I have known of VT for 17 years and i still wear glasses. I have achieved  
> successes of near independence a couple of times and i have reduced my  
> prescription over all, but i havent gotten that PERMANENT state of 20/20.  
> My understanding of this is that i have not worked diligently enough, the  
> pressing forward with my busy life I've given priority and just slapped on  
> the specs instead! I'd like to hear any of your info on how a pro can make  
> it happen.  
>

> What are the statistics for a professional therapist's success rate  
> bringing an entrenched myope to PERMANENT 20/20? How about the average for  
> solo efforts?  
>

> -Bill  
>  
>  
>  
>

Bill;

I refer you to my earlier post of today to Mary Malone. Perhaps I am guilty of the very professional arrogance that I so deplore in others. What I was trying to say was that I think VT often requires a "personal trainer" as you say or some kind of support just like permanent weight loss or permanent abstinence from alcohol, etc.. There have been studies done here at Pacific (or at least one study I know of) that show the critical importance of motivation of the person by SOMEONE to keep going in VT. I myself went through VT for 2 years and I learned that there came a point when my visual system was breaking down so that it could re-form into a more healthy one. This is called a "transition" by some and can be VERY unpleasant and even scary. It is my opinion that many people drop out of VT (and other types of therapy too) at this stage unless they are aware of this and have much support to grit their teeth and go THROUGH it and not run!

In addition, as I mentioned earlier, when I say VT I am not just referring to myopia reduction, but also to therapy for a myriad of visual system problems, such as accommodation disorders, binocular dysfunction, strabismus, amblyopia, vertical phorias, suppression, tracking and perceptual problems. These I think do require some professional structuring of a VT program which may then be done either entirely or partly at home. Sometimes special equipment and computer programs make the therapy a lot more effective. Having been exposed to VT as a patient, then as a therapist, and now as an optometry student (3rd year and counting!), I can tell you that it does seemingly miraculous things for kids (and adults) with visually-related learning disorders. It affects their whole lives and is very exciting to see the results. The ONLY failures I saw in my opinion, were of motivation. So that is why I stress help in motivation.

Myopia reduction I believe probably CAN be done solo with a good book of Bates or Lieberman material. It is controversial even within the VT community. There is a professor at New England College of Optometry (who's name escapes me) who specializes in this and works at Harvard University doing myopia reduction therapy with the college students. I can tell you it is very low tech but does require some special knowledge, neither mystical nor esoteric, just learned over time! She learned much of her knowledge from Dr. Amiel Francke in Washington, DC, who by the way got rid of my nephew's myopia years ago, as well as the OD at New England's myopia(as an adult).

I will confess that myopia reduction does not hold the fascination or intrigue that other types of VT do for me, but that is a personal preference. As far as stats go on myopia reduction, I have none and I am not sure there are any. But I will look it up next week AFTER my

National Boards for which I am cramming madly.

Thankyou for your interest and I will try to do some research on this topic a little later.

Herb Black

---

- **References:**

- [Re: Professional help...](#)
  - *From:* Bills@vav-nun.com (Fr. ALSO)

- Prev by Date: [None](#)
- Next by Date: [Re: mild vs severe myopia](#)
- Prev by thread: [Re: Professional help...](#)
- Next by thread: [Re: Mary's comments](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# Re: mild vs severe myopia

---

- *To:* [BillS@vav-nun.com](mailto:BillS@vav-nun.com), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Re: mild vs severe myopia
  - *From:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Date:* Sat, 3 Aug 1996 23:04:37 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

This comes from `_Patient Care_`, September 15, 1995, Sher, Trobe and Weingeist, all M.D.'s re: laser, not the RK

"-Regression of more than 1.00 D (this occurs in 12% of patients with myopia of up to -3.00 D, 28% with -3.10 to -6.00D and 60% with more than -6.00D)  
-Reduction in best corrected visual acuity of more than one Snellen's chart line in 3-4% of patients with myopia of -1.00 to -6.00 D and greater  
reduction in patients with more severe myopia  
- a halo around lights sufficient to impair night driving in 12%." p. 62

So from my present understanding, the worse your myopia is, the more likely this surgery will not result in long term 20/20 vision. Also, the more likely your myopia includes an increased risk for glaucoma, retinal detachment and vitreous degeneration, meaning the surgery is not a cure for your problem. Though I was originally (and I think most patients still are) under the impression that this surgery was an overall cure.

This article also states, "Although myopia can be an extreme inconvenience, it is not a disease." p. 56 This I think is clearly mistaken. I have received a letter from Dr. Trobe acknowledging some of my concerns with the note that he would pass my questions on to others in the field. I haven't received a reply just yet, but I'm sure these good doctors will explain things to me soon.

In another article I have, the reader is informed that a Dr. Sher at one time had investments in the company that developed the laser. So how much of the info that primary care physicians (and the public) are receiving on treatment options for myopia through the medical community is good medicine vs advertising for a product that may not be in the best interest of someone with myopia?

julie

- **Follow-Ups:**

- [Re: mild vs severe myopia](#)
  - *From:* Tim.Patterson@cciw.ca

- Prev by Date: [Re: Professional help..](#)
- Next by Date: [Re: Mary's comments](#)
- Prev by thread: [Re: mild vs severe myopia](#)
- Next by thread: [Re: mild vs severe myopia](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

## Re: Mary's comments

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Mary's comments
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Sun, 4 Aug 1996 19:53:27 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Sun, 4 Aug 1996 owner-i\_see@indiana.edu wrote:

> Dear Herbert,  
> Please forgive the intense knee-jerk reaction I had to your post. I am  
> glad you made clear that you were talking about a particular case where  
> you felt it unlikely that people could ferret out their own information.  
> I still believe the information can be had without seeking a  
> "specialist", though many people are more comfortable hiring outside help.  
>  
> I recommend research - whether doing-it-yourself or hiring an outside  
> contractor. For me, blind faith is a thing of the past :)  
>  
> I have a thought on children and vision: Are schools (and the rest of us,  
> by extension) asking them to use their eyes in developmentally  
> inappropriate ways? I think it much more likely that there is something  
> wrong with our relatively new (150 year old) compulsory education  
> system, than with our children (who usually manage just fine until about  
> second or third grade).  
>  
> Mary

Mary;

Thank you for the reply. I am learning to be a little more careful with my messages since it is so easy for me to not be complete enough and then be misunderstood. Believe me, if you knew me, I think you would not think I am a conventional "team player". I do anything I possibly can on my own,

which can be good and bad. And I agree, some motivated people can do their own VT, just as they can take care of their own health, exercise, spiritual life, emotional health, etc. The information is all out there for the taking for the interested.

Interesting your comment about the compulsory education system making children do developmentally inappropriate things with their visual system. That is the basic premise of "behavioral optometry" which is the VT bunch. The founder of all this was Dr. Skeffington, who was as far as I can tell totally obsessed with VT. He was a former minister turned optometrist and preached VT with evangelistic zeal. His comment was very similar to yours: "The primary cause of visual stress is the BIOLOGICALLY UNACCEPTABLE (my emphasis) socially COMPULSIVE visually near centered tasks which provoke an avoidance reaction that becomes the drive to center nearer in visual space." "Center nearer" means to become myopic in plain English.

So I believe you are exactly on the mark and to be commended for astute observation (and of course for agreeing with our philosophy!) :-)

If Bates can invent myopia reduction therapy all on his own then of course so can someone else. I just think motivation is critical, but probably more for the binocular type VT than the myopia reduction type. As some chiropractors say, the body has "innate intelligence" and can heal itself given the proper nurturing and maintenance. This is my philosophy in a nutshell.

Take care.

Herb Black

- 
- **Follow-Ups:**
    - [Re: Mary's comments](#)
      - *From:* MeiTien <a.wu@worldnet.att.net>
  
  - Prev by Date: [Re: mild vs severe myopia](#)
  - Next by Date: [Re: Professional help..](#)
  - Prev by thread: [Re: Professional help..](#)
  - Next by thread: [Re: Mary's comments](#)
  - Index(es):
    - [Date](#)
    - [Thread](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

# Re: Professional help..

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Professional help..
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Mon, 5 Aug 1996 17:14:59 -0500 (EST)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 07:35 PM 8/4/96 -0700, "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)> wrote:

>I myself went through VT for 2 years and I learned  
>that there came a point when my visual system was breaking down so that  
>it could re-form into a more healthy one. This is called a "transition" by  
>some and can be VERY unpleasant and even scary.

Terrifying. I'm talking personal experience, and I'm talking high myopia, which IMHO is the next difficulty category (not easier but harder to get rid of) compared to some other conditions responding to VT.

>It is my opinion that  
>many people drop out of VT (and other types of therapy too) at this stage  
>unless they are aware of this and have much support to grit their teeth  
>and go THROUGH it and not run!

I agree, KNOWING that this may happen helps go through it, and having support from a professional who has experience dealing with similar reactions in others and can help explain and handle them must be really great. But all the research I've done on my own (Mary is right -- good research is a valid alternative) not only equipped me with knowledge, it also convinced me that (most? all? some?) VT professionals are less "cross-disciplinary" than the motivated me and simply haven't ever learned what I've been able to learn due to going across, and away from, their specialization's borders.

>

>

>I will confess that myopia reduction does not hold the fascination or  
>intrigue that other types of VT do for me, but that is a personal  
>preference.

That's very understandable. That's because YOUR personal problem was something other than myopia. You have validated my favorite point about subjective knowledge taking preference over everything else once again.

Elena

---

- **Follow-Ups:**

- [\*\*Re: Professional help..\*\*](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [\*\*Re: Mary's comments\*\*](#)
- Next by Date: [\*\*Re: Professional help...\*\*](#)
- Prev by thread: [\*\*Re: Mary's comments\*\*](#)
- Next by thread: [\*\*Re: Professional help..\*\*](#)
- Index(es):
  - [\*\*Date\*\*](#)
  - [\*\*Thread\*\*](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

## Re: Professional help...

---

- *To:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Subject:* Re: Professional help...
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Mon, 05 Aug 1996 09:53:30 -0400
  - *CC:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>, [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *References:* <[Pine.SUN.3.91.960803141511.22217A-100000@tabitha.pacificu.edu](mailto:Pine.SUN.3.91.960803141511.22217A-100000@tabitha.pacificu.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Herbert T. Black wrote:

>  
> Mary;  
>  
> I did not say that people should go to an MD for weight loss- that's the  
> LAST place I would go. I too am not fond of MD's, especially  
> ophthalmologists, since it was one of those who missed my binocular vision  
> problems as a child. I was seeing double and he told my mother I was  
> faking so I could miss school! So being a good, submissive child, I  
> assumed that the "adults" and the doctor were right and I was wrong, so I  
> stopped seeing double, by suppressing one eye (alternate eyes),  
> subconsciously of course! Which of  
> course left me with no depth perception, clumsy, bad at sports, any  
> activity or thinking process which required 3D visualization, etc.  
> Finally, my daughter had similar problems and the occupational therapist  
> helped her a lot but then recommended VT which I had never heard of. But  
> being good yuppy parents, we sent our daughter and it made a HUGE  
> difference in her. So I then went through VT myself and the OD liked me  
> so offered me a job as a VT therapist which I did part-time while working  
> at my regular job (geology).  
>  
> I saw so many kids come in either in  
> special ed or about to go into it, beyond help many times, discouraged,  
> negative, etc. After a few months on VT, they were positive, on the honor  
> roll, mellow, etc, etc. The family was also very happy to say the  
> least.  
>

> This is the type of VT I am talking about, not so much myopia  
> reduction which seems to be the item of greatest interest to this list.  
> I frankly think myopia reduction is the least important aspect of VT  
> especially for kids who are failing at school, many of whom have NO  
> REFRACTIVE ERROR! Not myopic, in other words. Or if they are, VT helps  
> them anyway.  
>  
> So that is my story and why I am now a 3rd year optometry student going  
> through a ridiculously stressful program so that I can maybe help a few  
> kids not go through what I did. If that is elitist and "medical", then  
> so be it. The stuff we do cannot be done by people alone usually because  
> it requires equipment and training to know what to do. We do ask them to  
> do exercises at home as well as come in periodically for office visits.  
> Myopia reduction  
> I know CAN be done at home with a book about Bates or one of Jacob  
> Lieberman's books. That is just not my interest area.  
>  
> My 2 cents worth.  
>  
> Herb Black

You sounded very certain about the value for VT training. I would love to learn more details about your daughter's experiences and what kinds of equipments that she has used( accommotrac ??). I have a 10 year old girl with -4.5 myopia, and I am getting serious about doing something about it soon.

Mei-Tien

---

● **References:**

- [Re: Professional help...](#)
  - *From:* "Herbert T. Black" <blackht@pacificu.edu>
  
- Prev by Date: [Re: Professional help..](#)
- Next by Date: [Re: Professional help..](#)
- Prev by thread: [None](#)
- Next by thread: [Re: mild vs severe myopia](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# Re: Professional help..

---

- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Re: Professional help..
  - *From:* [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - *Date:* Mon, 5 Aug 96 12:05:34 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Herbert Black wrote:

snip

> There have been studies  
>done here at Pacific (or at least one study I know of) that show the  
>critical importance of motivation of the person by SOMEONE to keep going  
>in VT.

One of these studies I did in 1982, published in my book Seeing Without Glasses. I took 50 people through a three week vision therapy program while the control group got no therapy. The experimental group were heavily supported, and statistical significant changes in visual acuity, depth perception and improved binocular performance resulted. They reduced their wearing of glasses by 79 percent in three weeks. I was not able to duplicate these results in the control group when they were given the same therapy, BUT WITHOUT THE SUPPORT. Now in 1996, I realise that support is still an important variable, however, I am not interested in roping people into long in-office sessions.

I find with the appropriate home based vision fitness programs and tools, the average person can be supported with phone, fax and e-mail check-ins. I agree that in certain severe vision problems, ongoing office visits can be helpful in making use of more sophisticated equipment vision therapist make use of.

snip

>Myopia reduction I believe probably CAN be done solo with a good book of  
>Bates or Lieberman material. It is controversial even within the VT  
>community. There is a professor at New England College of Optometry  
>(who's name escapes me) whospecializes in this and works at Harvard  
>University doing myopiareduction therapy with the college students.

Her name is Antonia Orfield O.D. I had the pleasure of meeting her last May at a conference where she demonstrated her low tech tools. They did require the use of special yoked and doubling prisms which are typically used in vision therapist's offices.

snip

> As far as stats go on myopia reduction, I have none and I am  
>not sure there are any.

In my humble experience it is not the reduction of myopia that I aim for. I find that the reduction in myopia is an outcome of clear inner vision which manifests as clearer eyesight. The evidence from my and other research is that a quick improvement in eyesight of as much as 30 percent can happen in three weeks or less. The Myopia reduction takes much longer usually measured over months or years, unless surgically intervention is made. Clearer eyesight is a change in perception. Myopia reduction is a change in structure. Perceptual changes are instantaneous, while structural changes are slower. My clients become enthralled with the quicker perceptual changes as they change their limiting beliefs and move through their old perceptual way of seeing life. I offer this to add another perspective.

Sincerely,

Robert-Michael Kaplan. O.D., M.Ed., FCOVD  
Sunshine Coast, B.C. Canada

-----  
"What you see from you heart is clear, so look with love!"  
-----

Our Web Page-With Online EYE FITNESS NEWS letter  
<http://www.sunshine.net/www/0/sn0011/>

-----  
Join us for an exciting 7 day retreat holiday and adventure and  
in Vision Improvement August 30th to September 6th, 1996 in FRANCE! Last  
chance to register. E-mail your snail-mail address for a brochure.  
-----  
-

- Next by Date: [Re: Professional help... \(fwd\)](#)
- Prev by thread: [Re: Professional help..](#)
- Next by thread: [Re: Professional help..](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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## Re: Professional help... (fwd)

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Professional help... (fwd)
  - From: "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - Date: Mon, 5 Aug 1996 14:01:04 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

> You sounded very certain about the value for VT training. I would love  
> to learn more details about your daughter's experiences and what kinds  
> of equipments that she has used( accommotrac ??). I have a 10 year old  
> girl with -4.5 myopia, and I am getting serious about doing something  
> about it soon.  
>  
> Mei-Tien  
>

Hi Mei-Tien;

I think perhaps we are talking about different types of visual problems. My daughter had binocular problems as well as sensorimotor and perceptual problems when she was younger and these were the things that were fixed with her VT. She at the time was not myopic (if my memory serves me right!). She is now 18 and myopic and wears contacts, but her visual system is in great shape besides the myopia. She never underwent a program of VT to correct myopia, which employs very different techniques from what she did do. It was 10 years ago that she had the VT and I knew nothing at the time about what was happening other than that the occupational therapist recommended it. By the way, I will be doing my preceptorship with the same OD who helped my daughter in a year and a half in Denver, so I will know a lot more then.

As far as myopia reduction therapy, there are several different ways to go about it and I am not an expert at all in it. I know that Bate's had some techniques which many people use. An OD named Jacob Lieberman has written a book or two on the subject and outlines a therapy program to be

done at home. There is also the Accommotrac which you have mentioned which is used as far as I know mostly or only? by behavioral optometrists. I would reccommend any of those three approaches for your daughter, and the younger the better, since it is easier to change the system in kids than adults. There is an OD who studied with and was treated by Dr Amiel Francke of Washington, DC a real pioneer in myopia reduction. She totally got rid of her myopia and threw away her glasses. She was so stoked that she went to optometry school (she was a teacher at the time) and now teaches and practices these methods at Harvard University and New England Optometry College. She wrote up her own case study in the Journal of the American Optometric Association in either 1995 or 1996. A Medline search should turn it up for you. If you need the reference, let me know and I will try to find it.

Herb Black

- 
- **Follow-Ups:**
    - [Re: Professional help... \(fwd\)](#)
      - *From:* MeiTien <a.wu@worldnet.att.net>
  - Prev by Date: [Re: Professional help..](#)
  - Next by Date: [fasting and vision improvement](#)
  - Prev by thread: [Re: Professional help..](#)
  - Next by thread: [Re: Professional help... \(fwd\)](#)
  - Index(es):
    - [Date](#)
    - [Thread](#)

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# fasting and vision improvement

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* fasting and vision improvement
  - *From:* "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - *Date:* Mon, 05 Aug 1996 20:24:39 -0400
  - *Organization:* Blake Systems, Inc.
  - *Reply-To:* "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I just read a fascinating book called "Fasting and Eating for Health" by Joel Fuhrman, M.D. In this book the doctor explains how many chronic diseases and medical conditions have been resolved by combining a low-fat pure vegetarian diet with a fast which allows the body to repair damaged areas.

In some of the case studies he mentioned that people have had improved vision and even a deaf person who surprisingly regained his hearing during the fast.

While I am in good health overall, I am pretty much obsessed with improving my myopia (now at -4.5 diopters in each eye) and am thinking about trying a fast out of curiosity .. any thoughts or ideas ?

--

Art Blake -> [art@blakesys.com](mailto:art@blakesys.com)

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- Prev by Date: [Re: Professional help... \(fwd\)](#)

- Next by Date: [\*\*Re: Professional help..\*\*](#)
- Prev by thread: [\*\*Power behind your eyes\*\*](#)
- Next by thread: [\*\*RE: fasting and vision improvement\*\*](#)
- Index(es):
  - [\*\*Date\*\*](#)
  - [\*\*Thread\*\*](#)

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## Re: Professional help..

---

- *To:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Subject:* Re: Professional help..
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Mon, 5 Aug 1996 22:35:02 -0700 (PDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[199608052214.RAA06465@miagra.ucs.indiana.edu](mailto:199608052214.RAA06465@miagra.ucs.indiana.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Mon, 5 Aug 1996, Elena wrote:

> also convinced me that (most? all? some?) VT professionals are less  
> "cross-disciplinary" than the motivated me and simply haven't ever learned  
> what I've been able to learn due to going across, and away from, their  
> specialization's borders.

I agree that VT people need to be more cross disciplinary and that many are not. I am hoping to bring in my fascination with psychology and body work to VT.

> >I will confess that myopia reduction does not hold the fascination or  
> >intrigue that other types of VT do for me, but that is a personal  
> >preference.

>  
> That's very understandable. That's because YOUR personal problem was  
> something other than myopia. You have validated my favorite point about  
> subjective knowledge taking preference over everything else once again.

>  
> Elena

>  
You are right. I have noticed that one reason (some!) people listen to me when I talk about VT is because I have been through it as a patient, a therapist, a parent, and now a student. Others who know it mostly from books seem to be less credible to people who want to learn about it. I think it is the subjective, emotional, I care about this stuff, attitude

that makes all the difference.

Herb Black

---

- **References:**

- [Re: Professional help..](#)
  - *From:* Elena <solusrex@soho.ios.com>

- Prev by Date: [fasting and vision improvement](#)
- Next by Date: [Re: Professional help..](#)
- Prev by thread: [Re: Professional help..](#)
- Next by thread: [Re: Professional help..](#)
- Index(es):
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  - [Thread](#)

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# Re: Professional help..

---

- *To:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Subject:* Re: Professional help..
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Tue, 06 Aug 96 16:55:00 PDT
  - *Cc:* I\_SEE <[I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)>
  - *Encoding:* 69 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I suspect it may well be a personal thing. I have to admit that I didn't manage to do anything other than give myself bad and long-lasting eyestrain with my own attempts at the Bates method.

Now, a couple of years later I'm ready to try again, but I feel discouraged and definitely in need of my behavioural optometrist to give me another chance.

Caroline

-----

- 
- **Follow-Ups:**
    - [Bates and eyestrain...](#)
      - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
    - [Re: Professional help..](#)
      - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - Prev by Date: [Re: Professional help..](#)
  - Next by Date: [Re: Professional help... \(fwd\)](#)
  - Prev by thread: [Re: Professional help..](#)
  - Next by thread: [Bates and eyestrain...](#)

Re: Professional help..

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## Re: Professional help... (fwd)

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Professional help... (fwd)
  - From: [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - Date: Mon, 5 Aug 96 16:00:00 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Herb Black wrote:

snip

> She wrote up her own case study in  
>the Journal of the American Optometric Association in either 1995 or  
>1996. A Medline search should turn it up for you. If you need the  
>reference, let me know and I will try to find it.

Here is the actual reference you mentioned:

Seeing Space - Undergoing Brain Re-Programming To Reduce Myopia  
by Antonia Orfield O.D.

Significant quotes from paper published in the Journal Of Behavioural  
Optometry, Vol 5.1994.Page123-131.

Functional Myopia is not just an imbedded (accommodative) spasm and it is  
not just an enlargement of eyeballs. It is a reflection of the shrinking of  
the brain's space world by closure of the periphery, first by stress, then  
by errors in spatial judgement induced by minus lenses.

Children's space world has shrunk down to to primarily central vision, so  
that they cannot judge distances. The (minus) lenses induce such warped  
vision in the periphery that their brains have to screen it out.....Lenses  
deepen their discolation in space.

Enjoy,  
Robert-Michael Kaplan.

- **Follow-Ups:**

- [Re: Professional help... \(fwd\)](#)
  - *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [Re: Professional help..](#)
- Next by Date: [RE: fasting and vision improvement](#)
- Prev by thread: [Re: Professional help... \(fwd\)](#)
- Next by thread: [Re: Professional help... \(fwd\)](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# RE: fasting and vision improvement

---

- *To:* "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - *Subject:* RE: fasting and vision improvement
  - *From:* "Richards, Caroline" <[richardc@SYDNEY.BTAP.bt.com](mailto:richardc@SYDNEY.BTAP.bt.com)>
  - *Date:* Wed, 07 Aug 96 09:04:00 PDT
  - *Encoding:* 10 TEXT
- 

Go for it! It is supposed to 'spring clean' your body and mobilise all sorts of toxins that get stored in odd places. Who's to say that the eyes aren't affected along with other parts that are more widely talked about?

If so, I guess they may even be a little worse to begin with (in the headache phase of toxin mobilisation, before the elimination phase).

I trust you'll let us know either way....

Caroline

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- Prev by Date: [Re: Professional help... \(fwd\)](#)
- Next by Date: [Re: Mary's comments](#)
- Prev by thread: [fasting and vision improvement](#)
- Next by thread: [Re: fasting and vision improvement](#)
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# Re: Mary's comments

---

- *To:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Subject:* Re: Mary's comments
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Tue, 6 Aug 1996 13:46:13 -0700 (PDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[32078C17.9AC@worldnet.att.net](mailto:32078C17.9AC@worldnet.att.net)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Tue, 6 Aug 1996, MeiTien wrote:

Herb,

>  
> Since you mentioned chiropractor, I wonder if anyone has any positive  
> experiences in correcting c2 c1 ( neck bones relating to eye ) for  
> improving eyesight??

>  
> Mei-Tien

>  
Mei-Tien;

Yes, there is literature out there to support that. I only know of one article in the optometric literature and haven't found any in the chiropractic literature. There is some in the osteopathic literature- a DO ophthalmologist in Australia. The optometric article is about a completely blind patient who had his eyesight restored by chiropractic adjustments to the cervicals. I have these references somewhere and if you want can get them out to you.

Herb Black

- **References:**

- [Re: Mary's comments](#)

- *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [RE: fasting and vision improvement](#)

- Next by Date: [Bates and eyestrain...](#)

- Prev by thread: [Re: Mary's comments](#)

- Next by thread: [Re: Professional help..](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

# Bates and eyestrain...

---

- *To:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Subject:* Bates and eyestrain...
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Tue, 6 Aug 1996 15:50:57 -0400 (EDT)
  - *cc:* I\_SEE <[I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)>
  - *In-Reply-To:* <[3207DBC9@msmail-gw.bta.bt.com](mailto:3207DBC9@msmail-gw.bta.bt.com)>
  - *Reply-To:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I am probably the last on the list to read it, but I just started Aldous Huxley's "The Art of Seeing." In the part where he describes palming, he mentions the at first, Bates had people "try" to see blackness. Later on, he changed his position ( because folks were straining ) and suggested pleasant visualizations (with movement) or recollections from childhood. I am really enjoying this book. I find my head nodding up and down as I read. This man was born in the late 1800's and died in 1963. I think the book was written in 1957.

So, has everyone else read it? I hate to be the last!

Mary

On Tue, 6 Aug 1996, Richards, Caroline wrote:

```
>
> I suspect it may well be a personal thing. I have to admit that I didn't
> manage to do anything other than give myself bad and long-lasting eyestrain
> with my own attempts at the Bates method.
>
> Now, a couple of years later I'm ready to try again, but I feel discouraged
> and definitely in need of my behavioural optometrist to give me another
> chance.
>
> Caroline
```

> -----  
>

---

- **Follow-Ups:**

- [Re: Bates and eyestrain...](#)
  - *From:* "Art Blake" <art@blakesys.com>

- **References:**

- [Re: Professional help..](#)
  - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [Re: Mary's comments](#)
- Next by Date: [Re: Mary's comments](#)
- Prev by thread: [Re: Professional help..](#)
- Next by thread: [Re: Bates and eyestrain...](#)
- Index(es):
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  - [Thread](#)

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# Re: Mary's comments

---

- *To:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Subject:* Re: Mary's comments
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Tue, 06 Aug 1996 14:16:55 -0400
  - *CC:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <[199608052142.QAA05683@miagra.ucs.indiana.edu](mailto:199608052142.QAA05683@miagra.ucs.indiana.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

[rest of quoted letter cut by moderator -- AE]

[...]

> As some chiropractors say, the body has "innate intelligence" and can  
> heal itself given the proper nurturing and maintenace. This is my  
> philosophy in a nutshell.

>

> Take care.

>

> Herb Black

Herb,

Since you mentioned chiropractor, I wonder if anyone has any positive experiences in correcting c2 c1 ( neck bones relating to eye ) for improving eyesight??

Mei-Tien

---

## • Follow-Ups:

- [Re: Mary's comments](#)
  - *From:* "Herbert T. Black" <blackht@pacificu.edu>

- **References:**

- [Re: Mary's comments](#)
  - *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [Bates and eyestrain...](#)
- Next by Date: [Re: Vision Freedom Question](#)
- Prev by thread: [Re: Mary's comments](#)
- Next by thread: [Re: Mary's comments](#)
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# Re: Vision Freedom Question

---

- *To:* [mat@tebase.metrice.com](mailto:mat@tebase.metrice.com)
  - *Subject:* Re: Vision Freedom Question
  - *From:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - *Date:* Tue, 6 Aug 1996 13:19:41 -0400
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

>Hello fellow Vision Enthusiats.

>I am very curious about the results that people are experiencing using  
>Vision Freedom (sold by Brian Severson). I asked the same question a few  
>weeks ago but my name had been mistakenly removed from the list so I  
>never got an answer.....Any replies are welcome.

I tried Vision Freedom before I ever knew about VT and this mailing list. It didn't work for me, and I will return the kit for a refund, but that's not to say that it won't work for you. Mr. Severson's concept is based on the "plus-lens therapy" which you can do by yourself for just a few dollars (please refer to earlier posts). My greatest disappointment with Vision Freedom is that when I spoke to Mr. Severson to inquire about the types of lenses in the kit, he stated that he was "unable" to describe them. I'll let you be the judge of his ethics for that instance.

It all depends upon how willing you are to experiment and what you personally and truly believe will work for you. In two years I went from - 4.50 to - 3.00 diopters by reducing what I considered to be the negative stimuli to my eyes (long story). As a result, my optometrist is very open-minded to my input and is working with me to further reduce my optical deficiencies.

In conclusion, no one can say that Vision Freedom will/won't work for you, as the theory does have it's merits, but I do think that you can duplicate the process at a more realistic price. Please let me know of your decision.

Good Luck,

Pete Alexion

- **Follow-Ups:**
  - [Re: Vision Freedom Question](#)
    - *From:* MeiTien <a.wu@worldnet.att.net>
  
- Prev by Date: [Re: Mary's comments](#)
- Next by Date: [Re: fasting and vision improvement](#)
- Prev by thread: [Re: fasting and vision improvement](#)
- Next by thread: [Re: Vision Freedom Question](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

# Re: fasting and vision improvement

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: fasting and vision improvement
  - From: [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - Date: Tue, 6 Aug 1996 16:49:26 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 20:24 8/5/96, Art Blake wrote:

>

>While I am in good health overall, I am pretty much obsessed with  
>improving my myopia (now at -4.5 diopters in each eye) and am  
>thinking about trying a fast out of curiosity .. any thoughts  
>or ideas ?

I have gone veggie and have noticed a calmer digestive track and i believe a simplified flow of moods. None of my annoying stray un-sourceable bad moods have occured since i started 4 months ago, and my theory is that the digestion of meat was causing them. You are what you eat (and absorb) and i have been taking that to its logical limit, wanting to avoid anything not fresh or sprayed or processed at all. It's satisfying physically and psychically.

Fasts are used by many to 'purge' and break out of ruts. If you feel like kicking yourself in the butt, go for it! I dont have any personal experience with fasting though. I do skip eating to feel actual hunger from time to time.

-Bill

- 
- Prev by Date: [Re: Vision Freedom Question](#)

- Next by Date: [Re: Professional help..](#)
- Prev by thread: [RE: fasting and vision improvement](#)
- Next by thread: [Re: fasting and vision improvement](#)
- Index(es):
  - [Date](#)
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# Re: Professional help..

---

- *To:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Subject:* Re: Professional help..
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Tue, 6 Aug 1996 10:52:52 -0700 (PDT)
  - *Cc:* I\_SEE <[I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)>
  - *In-Reply-To:* <[3207DBC9@msmail-gw.bta.bt.com](mailto:3207DBC9@msmail-gw.bta.bt.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Tue, 6 Aug 1996, Richards, Caroline wrote:

>  
> I suspect it may well be a personal thing. I have to admit that I didn't  
> manage to do anything other than give myself bad and long-lasting eyestrain  
> with my own attempts at the Bates method.  
>  
> Now, a couple of years later I'm ready to try again, but I feel discouraged  
> and definitely in need of my behavioural optometrist to give me another  
> chance.  
>  
> Caroline  
> -----  
Caroline;

Good luck this time around and remember, VT IS hard work and don't let anybody tell you it doesn't require lots of motivation!

Herb Black

- 
- **References:**
    - [Re: Professional help..](#)

■ *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [Re: fasting and vision improvement](#)
- Next by Date: [Re: Wear glasses to prevent myopia worsening?](#)
- Prev by thread: [Re: Bates and eyestrain...](#)
- Next by thread: [Re: Professional help... \(fwd\)](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

# Re: Wear glasses to prevent myopia worsening?

---

- To: [Richard@eyescolc.demon.co.uk](mailto:Richard@eyescolc.demon.co.uk)
  - Subject: Re: Wear glasses to prevent myopia worsening?
  - From: MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - Date: Tue, 06 Aug 1996 14:27:57 -0400
  - CC: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - References: <1532@eyescolc.demon.co.uk>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Richard Allen wrote:

>  
> Hi,  
>  
> In article <32062A23.4AC8@worldnet.att.net> you write:  
>  
> > It is better to avoid glasses while trying vision improvement for a ten year  
> > old?  
> >  
> > If wearing glasses can lesson the strain of the eyes, and helps the progression  
> > of  
> > the myopia, what are the guiding principles for prescriptions? I have heard  
> > about 20/40  
> > and bifocal, anyhting more detailed?  
> >  
> > Really appreciate feedbacks.  
> >  
> > Thanks  
> > Mei-Tien  
> >  
>  
> The answer to these questions depends upon the power of the spectacles.  
> If you can re-post the original question with details of the spectacle  
> prescription and any other relevant facts, the advice you receive may be  
> more helpful and appropriate.  
>  
> Richard  
>  
> --  
> Richard Allen BSc FCOptom FAAO DCLP  
> Optometrist & Contact Lens Practitioner  
> Colchester Vision Therapy CentreRichard,

The prescriptions are -5 -5 from one place, and she was rechecked a few weeks later at a different place and got -4.5 -3.75 with .5 astigmatism. Her dark pupils seem to be a little closer than before when she looks straight, I wonder if this has anything to do with her wearing her old glasses occasionally( -2.5 -2, got it about two years ago).

I tried to get her doing sunning and palming...

Mei-Tien

- 
- **Follow-Ups:**
    - [Advice for Mei-Tien's daughter](#)
      - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
  - Prev by Date: [Re: Professional help..](#)
  - Next by Date: [Re: Bates and eyestrain...](#)
  - Prev by thread: [Re: Vision Freedom Question](#)
  - Next by thread: [Advice for Mei-Tien's daughter](#)
  - Index(es):
    - [Date](#)
    - [Thread](#)

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## Re: Bates and eyestrain...

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Bates and eyestrain...
  - From: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - Date: Wed, 07 Aug 1996 09:41:13 -0400
  - Organization: Blake Systems, Inc.
  - References: <[Pine.3.89.9608061545.C7784-0100000@pbfreenet.seflin.lib.fl.us](mailto:Pine.3.89.9608061545.C7784-0100000@pbfreenet.seflin.lib.fl.us)>
  - Reply-To: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
- 

Mary Marlowe wrote:

>  
> I am probably the last on the list to read it, but I just started Aldous  
> Huxley's "The Art of Seeing." In the part where he describes palming, he  
> mentions the at first, Bates had people "try" to see blackness. Later on,  
> he changed his position ( because folks were straining ) and suggested  
> pleasant visualizations (with movement) or recollections from childhood.  
> I am really enjoying this book. I find my head nodding up and down as I  
> read. This man was born in the late 1800's and died in 1963. I think the  
> book was written in 1957.  
>  
> So, has everyone else read it? I hate to be the last!  
>

It's funny you should mention it, I was just thinking about going out  
and buying it.. I havent read it yet! I was just re-reading the sections  
on palming in the original Bates book, and another book by a pupil of  
Bates: "Help yourself to better sight" by Margaret Darst Corbett.

In the original Bates book, Bates spends a lot of time talking about  
visualizing the blackness.. the second book has no mention of the  
blackness.. Also, in the second book are many quotes from Aldous  
Huxley's "The Art of Seeing."

Bates described a man with multiple vision problems.. cataracts, myopia  
and presbyopia who palmed for 20 hours straight and recovered his  
vision.. palming can be one of the most effective VT methods in

some subjects.

--

Art Blake -> art@blakesys.com

---

- **References:**

- [Bates and eyestrain...](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Re: Wear glasses to prevent myopia worsening?](#)

- Next by Date: [Advice for Mei-Tien's daughter](#)

- Prev by thread: [Bates and eyestrain...](#)

- Next by thread: [Re: Professional help..](#)

- Index(es):

- [Date](#)

- [Thread](#)

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# Advice for Mei-Tien's daughter

---

- *To:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Subject:* Advice for Mei-Tien's daughter
  - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Date:* Wed, 7 Aug 1996 08:05:53 -0500 (EST)
  - *cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[32078EAD.6B26@worldnet.att.net](mailto:32078EAD.6B26@worldnet.att.net)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Tue, 6 Aug 1996, MeiTien wrote:

>  
> The prescriptions are -5 -5 from one place, and she was rechecked a few  
> weeks later at a different place and got -4.5 -3.75 with .5 astignism.  
> Her dark pupils seem to be a little closer than before when she looks  
> straight, I wonder if this has anything to do with her wearing her old  
> glasses occasionally( -2.5 -2, got it about two years ago).  
>  
> I tried to get her doing sunning and palming...  
>  
> Mei-Tien  
>  
>

And what were the results? Also, what is your daughter now actually wearing?

I remember about a year ago (in personal communication) you said she had a clear flash while practicing with the Snellen chart.

If you're like most people, school is about to begin. This is probably the worst menace to the eyes. Children are forced to sit still with nothing pleasant to look at. Many tend to stare at their fingers or desk. They are prescribed lenses so they can see the chalkboard, but how much time is spent looking at the chalkboard?

Your daughter needs DISTANT VISION PRACTICE. As I understand, she is still quite young. If adults can reduce their prescriptions by a diopter,

surely your daughter can achieve at least that much, by practicing looking at ever more distant objects WITHOUT GLASSES.

It sounds now as if she is going cross eyed.

Do not be satisfied with the halfway solution of bifocals that one doctor prescribed. These are a passive non-solution. They reduce the amount of exercise the eyes can get, and for this reason I feel they may in some ways be worse than traditional glasses. They may reduce near demand relative to traditional glasses but they can NEVER increase distant stimulus, which is what your daughter needs in order to improve her vision.

I have some questions to help you decide what you can do, what prescription might help, and what prescription would hurt.

1. How old is your daughter?
2. How far can she see absolutely clearly without glasses? That is, at what distance do things start to get a little blurry?
3. Is she comfortable without glasses?
4. At what times of day can she see well, at what times of day does she see poorly?
5. How much time does she spend outdoors each day?
6. What is her attitude towards vision improvement (very important)?
7. Did your optometrist ask these questions?

--Alex

---

● **Follow-Ups:**

- [Re: Advice for Mei-Tien's daughter](#)
  - *From:* MeiTien <a.wu@worldnet.att.net>

● **References:**

- [Re: Wear glasses to prevent myopia worsening?](#)
  - *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [Re: Bates and eyestrain...](#)
- Next by Date: [Re: mild vs severe myopia](#)
- Prev by thread: [Re: Wear glasses to prevent myopia worsening?](#)
- Next by thread: [Re: Advice for Mei-Tien's daughter](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# Re: mild vs severe myopia

---

- To: [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - Subject: Re: mild vs severe myopia
  - From: [Tim.Patterson@cciw.ca](mailto:Tim.Patterson@cciw.ca)
  - Date: Wed, 7 Aug 1996 09:34:12 -0400 (EDT)
  - Cc: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - In-Reply-To: <[960803230436\\_171230124@emout18.mail.aol.com](mailto:960803230436_171230124@emout18.mail.aol.com)> from "JRalls7959@aol.com" at Aug 3, 96 11:04:37 pm
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

> This article also states, "Although myopia can be an extreme inconvenience,  
> it is not a disease." p. 56 This I think is clearly mistaken. I have

Why do you think that myopia *\*is\** a disease?

Tim Patterson

---

- **References:**
  - [Re: mild vs severe myopia](#)
    - From: JRalls7959@aol.com
- Prev by Date: [Advice for Mei-Tien's daughter](#)
- Next by Date: [Re: Professional help... \(fwd\)](#)
- Prev by thread: [Re: mild vs severe myopia](#)
- Next by thread: [Re: mild vs severe myopia](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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## Re: Professional help... (fwd)

---

- *To:* Beyond 20/20 Vision <[Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net)>
  - *Subject:* Re: Professional help... (fwd)
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Wed, 07 Aug 1996 16:16:26 -0400
  - *CC:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <[v01520c06ae2bcb45343f@\[204.191.205.3\]](mailto:v01520c06ae2bcb45343f@[204.191.205.3])>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Beyond 20/20 Vision wrote:

>  
> Herb Black wrote:  
>  
> snip  
> > She wrote up her own case study in  
> >the Journal of the American Optometric Association in either 1995 or  
> >1996. A Medline search should turn it up for you. If you need the  
> >reference, let me know and I will try to find it.  
>  
> Here is the actual reference you mentioned:  
>  
> Seeing Space - Undergoing Brain Re-Programming To Reduce Myopia  
> by Antonia Orfield O.D.  
>  
> Significant quotes from paper published in the Journal Of Behavioural  
> Optometry, Vol 5.1994.Page123-131.  
>  
> Functional Myopia is not just an imbedded (accommodative) spasm and it is  
> not just an enlargement of eyeballs. It is a reflection of the shrinking of  
> the brain's space world by closure of the periphery, first by stress, then  
> by errors in spatial judgement induced by minus lenses.  
>  
> Children's space world has shrunk down to to primarily central vision, so  
> that they cannot judge distances. The (minus) lenses induce such warped  
> vision in the periphery that their brains have to screen it out.....Lenses  
> deepen their discolation in space.  
>

> Enjoy,  
> Robert-Michael Kaplan.

That is an interesting concept. BTW, I just got back from barns and noble with your book: Seeing without glasses. I can't wait to read it, does it talk about the same types of concept as in the paper?

Mei-Tien

---

- **References:**

- [Re: Professional help... \(fwd\)](#)
  - *From:* Beyond\_20/20@Sunshine.net (Beyond 20/20 Vision)

- Prev by Date: [Re: mild vs severe myopia](#)
- Next by Date: [for the record](#)
- Prev by thread: [Re: Professional help... \(fwd\)](#)
- Next by thread: [Re: Professional help... \(fwd\)](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# for the record

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* for the record
  - *From:* [freelynn@mars.superlink.net](mailto:freelynn@mars.superlink.net)
  - *Date:* Wed, 7 Aug 1996 19:54:34 GMT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Mary Marlowe confessed to reading Huxley's book at such a late date. Me too. I'll ante up on that one. I am taking my time reading it and it does appear to be a primer in self-actualization. I only recently finished his Doors of Perception. The man was cool before the word cool was invented.

freda

- 
- Prev by Date: [Re: Professional help... \(fwd\)](#)
  - Next by Date: [Re: Professional help... \(fwd\)](#)
  - Prev by thread: [Re: Advice for Mei-Tien's daughter](#)
  - Next by thread: [Re: Bates and eyestrain...](#)
  - Index(es):
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## Re: Professional help... (fwd)

---

- *To:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Subject:* Re: Professional help... (fwd)
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Wed, 07 Aug 1996 16:13:24 -0400
  - *CC:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <[Pine.SUN.3.91.960805140040.11504G-100000@tabitha.pacificu.edu](mailto:Pine.SUN.3.91.960805140040.11504G-100000@tabitha.pacificu.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Herbert T. Black wrote:

>  
> > You sounded very certain about the value for VT training. I would love  
> > to learn more details about your daughter's experiences and what kinds  
> > of equipments that she has used( accommotrac ??). I have a 10 year old  
> > girl with -4.5 myopia, and I am getting serious about doing something  
> > about it soon.  
> >  
> > Mei-Tien  
> >  
>  
> Hi Mei-Tien;  
>  
> I think perhaps we are talking about different types of visual problems.  
> My daughter had binocular problems as well as sensorimotor and perceptual  
> problems when she was younger and these were the things that were fixed  
> with her VT. She at the time was not myopic (if my memory serves me  
> right!). She is now 18 and myopic and wears contacts, but her visual  
> system is in great shape besides the myopia. She never  
> underwent a program of VT to correct myopia, which employs very different  
> techniques from what she did do. It was 10 years ago that she had the VT  
> and I knew nothing at the time about what was happening other than that  
> the occupational therapist recommended it. By the way, I will be doing my  
> preceptorship with the same OD who helped my daughter in a year and a  
> half in Denver, so I will know a lot more then.  
>  
> As far as myopia reduction therapy, there are several different ways to

> go about it and I am not an expert at all in it. I know that Bate's had  
> some techniques which many people use. An OD named Jacob Lieberman has  
> written a book or two on the subject and outlines a therapy program to be  
> done at home. There is also the Accommotrac which you have mentioned  
> which is used as far as I know mostly or only? by behavioral  
> optometrists. I would reccommend any of those three approaches for your  
> daughter, and the younger the better, since it is easier to change the  
> system in kids than adults. There is an OD who studied with and was  
> treated by Dr Amiel Francke of  
> Washington, DC a real pioneer in myopia reduction. She totally got rid of  
> her  
> myopia and threw away her glasses. She was so stoked that she went to  
> optometry school (she was a teacher at the time) and now teaches and  
> practices these methods at Harvard University  
> and New England Optometry College. She wrote up her own case study in  
> the Journal of the American Optometric Association in either 1995 or  
> 1996. A Medline search should turn it up for you. If you need the  
> reference, let me know and I will try to find it.  
>  
> Herb Black

Herb,

Thanks so much for your detailed relply. I am in the process of studying  
all these methods which can help. I would love to read the reference  
you mentioned at the end of your mail. I have never done medline search  
before. Where to do on the WWW and which key words to use??

Thanks  
Mei-Tien

---

● **References:**

- [Re: Professional help... \(fwd\)](#)
  - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- Prev by Date: [for the record](#)
- Next by Date: [Re: Bates and eyestrain...](#)
- Prev by thread: [Re: Professional help... \(fwd\)](#)
- Next by thread: [Re: Professional help... \(fwd\)](#)
- Index(es):
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- [Thread](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

# Re: Bates and eyestrain...

---

- *To:* "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - *Subject:* Re: Bates and eyestrain...
  - *From:* "Richards, Caroline" <[richardc@SYDNEY.BTAP.bt.com](mailto:richardc@SYDNEY.BTAP.bt.com)>
  - *Date:* Thu, 08 Aug 96 09:25:00 PDT
  - *Cc:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Encoding:* 20 TEXT
- 

Art Blake -> art@blakesys.com

> palming can be one of the most effective VT methods in some subjects.

Everybody goes on about palming but I find it very difficult to ever manage it properly. It's so uncomfortable unless you have something to lean on and people would think I was ill if I did that at work. Usually I try to do one eye while I'm on the phone at work (or both if I am using a headset), but then I'm thinking and talking about work instead of relaxing.

Is this next to useless and do you really need to do both eyes, relax your thoughts and keep your eyes still for it to work? I have been assuming that resting one at a time (even if it is moving physically, it won't be focussing) is better than nothing.

Caroline

- 
- Prev by Date: [Re: Professional help... \(fwd\)](#)
  - Next by Date: [\[Fwd: Re: Bates and eyestrain...\]](#)
  - Prev by thread: [for the record](#)
  - Next by thread: [\[Fwd: Re: Bates and eyestrain...\]](#)
  - Index(es):

Re: Bates and eyestrain...

- [Date](#)
- [Thread](#)

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[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

## [Fwd: Re: Bates and eyestrain...]

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: [Fwd: Re: Bates and eyestrain...]
  - From: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - Date: Wed, 07 Aug 1996 19:39:24 -0400
  - Organization: Blake Systems, Inc.
  - Reply-To: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

---- Begin included message ----

- To: "Richards, Caroline" <[richardc@SYDNEY.BTAP.bt.com](mailto:richardc@SYDNEY.BTAP.bt.com)>
- Subject: Re: Bates and eyestrain...
- From: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
- Date: Wed, 07 Aug 1996 19:38:10 -0400
- Organization: Blake Systems, Inc.
- References: <[320A1585@msmail-gw.bta.bt.com](mailto:320A1585@msmail-gw.bta.bt.com)>
- Reply-To: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>

Richards, Caroline wrote:

```
>
> Art Blake -> art@blakesys.com
>
> > palming can be one of the most effective VT methods in some subjects.
>                                     =====
>
> Everybody goes on about palming but I find it very difficult to ever manage
> it properly. It's so uncomfortable unless you have something to lean on
> and people would think I was ill if I did that at work. Usually I try to do
> one eye while I'm on the phone at work (or both if I am using a headset),
> but then I'm thinking and talking about work instead of relaxing.
```

Thats why I said "some" subjects.. I have a hard time with it as well, and I am trying to get better at it. I have seen some success with it before, but can't reproduce it as regularly as I like. I tend to get tired after 5 minutes or so. I think I am trying too hard when I really should be not trying.. just relaxing!

```
>
> Is this next to useless and do you really need to do both eyes, relax your
> thoughts and keep your eyes still for it to work? I have been assuming that
> resting one at a time (even if it is moving physically, it won't be
> focussing) is better than nothing.
```

>  
> Caroline

Palming with one eye might might work for some, but I think it would stress me out.  
Whatever feels like it works for you. Everyone is different.  
Relaxing and trying to think of something pleasant or some joyful memory  
and not worrying what your eyes are doing is probably the best.

BTW: on your response to fasting:

> Go for it! It is supposed to 'spring clean' your body and mobilise all  
> sorts of toxins that get stored in odd places. Who's to say that the eyes  
> aren't affected along with other parts that are more widely talked about?  
> If so, I guess they may even be a little worse to begin with (in the  
> headache phase of toxin mobilisation, before the elimination phase).  
>  
> I trust you'll let us know either way....  
>  
> Caroline

I may try a short fast .. 3 days or so... I should probably get  
a doctor to help me if I do it longer. A longer fast would probably  
require time off from work, a Doctor to monitor me, etc.

I'll bet the key is circulation.. since fasting improves the  
circulation of the blood, the eyes get the benefit as well as  
the rest of the body.

Of course I'll let the list know if I do it and what the results are...

--  
Art Blake -> art@blakesys.com

----- End included message -----

- 
- Prev by Date: [Re: Bates and eyestrain...](#)
  - Next by Date: [Recent posts](#)
  - Prev by thread: [Re: Bates and eyestrain...](#)
  - Next by thread: [Recent posts](#)
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## Recent posts

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Recent posts
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Thu, 8 Aug 1996 09:11:35 -0400
  - *Reply-to:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Re Aldous Huxley: one of the exercises that worked for me really great for a few months came from this book. Huxley mentions a Spanish VT doctor who invented it. You close your eyes and visualize your hand loosely holding a flexible ring between your thumb and forefinger, in horizontal position; mentally move your gaze along its circumference, then apply slight pressure so that it goes from round to elliptical, follow the elliptical shape with your mental gaze, release the pressure, follow the round shape; then turn the ring vertically and do the same. I used it many times, visualizing rings of varying flexibility and transparency, then a ball, pitch black or made of light, made of "energy," of "antimatter," what-not. You get into it and eventually start feeling pulsations or pulling sensations in/around your eyes (Huxley talks of physical sensations of some "rearrangements" in the eyes). It must be efficient due to the fact that areas in the brain responsible for hand and eye coordination are tightly interconnected. I've read about studies that showed that visualization dramatically increases blood flow to the visual cortex (up to six times) and stimulates new dendrite growth in neurons and the appearance of new connections.

Re fasting: no, I didn't do it on purpose, but when changes in my vision became quite dramatic I noticed a number of coincident changes in overall physiology (for instance, a slight permanent drop in body temperature) and at some point lost my appetite completely. I lost some weight for the first time in 25 years (not happy about it at all -- I didn't really have much to spare) and am back to my pre-myopic indifference for food (I do hope temporarily!). A question for Herb Black and Robert-Michael Kaplan: have you ever observed anything of the kind in your VT patients?

Re survey: I'm deeply grateful to all who have responded so far. Something's cooking, I'm quite a bit intrigued by the emerging picture! This is a request to those who haven't responded yet: please do. The category I'm most interested in, the high myopes, is so far the least

well-represented -- please people, don't hide in your "inner space," it's not good for your eyes :-). I paste the questionnaire below once again, in case someone has misplaced it.

\*\*\*\*\*

I will share the statistical results with everybody and GUARANTEE ANONYMITY to all respondents. I expect either some eye-opening correlations everyone will be able to see, or a refutation of my present theory (partial or total). I am open to either outcome (I went through the process of defying my own next-to-last hypothesis a number of times and I don't mind being proved wrong -- a negative result is a result none the less.) I'll share the theory in its entirety, and in case it's as significant as I now think it is, the repercussions for our present "let's reclaim our vision" quest will be direct.

Here goes:

I. Please respond in figures to questions in this section.

1. At what age was your vision problem first diagnosed?
2. How strong was your first prescription? What was your unaided acuity?
3. How high was your refraction error at its highest? At what age?
4. How bad is it now? How old are you?
5. For how many hours a day did you wear your glasses/contacts at various ages?
6. Did you wear full-strength glasses for near-point work (reading, etc.)?
7. Average daily amount of near-point work at different ages?

II. Please ask your mother for details if you don't know the answer to any of the questions in this section.

1. Were you born at full term or premature? If premature, specify age in addition to weight.
2. Complications at birth (if any): a) normal natural birth; b) Caesarean; c) cord strangulation; d) suffocation on fluids; e) a twin; f) other. Please include details (wasn't breathing/had to be revived, bluish or purple skin color, loud/weak crying, etc.)
3. Was your mother medicated with tranquilizers or painkillers at any time while in labor?
4. The duration of labor?
5. Ask your mother if she remembers any details of the environment of the delivery room: cold/hot, noisy and hectic/quiet, etc.. Give details if you can.
6. The lighting of the delivery room: bright/dim, incandescent/fluorescent, few/many reflections from bright-lit objects, etc.
7. Were you separated from your mother immediately after birth? If yes, for how long?

III. Be specific or poetic in this section, whichever seems appropriate.

1. Please describe the circumstances around the time when you first started noticing difficulties with your vision.
2. Can you recall any specific experiences that made you aware of a change in vision for the first time?

I look forward to your answers!

Elena

---

- **Follow-Ups:**

- [Re: Recent posts](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [\[Fwd: Re: Bates and eyestrain...\]](#)
- Next by Date: [Question](#)
- Prev by thread: [\[Fwd: Re: Bates and eyestrain...\]](#)
- Next by thread: [Re: Recent posts](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# Question

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Question
  - From: Planet Claire <[helen.wilkinson@unn.ac.uk](mailto:helen.wilkinson@unn.ac.uk)>
  - Date: Thu, 8 Aug 1996 12:51:13 +0100 (BST)
  - Mail-System-Version: <MultiNet-MM(378)+TOPSLIB(158)@fawdon.unn.ac.uk>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Could anyone please let me know if there are any Opticians in the U.K. who practice these alternative techniques of eyecare?

I've tried asking a couple but the Ophthalmic opticians say that this stuff is not part of their training...

So does anyone know of anyone in the U.K.???

Thanks very much, as this will save me explaining the basics to everyone i ask....

Mark Frost

---

- **Follow-Ups:**
  - [Re: Question](#)
    - From: "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
- Prev by Date: [Recent posts](#)
- Next by Date: [Re: acupuncture](#)
- Prev by thread: [Re: Recent posts](#)
- Next by thread: [Re: Question](#)
- Index(es):

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- [Thread](#)

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# Re: acupuncture

---

- *To:* [furmark@pipeline.com](mailto:furmark@pipeline.com)
  - *Subject:* Re: acupuncture
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Thu, 08 Aug 1996 09:47:10 -0400
  - *CC:* [blackht@pacificu.edu](mailto:blackht@pacificu.edu), [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <199608071548.PAA17720@pipe4.ny3.usa.pipeline.com>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

furmark@pipeline.com wrote:

>

> On Tue, Aug 6, 1996 1:46:13 PM, Herbert T. Black wrote:

>

> Has anyone heard of cases where acupuncture has been used to improve  
> eyesight?

>

> alexandra

I have tried it on my 10 year old daughter for a couple of times. It was some sort of electrical pulse pressed on the acupuncture points on her face( I forgot the details). I was told if this method is useful it will show the effects rather quickly, but in my daughter's case, it did not help.

But, now I do ask her to use her hands to press the acupuncture points around her eyes sometimes.

Mei-Tien

- Prev by Date: [Question](#)
- Next by Date: [Re: Vision Freedom Question](#)
- Prev by thread: [Re: Question](#)
- Next by thread: [Vision Exercise: vision field](#)
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# Re: Vision Freedom Question

---

- *To:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - *Subject:* Re: Vision Freedom Question
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Thu, 08 Aug 1996 09:24:12 -0400
  - *CC:* [mat@tekbase.metrica.com](mailto:mat@tekbase.metrica.com), [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <[199608070237.VAA01767@miagra.ucsf.edu](mailto:199608070237.VAA01767@miagra.ucsf.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Palexion@aol.com wrote:

>  
> >Hello fellow Vision Enthusiats.  
> >I am very curious about the results that people are experiencing using  
> >Vision Freedom (sold by Brian Severson). I asked the same question a few  
> >weeks ago but my name had been mistakenly removed from the list so I  
> >never got an answer.....Any replies are welcome.  
>  
> I tried Vision Freedom before I ever knew about VT and this mailing list. It  
> didn't work for me, and I will return the kit for a refund, but that's not to  
> say that it won't work for you. Mr. Severson's concept is based on the  
> "plus-lens therapy" which you can do by yourself for just a few dollars  
> (please refer to earlier posts). My greatest disappointment with Vision  
> Freedom is that when I spoke to Mr. Severson to inquire about the types of  
> lenses in the kit, he stated that he was "unable" to describe them. I'll let  
> you be the judge of his ethics for that instance.  
>  
> It all depends upon how willing you are to experiment and what you personally  
> and truly believe will work for you. In two years I went from - 4.50 to -  
> 3.00 diopters by reducing what I considered to be the negative stimuli to my  
> eyes (long story). As a result, my optometrist is very open-minded to my  
> input and is working with me to further reduce my optical deficiencies.  
>  
> In conclusion, no one can say that Vision Freedom will/won't work for you, as  
> the theory does have it's merits, but I do think that you can duplicate the  
> process at a more realistic price. Please let me know of your decision.  
>  
> Good Luck,  
>

> Pete Alexion

Pete,

I also got Vision Freedom about two weeks ago. I seemed to get a little effect in the first two days( although it might also be that my eyes rested for a whole night when I checked it in the morning, it seems to be two line better than the previous night ). Now that I could not get any progress.

I started to read Kaplan's Seeing without Glasses. Found the concept of vision fitness glasses appealing. 20/40 glasses give you a constant "cross the line" effect....? Have you tried it? I would love to hear your long story about getting your vision to -3.

Mei-Tien

---

● **References:**

- [Re: Vision Freedom Question](#)
  - *From:* Palexion@aol.com
- Prev by Date: [Re: acupuncture](#)
- Next by Date: [Vision Exercise: vision field](#)
- Prev by thread: [Re: Vision Freedom Question](#)
- Next by thread: [Re: Wear glasses to prevent myopia worsening?](#)
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# Vision Exercise: vision field

---

- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Vision Exercise: vision field
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Thu, 8 Aug 1996 13:11:51 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Dear Seers,

I have been having some great results lately, perfect to near perfect vision for periods up to hours when i can put the right conditions together. At these times, many realizations occur and i think they are mostly specific to myself but one thing i noticed yesterday i thought may be of general interest.

It has to do with with peripheral vision. Without a doubt the widening of this is essential. The exercise 'swinging' and watching the apparant motion of all objects is a good one to develop this. This can become an 'exercise' which one can do at all times whether swinging or not and is really not so much an exercise but an 'attitude' or 'state' it seems to me, where the mind does not fixate but rather is open to every visual impression.

I thought about the act of hearing. I have perfect hearing and i noticed that in the realm of sounds, i don't 'expect' or 'try' to hear anything. It's a continuum of sounds and i can hear them bouncing in from all corners and i dont really 'care' that much about the sounds, they are what they are and i just hear them.

I related this to my vision. when up close, i can see everything fine and there is no effort to see anything, it is all just right there. But when i look distant i start to have difficulty. I noticed that when i think of the visual field as a continuum of light similar to a continuum of sound, the light streaming into my eyes rather than me trying to see THINGS, the desired peripheral vision effect was enhanced. I noticed that when i focused on something in the distance, i could percieve much more detail and the depth perception was enhanced.

I hope i've expressed the subtlety well. It is a powerful new 'trick' for me.

-Bill

Bills@vav-nun.com

....Antithesis furthers

- 
- **Follow-Ups:**
    - [Re: Vision Exercise: vision field](#)
      - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
  - Prev by Date: [Re: Vision Freedom Question](#)
  - Next by Date: [motivation](#)
  - Prev by thread: [Re: acupuncture](#)
  - Next by thread: [Re: Vision Exercise: vision field](#)
  - Index(es):
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# motivation

---

- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* motivation
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Fri, 9 Aug 1996 00:07:20 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

dear Seers,

Motivation, for VT or anything, is the crux of causing willed changes.

It is possible to make a determination to start practicing a certain behavior but everyone has experienced the subsequent loss of desire to keep up the regimen, and the eventual dropping of it or the reduction to half-hearted effort.

The common response is that one is not disciplined enough, while this is true, it kind of begs the question--changing determination into discipline is just another undefined word.

Discipline or determination depends upon the source. When the source of the plan is external to oneself the plan will fail. External sources include 'well reasoned essays', pressure from friends, parents, employers, spouses, 'society'. Conversely, when the source of the motivation is from a personal desire--free from all such foreign concerns, when the notion is simply something that one DESIRES, the motivation is automatic, the completion is assured. In short, lack of motivation is NOT a weakness, it is a misnomer. Success in any change depends upon the sorting out of one's PERSONAL priorities. All desire is valid and is a key to the process of Understanding. Discipline is not necessarily an aggressive imposition but rather an intelligent and honest \*organizing\*

i have experienced both situations and believe that no foreign motivation will succeed.

Force fed and trained animals show signs of weakness and will fail without constant supervision. Highly trained soldiers show signs of serious stress and breakdown despite their accomplishments. The practice of imposing

Change upon Nature is frequently irrespective of the full force of the situation. Change must be accomplished on the timetable which accomodates the whole scenario. Everyone's eye condition is unique and the steps necessary to solve the problem are unique. Each stress must be dealt with in the time necessary and done properly. the insistance on a timetable is an \*additional\* stress and will only delay completion.

no hurry!

-Bill

BillS@vav-nun.com

....Antithesis furthers

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- **Follow-Ups:**

- [Re: motivation](#)

- *From:* Yves Gigon <y\_gigon@alcor.concordia.ca>

- Prev by Date: [Vision Exercise: vision field](#)

- Next by Date: [Re: Question.](#)

- Prev by thread: [Re: Vision Exercise: vision field](#)

- Next by thread: [Re: motivation](#)

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## Re: Question.

---

- *To:* [tekbase!mat@uunet.uu.net](mailto:tekbase!mat@uunet.uu.net)
  - *Subject:* Re: Question.
  - *From:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - *Date:* Thu, 8 Aug 1996 23:50:14 -0400
  - *cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hello Marco

In a message dated 96-08-08 07:15:41 EDT, you write:

<<

Thank you for responding. I still have a few questions about VF if you do not mind.

>

> I tried Vision Freedom before I ever knew about VT and this mailing list.

It

> didn't work for me, and I will return the kit for a refund, but that's not to

> say that it won't work for you. Mr. Severson's concept is based on the

>Well - if he does refund your money with no questions asked, then I

>would feel confident about getting the kit.....

I'm sure that he'll have a "few questions", but remember that you're the customer and that he does offer a 100% refund. He states in his literature that he will work with anybody to achieve their goals at his expense (i.e., the telephone calls), but judging from the quality of his literature, I personally don't believe that he is any more knowledgeable about the subject matter than you or I are.

> "plus-lens therapy" which you can do by yourself for just a few dollars

> (please refer to earlier posts). My greatest disappointment with Vision

> Freedom is that when I spoke to Mr. Severson to inquire about the types of

> lenses in the kit, he stated that he was "unable" to describe them. I'll

let

> you be the judge of his ethics for that instance.

> I presumed it was + lenses.....does it also involve exercises?

Yes. You hold printed material until it is barely out of focus in order to encourage an "autofocus" which is supposed to make the ciliary (implied) and other ocular muscles stronger. Each subsequent autofocus allegedly will last longer until you've reached your goals.

>What is the daily ritual of the Vision Freedom person?

A maximum of two hours per day.

>Is the manual any help?

Just slightly.

>Does he for example suggest you

>start with low + and move to stronger + as excersises?

Yes, but only as your vision improves. Of course, transition lenses would be useful unless you would prefer to wear a plus lens over your minus lens.

>Any description or help is appreciated!!!

The literature provided is mostly hype and the pertinent information can be summed up in approx. one page...but doesn't.

>Let me tell you about my position. I do not mind paying for

>VF, even if it is a set of semi cheap + glasses. I believe that

>people have the right to profit for an idea that works....I just

>dont want to be taken for a ride. If his offer works - I'll pay.

>>

I agree on both counts. This is just my opinion, and I may be wrong, but considering the time frame that he's been working with this concept, and his age, and the fact that plus-lens therapy has been around for a century, I don't believe that he has pioneered the concept...just marketed it (God Bless America). To reiterate my previous point; look at the earlier posts and spend just a few dollars. Besides, the quality of the lenses that are included in Mr. Severson's kit is quite poor and you might find them somewhat irritating as I have found the lenses to be.

I intend to read through the VF literature one more time to see if there is a point that I missed, before returning the kit. If I encounter any obstacles, I will definitely post them. Should you decide to purchase the kit, please let me know of your results. Perhaps there is something that I overlooked.

I suggest that you speak directly to him on his toll-free line and decide for yourself if you're buying a product from a knowledgeable and reputable individual.

Good Luck,

Pete Alexion

---

- **Follow-Ups:**

- [Re: Vision Freedom](#)

- *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [motivation](#)

- Next by Date: [A quarter of a diopter is better than nothing!](#)

- Prev by thread: [Re: motivation](#)

- Next by thread: [Re: Vision Freedom](#)

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# A quarter of a diopter is better than nothing!

---

- *To:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* A quarter of a diopter is better than nothing!
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Fri, 09 Aug 96 10:13:00 PDT
  - *Encoding:* 23 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I'm sorry to rant about such a small improvement, but I was excited because I've never shown any progress before (unless you count eyestrain!)....

I went to my behavioural optometrist last night (after 7 weeks in all) and he said that my left eye had improved from -0.5 to -0.25 (and that my right eye was nearly down from -1.0 to -0.75, but not quite).

The reason I'm excited, apart from it being my first improvement, is that I haven't seen anyone posting anything about minor myopic cases improving before. I'm sure there must have been plenty, but in recent months all the stories I've seen have been people with a higher degree of myopia. That and the recent question about progress perhaps being logarithmic, were making me pessimistic (a bad sign to start with). I was even wondering if you could only improve from where you were to a level of around -1.0D, which is the starting point for my worse eye!

NB In case you're wondering what I'm complaining about since my eyesight isn't too bad, I do agree that if either the high or the low myopes had to find it harder to improve than the other group, that it would only be fair for it to be the lower ones!

Caroline

---

## • Follow-Ups:

- [\*\*Re: A quarter of a diopter is better than nothing!\*\*](#)
  - *From:* "Art Blake" <art@blakesys.com>
- [\*\*Re: A quarter of a diopter is better than nothing!\*\*](#)
  - *From:* MeiTien <a.wu@worldnet.att.net>
  
- Prev by Date: [\*\*Re: Question.\*\*](#)
- Next by Date: [\*\*Re: Vision Exercise: vision field\*\*](#)
- Prev by thread: [\*\*Re: Vision Freedom\*\*](#)
- Next by thread: [\*\*Re: A quarter of a diopter is better than nothing!\*\*](#)
- Index(es):
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# Re: Vision Exercise: vision field

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Vision Exercise: vision field
  - From: Mark Jones <[mjones@auscsmp.sps.mot.com](mailto:mjones@auscsmp.sps.mot.com)>
  - Date: Fri, 09 Aug 1996 09:01:32 -0500
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Bill wrote:

>I thought about the act of hearing. I have perfect hearing and i noticed  
>that in the realm of sounds, i don't 'expect' or 'try' to hear anything.

..

>I related this to my vision. when up close, i can see everything fine and  
>there is no effort to see anything, it is all just right there. But when i  
>look distant i start to have difficulty. I noticed that when i think of the  
>visual field as a continuum of light similar to a continuum of sound, the  
>light streaming into my eyes rather than me trying to see THINGS, the  
>desired peripheral vision effect was enhanced. I noticed that when i  
>focused on something in the distance, i could percieve much more detail and  
>the depth perception was enhanced.

Thanks for posting this. I had been wondering about ways to  
relate good listening with good seeing.

Mark

- 
- Prev by Date: [A quarter of a diopter is better than nothing!](#)
  - Next by Date: [Re: Vision Exercise: vision field](#)
  - Prev by thread: [Re: Vision Exercise: vision field](#)
  - Next by thread: [motivation](#)
  - Index(es):
    - [Date](#)

- [Thread](#)

[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

# Re: Vision Exercise: vision field

---

- *To:* "Fr. ALSO" <[BillS@vav-nun.com](mailto:BillS@vav-nun.com)>
  - *Subject:* Re: Vision Exercise: vision field
  - *From:* Mike Ellwood <[mwe@unixfe.rl.ac.uk](mailto:mwe@unixfe.rl.ac.uk)>
  - *Date:* Fri, 9 Aug 1996 14:45:14 +0100 (BST)
  - *cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *In-Reply-To:* <[v02140b01ae2f8c8aaa2f@\[153.37.108.83\]](mailto:v02140b01ae2f8c8aaa2f@[153.37.108.83])>
  - *Reply-To:* [m.w.ellwood@rl.ac.uk](mailto:m.w.ellwood@rl.ac.uk)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Thu, 8 Aug 1996, Fr. ALSO wrote:

> Dear Seers,

>

> It has to do with with peripheral vision. Without a doubt the widening of  
> this is essential. The exercise 'swinging' and watching the apparant motion  
> of all objects is a good one to develop this. This can become an 'exercise'  
> which one can do at all times whether swinging or not and is really not so  
> much an exercise but an 'attitude' or 'state' it seems to me, where the  
> mind does not fixate but rather is open to every visual impression.

>

For me, a perfectly-timed posting. I had been going to ask the  
list for any suggestions for improving peripheral vision  
(important for a cyclist looking over his shoulder, and  
probably useful for all road users).

Thank you.

Mike.Ellwood@rl.ac.uk

- **References:**

- [Vision Exercise: vision field](#)
  - *From:* Bills@vav-nun.com (Fr. ALSO)
- Prev by Date: [Re: Vision Exercise: vision field](#)
- Next by Date: <http://members.aol.com/thoha/exenlp.htm>
- Prev by thread: [Vision Exercise: vision field](#)
- Next by thread: [Re: Vision Exercise: vision field](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# http://members.aol.com/thoha/exenlp.htm

---

- *To:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* http://members.aol.com/thoha/exenlp.htm
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Fri, 09 Aug 96 17:37:00 PDT
  - *Encoding:* 92 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Anyone seen this before? Any takers willing to try and report back?  
Caroline.

-----

"This exercise is a real simple, yet very powerful one that will lets you make your own eyesight four times as good. You will be able to improve seeing things from far away just as sharp and clear and big as if it were only a couple of feet away. Now I know this sounds really un-believable to you right now, but as you keep on thinking and as you keep on doing the exercise you will actually find your eyesight improved a little bit each and every time you do. So, let's go to it and begin:

Just a little while ago, I was talking to some people about what could be possible doing NLP and hypnosis. I then went to a great seminar with Paul McKenna and Michael Breen. That seminar was held in London and was presenting the Structure of Hypnosis to everyone attending it. We were doing all kinds of the so called deep trance phenomenons as Michael suddenly mentioned, that shamans actually go inside animals and asopt all of their behavior. That really struck me like a lighting bowl. Should it really be possible to do something like that ? Will it be possible to take those perfectonized skills and just take inside and act with them in day to day life ?

These two questions kept going around inside my mind now, as I began to develop the following exercise. In this exercise you will adopt the

perfect eyesight of an eagle, who is -as research has shown- able to see very small point from a huge distance. One scientist once told me, that "if he was able to read, he could read a newspaper from almost a mile away !"

Now, having thought of that, I then sat down and went into a real "deep" self hypnosis trance where I now remember all pictures and scenes where I have ever seen an eagle flying, sitting, hunting or else. I make the images turning into a slow moving movie and make them real (!) big, colorful, contrastful, surrounding as I'm turning up the volume and tone of only the sound I hear the eagle making, because that's what I am focusing on. Then I made my almost real eagle land at the ground and slowly turn toward me, because it is important to actually see his face looking how he does. As the eagle slowly walks towards me the whole scene turn around so that the eagle is walking away from me as I step forward inside him as he continues to grow as big as I am. Then I slip into his skin of feathers and experience every single move he is making. I breath the same rate and way he is and then I turn me head the exact same way he does as he slowly turns over control to me.

Have you ever noticed how an eagle keeps his head in one position like a still-shot-camera even when the rest of the body is moving a little bit ? Now, thinking of that and adopting this to my behavior too I suddenly realize how I can change the focus of my eye as if I was looking through a binocular, zooming in to what it is I want to see. My peripheral vision actually gets totally unfocused and I only see the center in a most bright, clear and sharp way. I hold my eyeballs looking straight forward out of my head and if I want to look at something else, I'm moving my whole head, blink, and open the eyes looking at the next point of interest.

After having done this for a while, I thank my eagle for letting me experience this phenomenon of nature, this magic found inside him as he takes over control and flies away. But there is a small feather slowly going down into my hand, reminding me of my own capabilities and that I now have learned, how an eagle can see myself looking sharply into the future.

I noticed, that doing this exercise a couple of time a day improved my eyesight a whole lot. Thus convinced I am now moving on to the next skill, but that is yet another story I will tell you then . . .

Look out for your future and see how well it can be ! Have pleasure doing so and experience and play with it . . .

Yours truly,

Thorsten Hassiepen"

---

- **Follow-Ups:**

- [Re: http://members.aol.com/thoha/exenlp.htm](http://members.aol.com/thoha/exenlp.htm)

- *From:* Mark Jones <mjones@auscsmp.sps.mot.com>

- Prev by Date: [Re: Vision Exercise: vision field](#)
- Next by Date: [Re: Professional help... \(fwd\)](#)
- Prev by thread: [Re: A quarter of a diopter is better than nothing!](#)
- Next by thread: [Re: http://members.aol.com/thoha/exenlp.htm](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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## Re: Professional help... (fwd)

---

- *To:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Subject:* Re: Professional help... (fwd)
  - *From:* [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - *Date:* Thu, 8 Aug 96 08:02:36 -0700 (PDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hello Meitan:

>> Significant quotes from paper published in the Journal Of Behavioural  
>> Optometry, Vol 5.1994.Page123-131.

>>  
>> Functional Myopia is not just an imbedded (accommodative) spasm and it is  
>> not just an enlargement of eyeballs. It is a reflection of the shrinking of  
>> the brain's space world by closure of the periphery, first by stress, then  
>> by errors in spatial judgement induced by minus lenses.

>>  
>> Children's space world has shrunk down to to primarily central vision, so  
>> that they cannot judge distances. The (minus) lenses induce such warped  
>> vision in the periphery that their brains have to screen it out.....Lenses  
>> deepen their discolation in space.

>>  
>> Enjoy,  
>> Robert-Michael Kaplan.That is an interesting concept. BTW, I just got  
>>back from barns and  
>noble with your book: Seeing without glasses. I can't wait to read it,  
>does it talk about the same types of concept as in the paper?

You might also enjoy the comments in my second book The Power Behind  
Your Eyes. If more of th egroup are interested, I could post more quotes from  
Antonia's article as well as pieces from another one By Steve Gallop. I find  
this approach most iluminating.

Robert-Michael.

- Prev by Date: <http://members.aol.com/thoha/exenlp.htm>
- Next by Date: [Re: Recent posts](#)
- Prev by thread: [Re: Professional help... \(fwd\)](#)
- Next by thread: [Re: Re: Professional help... \(fwd\)](#)
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  - [Thread](#)

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# Re: Recent posts

---

- *To:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Subject:* Re: Recent posts
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Thu, 8 Aug 1996 10:15:39 -0700 (PDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[199608081311.JAA06226@haven.ios.com](mailto:199608081311.JAA06226@haven.ios.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Thu, 8 Aug 1996, Elena wrote:

snip

A question for Herb Black and Robert-Michael Kaplan: have  
> you ever observed anything of the kind in your VT patients?  
>

Elena;

I defer to Dr. Kaplan as I am in an extreme state of ignorance at the present time until I get out into the real world and away from all these academics!

Herb Black

- 
- **References:**
    - [Recent posts](#)
      - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>

- Prev by Date: [Re: Professional help... \(fwd\)](#)
- Next by Date: [Re: Question](#)
- Prev by thread: [Recent posts](#)
- Next by thread: [Question](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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## Re: Question

---

- *To:* Planet Claire <[helen.wilkinson@unn.ac.uk](mailto:helen.wilkinson@unn.ac.uk)>
  - *Subject:* Re: Question
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Thu, 8 Aug 1996 10:11:22 -0700 (PDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[839505073.650000.MAU652@fawdon.unn.ac.uk](mailto:839505073.650000.MAU652@fawdon.unn.ac.uk)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Thu, 8 Aug 1996, Planet Claire wrote:

```
> Could anyone please let me know if there are any Opticians in the U.K.  
> who practice these alternative techniques of eyecare?  
>  
> I've tried asking a couple but the Ophthalmic opticians say that this stuff  
> is not part of their training...  
>  
> So does anyone know of anyone in the U.K.???  
>  
> Thanks very much, as this will save me explaining the basics to everyone i  
> ask....  
>  
> Mark Frost  
>  
>
```

Mark;

Try e-mailing Dr. Bleything here at Pacific University. He is the international liason for some optometric organization and knows many poeple all over the world. He is also a big force in the vision therapy field, so I am confident if anybody knew, he would. Tell him I referred you. His address is: [bleythiw@pacificu.edu](mailto:bleythiw@pacificu.edu).

Good luck.

Herb Black

---

- **References:**

- [Question](#)

- *From:* Planet Claire <helen.wilkinson@unn.ac.uk>

- Prev by Date: [Re: Recent posts](#)

- Next by Date: [Re: A quarter of a diopter is better than nothing!](#)

- Prev by thread: [Question](#)

- Next by thread: [Re: Question](#)

- Index(es):

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- [Thread](#)

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# Re: A quarter of a diopter is better than nothing!

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: A quarter of a diopter is better than nothing!
  - From: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
  - Date: Fri, 09 Aug 1996 17:47:45 -0400
  - Organization: Blake Systems, Inc.
  - References: <[320B7218@msmail-gw.bta.bt.com](mailto:320B7218@msmail-gw.bta.bt.com)>
  - Reply-To: "Art Blake" <[art@blakesys.com](mailto:art@blakesys.com)>
- 

Richards, Caroline wrote:

>  
> I'm sorry to rant about such a small improvement, but I was excited because  
> I've never shown any progress before (unless you count eyestrain!)....  
>  
> I went to my behavioural optometrist last night (after 7 weeks in all) and  
> he said that my left eye had improved from -0.5 to -0.25 (and that my right  
> eye was nearly down from -1.0 to -0.75, but not quite).

Congratulations!!

>  
> The reason I'm excited, apart from it being my first improvement, is that I  
> haven't seen anyone posting anything about minor myopic cases improving  
> before. I'm sure there must have been plenty, but in recent months all the  
> stories I've seen have been people with a higher degree of myopia. That and  
> the recent question about progress perhaps being logarithmic, were making me  
> pessimistic (a bad sign to start with). I was even wondering if you could  
> only improve from where you were to a level of around -1.0D, which is the  
> starting point for my worse eye!

I had posted not too long ago about improving my sight from -6 to -4.75 in  
about 4 weeks.. now I'm at -4.5 and I seem to have hit a brick wall..  
The past 3-4 weeks I have not seen any more improvement.

I have been a little depressed however (due to an ending of a relationship)  
and I think that may be part of the cause.

I'm wondering if the vision improvement I made recently brought out some stored tensions associated with the ending of the relationship (which happened about 5 months ago) because I wasn't previously feeling depressed and now I feel a lot better and like I've released it.

Perhaps the speed of vision improvement varies with the amount and distribution of stored past traumas & tensions..

I'm now even more excited and confident about getting on with the journey and reaching my optimum goal of normal vision.. without contacts!

>

> NB In case you're wondering what I'm complaining about since my eyesight  
> isn't too bad, I do agree that if either the high or the low myopes had to  
> find it harder to improve than the other group, that it would only be fair  
> for it to be the lower ones!

>

> Caroline

There are so many theories ... However I agree with the recent post by Bills@vav-nun.com (Fr. Also) to sum it up, everyone's situation is different.

Congrats again! Hope you will be seeing 20/20 Very soon!

--

Art Blake -> art@blakesys.com

---

● **References:**

- [A quarter of a diopter is better than nothing!](#)
  - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [Re: Question](#)
- Next by Date: [Re: Vision Freedom](#)
- Prev by thread: [A quarter of a diopter is better than nothing!](#)
- Next by thread: [Re: A quarter of a diopter is better than nothing!](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# Re: Vision Freedom

---

- *To:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - *Subject:* Re: Vision Freedom
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Fri, 09 Aug 1996 11:29:39 -0400
  - *CC:* [tekbase!mat@uunet.uu.net](mailto:tekbase!mat@uunet.uu.net), [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <[960808235013\\_174741772@emout18.mail.aol.com](mailto:960808235013_174741772@emout18.mail.aol.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

[Lengthy quoted post deleted by moderator --AE]

Pete,

I also ordered Vision Freedom and have not seen definite results. I wonder if the book " How to prevent nearsightedness" claimed to have more technical depth will be of any value?

Mei-Tien

- 
- **References:**
    - [Re: Question.](#)
      - *From:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - Prev by Date: [Re: A quarter of a diopter is better than nothing!](#)
  - Next by Date: [Re: Re: Professional help... \(fwd\)](#)
  - Prev by thread: [Re: Question.](#)
  - Next by thread: [A quarter of a diopter is better than nothing!](#)

- Index(es):

- [Date](#)
- [Thread](#)

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## Re: Re: Professional help... (fwd)

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- *To:* [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net)
  - *Subject:* Re: Re: Professional help... (fwd)
  - *From:* [furmark@pipeline.com](mailto:furmark@pipeline.com)
  - *Date:* Fri, 9 Aug 1996 19:30:09 GMT
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Please do send more quotes from the articles you mentioned.  
Thank you for your time and all your valuable information.  
Best of luck,  
alexandra

On Thu, Aug 8, 1996 8:02:36 AM, Beyond 20/20 Vision wrote:

>  
>You might also enjoy the comments in my second book The Power Behind  
>Your Eyes. If more of th egroup are interested, I could post more quotes  
from  
>Antonia's article as well as pieces from another one By Steve Gallop. I  
find  
>this approach most iluminating.  
>  
>Robert-Michael.  
>  
>  
>  
>

- 
- Prev by Date: [Re: Vision Freedom](#)

- Next by Date: [Re: http://members.aol.com/thoha/exenlp.htm](http://members.aol.com/thoha/exenlp.htm)
- Prev by thread: [Re: Professional help... \(fwd\)](#)
- Next by thread: [Re: Professional help... \(fwd\)](#)
- Index(es):
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# Re: <http://members.aol.com/thoha/exenlp.htm>

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- *To:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Subject:* Re: <http://members.aol.com/thoha/exenlp.htm>
  - *From:* Mark Jones <[mjones@auscsmp.sps.mot.com](mailto:mjones@auscsmp.sps.mot.com)>
  - *Date:* Fri, 09 Aug 1996 09:26:23 -0500
  - *Cc:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *In-Reply-To:* Your message of "Fri, 09 Aug 1996 17:37:00 PDT." <[320BDA1B@msmail-gw.bta.bt.com](mailto:320BDA1B@msmail-gw.bta.bt.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Caroline wrote:

>Anyone seen this before? Any takers willing to try and report back?

I makes sense to me.

Thanks for posting it. I'll give it a try. Since I don't do anything to the exclusion of all other activities, though, I may not be able to report on the efficacy of this specific exercise.

Mark

---

## • References:

- <http://members.aol.com/thoha/exenlp.htm>
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>

- Prev by Date: [Re: Re: Professional help... \(fwd\)](#)
- Next by Date: [Re: Vision Freedom](#)
- Prev by thread: <http://members.aol.com/thoha/exenlp.htm>
- Next by thread: [Re: Vision Freedom](#)
- Index(es):
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  - [Thread](#)

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# Re: Vision Freedom

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Vision Freedom
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Fri, 9 Aug 1996 08:02:54 -0700 (PDT)
  - *In-Reply-To:* <Pine.OSF.3.91.960809074424.8624A-100000@ewald.mbi.ucla.edu>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Vision Freedom is just a scam. From the Web page  
<http://see.visionfreedom.com/visionfreedom/summary.html>

Ophthalmologist approved, scientifically proven, Vision Freedom will rapidly reverse or prevent:

- \* NEARSIGHTED VISION (Myopia)
- \* FARSIGHTED VISION (hyperopia)
- \* ASTIGMATISMS (defective images)
- \* OLD-AGE VISION (presbyopia)
- \* LAZY-EYE (amblyopia, strabismus, etc.)
- \* KERATOCONUS
- \* CATARACTS
- \* MACULAR DEGENERATION
- \* DIABETES ASSOCIATED VISION LOSS
- \* TUNNEL VISION
- \* DOUBLE VISION
- \* GLAUCOMA
- \* and nearly any other vision disorder you may have!

This is fraudulent advertising. For some people, using plus lenses may reduce nearsightedness. But the V.F. claims are like buying bottles of aspirin for \$5.00 and reselling them for \$15.00, claiming to have some miracle drug that will relieve any physical pain, and cure the diseases that caused the physical pain.

- Prev by Date: [Re: http://members.aol.com/thoha/exenlp.htm](http://members.aol.com/thoha/exenlp.htm)
- Next by Date: [Eagle vision](#)
- Prev by thread: [Re: http://members.aol.com/thoha/exenlp.htm](http://members.aol.com/thoha/exenlp.htm)
- Next by thread: [Re: Vision Freedom](#)
- Index(es):
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# Eagle vision

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Eagle vision
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Fri, 9 Aug 1996 12:48:56 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

The "eagle message" (Caroline quoting Thorsten Hassiepen) was just amazing.

First of all, I think there's a GENETIC rationale behind totemic cultural beliefs (deriving a tribe's origin from an animal ancestor). We have never lost the genes of all the countless life forms that went before us -- they are silently present in our genetic material, in the inhibited/repressed state, not different in principle from the way the gene for a future beard is present but inhibited in a newborn boy. We never lose genetic material just because we've acquired something new -- we merely inhibit it when we don't need it for survival anymore and when it's energetically "cheaper" to do without, to repress rather than maintain, certain organs or abilities. Even so, a lot of energy expenditures in a live organism's functioning go into PREVENTING things from happening -- into inhibiting our genetic capacity for developing full-blown gills and scales and claws and tails, into making sure we're only human, not human plus whatever else our genes are capable of making us. There were experiments on animals that showed it's possible to uninhibit a repressed gene after it's been dormant in a species for millions of years. In one such experiment, genetic material from a lizard embryo was introduced into a chicken's egg (don't ask me how). The chicken developed typical amphibian teeth, which are NOT what the lizard has but what evolutionally preceded the development of a bird's beak. Chickens were once pterodactyls, the flying lizards, and they never forgot the fact, not genetically, not even many million years later! The lizard embryo material acted as a key to unlock that memory (or, rather, an even earlier one, of the amphibian stage).

So... "primitive" shamanic practices may well start making sense if we consider this fact. Maybe what they are trying to achieve (and -- who knows -- sometimes succeed in achieving?) is a reversion of an inhibition on a genetic message. Maybe all they are trying to do is tap into some genetic

potential we all possess.

As always, the direction of my investigation was from a practical problem to a theoretical explanation, not vice versa (once a functionalist, always a functionalist -- never gave a damn for useless knowledge!) The reason I had to undertake some studies in shamanic practices was a vision-related dream I had, one that puzzled me a great deal. In that dream, I was watching a performing magician give a show in the town square. The magic tricks he demonstrated were amazing, and I wanted to take pictures. I was fiddling with my camera but the moment I was ready to take a picture, the magician would move so that I would lose sight of him in the viewfinder. It happened many times. Now the dream was in Russian and the Russian for a magic trick is "focus," for a "performing magician" it's "focusnik," and for getting things in focus when taking pictures -- well, it's "focus" again. So the situation amounted to my inability to focus because "focus" was, for me, some sort of a magic spell I was under -- it eluded me all the time, I just couldn't "focus" fast enough. So I called out to the "focusnik": "Slow down, I want to take a picture!" He turned to me and laughed. "Slow down? No problem," and with those words, he motioned his hand toward the sky. Time stopped. It was as though what had been a moving picture momentarily became a motionless hologram. I looked up. High above my head, an eagle was suspended in the sky, as though painted on its "surface," perfectly motionless. I could see every feather, and I could see an amber-colored eye looking right into mine. "Take your picture," the magician said, "and take your time, it's not going anywhere. Take your time."

When I woke up I understood all the puns the dream had mounted around the idea of "focus," but I didn't understand the eagle part (except that it also had everything to do with the problem at hand, "eagle sight" and so on), nor the part about stopping the time. I'm still not sure what it is that I was supposed to learn from my generous but elusive unconscious mind in this particular instance, but I don't try to hurry my understanding. After all, I'm supposed to "take my time!"

Elena

- 
- Prev by Date: [Re: Vision Freedom](#)
  - Next by Date: [Re: fasting and vision improvement](#)
  - Prev by thread: [Re: Vision Freedom](#)
  - Next by thread: [Re: Eagle vision](#)
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# Re: fasting and vision improvement

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: fasting and vision improvement
  - *From:* "Fr. ALSO" <[Bills@vav-nun.com](mailto:Bills@vav-nun.com)>
  - *Date:* Fri, 9 Aug 1996 16:16:36 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 20:24 8/5/96, Art Blake wrote:

>

>While I am in good health overall, I am pretty much obsessed with  
>improving my myopia (now at -4.5 diopters in each eye) and am  
>thinking about trying a fast out of curiosity .. any thoughts  
>or ideas ?

I have gone veggie and have noticed a calmer digestive track and i believe a simplified flow of moods. None of my annoying stray un-sourceable bad moods have occured since i started 4 months ago, and my theory is that the digestion of meat was causing them. You are what you eat (and absorb) and i have been taking that to its logical limit, wanting to avoid anything not fresh or sprayed or processed at all. It's satisfying physically and psychically.

Fasts are used by many to 'purge' and break out of ruts. If you feel like kicking yourself in the butt, go for it! I dont have any personal experience with fasting though. I do skip eating to feel actual hunger from time to time.

-Bill

- Prev by Date: [Eagle vision](#)
- Next by Date: [Re: A quarter of a diopter is better than nothing!](#)
- Prev by thread: [Re: fasting and vision improvement](#)
- Next by thread: [Re: Vision Freedom Question](#)
- Index(es):
  - [Date](#)
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# Re: A quarter of a diopter is better than nothing!

---

- *To:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Subject:* Re: A quarter of a diopter is better than nothing!
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Fri, 09 Aug 1996 11:02:42 -0400
  - *CC:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *References:* <[320B7218@msmail-gw.bta.bt.com](mailto:320B7218@msmail-gw.bta.bt.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Richards, Caroline wrote:

>  
> I'm sorry to rant about such a small improvement, but I was excited because  
> I've never shown any progress before (unless you count eyestrain!)....  
>  
> I went to my behavioural optometrist last night (after 7 weeks in all) and  
> he said that my left eye had improved from -0.5 to -0.25 (and that my right  
> eye was nearly down from -1.0 to -0.75, but not quite).  
>  
> The reason I'm excited, apart from it being my first improvement, is that I  
> haven't seen anyone posting anything about minor myopic cases improving  
> before. I'm sure there must have been plenty, but in recent months all the  
> stories I've seen have been people with a higher degree of myopia. That and  
> the recent question about progress perhaps being logarithmic, were making me  
> pessimistic (a bad sign to start with). I was even wondering if you could  
> only improve from where you were to a level of around -1.0D, which is the  
> starting point for my worse eye!  
>  
> NB In case you're wondering what I'm complaining about since my eyesight  
> isn't too bad, I do agree that if either the high or the low myopes had to  
> find it harder to improve than the other group, that it would only be fair  
> for it to be the lower ones!  
>  
> CarolineCaroline,

Congratulations!! You must be doing something right...

Mei-Tien

---

- **References:**
  - [A quarter of a diopter is better than nothing!](#)
    - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- Prev by Date: [Re: fasting and vision improvement](#)
- Next by Date: [Beliefs \(Re: Improving focus on some definitions\)](#)
- Prev by thread: [Re: A quarter of a diopter is better than nothing!](#)
- Next by thread: [Re: A quarter of a diopter is better than nothing!](#)
- Index(es):
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# Beliefs (Re: Improving focus on some definitions)

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Beliefs (Re: Improving focus on some definitions)
  - *From:* "Fr. ALSO" <[Bills@vav-nun.com](mailto:Bills@vav-nun.com)>
  - *Date:* Fri, 9 Aug 1996 16:13:19 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 16:37 8/1/96, Mark Jones wrote:

>I felt like throwing in a few comments on the philosophical  
>digression.

I'm trying to keep as vision-specific as possible, but the mechanics of the psycho aspect of vision is not as specific as the material aspects (and dont forget that the process of seeing is 2/3 mental)

>

>At 19:24 7/30/96, Elena wrote:

>> homo sapiens, is grossly mistaken

>>when he thinks that he has learned how to feel by learning how to think.

>Bill wrote:

>>Prior to consciousness, which for homo-sapien includes thinking, there is  
>>only more speculation. ...

>>with the caveat that thinking is nonetheless a valid \*and necessary\*  
>>activity.

>

>I would have to disagree here. Prior to consciousness (I'm assumming  
>you mean discursive, symbol-processing thinking rather than operations  
>such as imaging, remembering(atemporal imaging), deciding, feeling,  
>and acting/willing), there is awareness. Thinking is important in  
>our world, but I am not convinced it is vital. I \*think\* there  
>are areas of feeling and awareness that emerge in our attention when  
>thinking has subsided.

Agreed. By 'consciousness' i meant the full gamut of sense described by

Elena and you. My point was that the thinking faculty is an inextricable part of \*our\* consciousness and as valid as the rest, so must be integrated. I think part of what Elena was saying was that Rational\_Mind does not control all things, but that it is a citizen in an economy of consciousness. The so-called mind over matter does become ridiculous when imagined as a simple decision that "reality is now this new thing i want" but consider that we all are discussing this thing called vision therapy(rational mind), modifying our behaviors and our \*belief structures\*(rational mind) and then seeing 'impossible' physical RESULTS. This is a valid example of mind over matter, the effort to subdivide the process into a description like; 'this is conforming your body to the 'natural' course intended for it' or any number of possible descriptions is also a rational activity. All paradigms are only mental constructs used to aid prediction. (Nothing is True)

OK, it's officially a digression now:>

>>But theory aside, i know that it works to remember incidents and question >>the conclusions i have held.

>

>I don't think the mechanisms are clearly understood, but only modeled >in various ways. I've heard of cases where someone's tension in >some area of the body will go away once they remember an related >experience and talk about it. The talking releases the energy locked >up (there is no past: it's all right here).

I've had this happen numerous times. I like your point about there being no past-very Zen! and very useful. It's thinking like this that creates breakthroughs in one's foundation beliefs, with surprising liberation of real energy. My explanantion of how past issues affect the present is that a -belief- is formed as a thought-response to an emotionally significant event. This belief persists and creates a boundary in one's mind, all current mental activity respects this boundary reducing the free-flowing of mentality or reduction of genius. (note that -belief- is distinct from normal rational behavior, it is an axiom which defies arguement) At this point a corresponding bodily restriction to energy flow is postulated, i would extend that beyond the body into our environment through our interactions and end up with the statement that our beliefs create our reality! (aka Karma)

>

>>Let's talk about techniques for putting the >>theory to work. Let's reclaim our vision!

>

>Lets!

I really intend this theorizing in the most practical possible way. This questioning of beliefs has born fruit for me in the form of increased

mental acuity and speed, physical health, and prosperity. ( empirical )

One technique i have used to explore my beliefs is to notice whenever i get mad at something someone says or does. I then i imagine that that was \*me\* who just did that and then i try to justify my acting that way. This leads to interesting discoveries. There are times when i cant imagine any way that i could have done something, these are the really deep and interesting ones. \*Much love and trust in oneself must be intoned when undertaking such activity or a danger of panic can happen. (Invoke your favorite Mother\_Goddess if it happens and She will smooth it all out again:):)

-Bill

Bills@vav-nun.com

....Antithesis furthers

- 
- Prev by Date: [Re: A quarter of a diopter is better than nothing!](#)
  - Next by Date: [Re: Question](#)
  - Prev by thread: [Re: Eagle vision](#)
  - Next by thread: [beliefs and stresses article](#)
  - Index(es):
    - [Date](#)
    - [Thread](#)

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# Re: Question

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Question
  - *From:* [stefansi@ctrvox.Vanderbilt.Edu](mailto:stefansi@ctrvox.Vanderbilt.Edu) (Stefan Stefanov)
  - *Date:* Sat, 10 Aug 1996 00:07:42 -0500 (CDT)
  - *Date-warning:* Date header was inserted by ctrvox.Vanderbilt.Edu
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Mark Frost wrote:

>Could anyone please let me know if there are any Opticians in the U.K.  
>who practice these alternative techniques of eyecare?

Richard Allen is one that I have a very favorable opinion of. I know him only through e-mail and Usenet discussions but he seems to be very knowledgeable and progressive. As a matter of fact, a sci.med.vision post of his as well as his name were crossposted to the list by an i\_see-er recently. Here are his whereabouts again:

Richard Allen BSc FCOptom FAAO DCLP  
Optometrist & Contact Lens Practitioner  
Colchester Vision Therapy Centre  
[Richard@eyescolc.demon.co.uk](mailto:Richard@eyescolc.demon.co.uk)

I believe Colchester is in East Anglia, somewhat northeast of London. Let us know if you get in touch with Richard and the results.

Good luck.

Stefan

- Prev by Date: [Beliefs \(Re: Improving focus on some definitions\)](#)
- Next by Date: [Re: motivation](#)
- Prev by thread: [Re: Question](#)
- Next by thread: [Re: acupuncture](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# Re: motivation

---

- *To:* "Fr. ALSO" <[Bills@vav-nun.com](mailto:Bills@vav-nun.com)>
  - *Subject:* Re: motivation
  - *From:* Yves Gigon <[y\\_gigon@alcor.concordia.ca](mailto:y_gigon@alcor.concordia.ca)>
  - *Date:* Sat, 10 Aug 1996 13:02:49 -0400 (EDT)
  - *cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *In-Reply-To:* <[v02140b02ae2f92a5196c@\[153.37.108.83\]](mailto:v02140b02ae2f92a5196c@[153.37.108.83])>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Fri, 9 Aug 1996, Fr. ALSO wrote:

```
> the whole scenario. Everyone's eye condition is unique and the steps
> necessary to solve the problem are unique. Each stress must be dealt with
> in the time necessary and done properly. the insistance on a timetable is
> an *additional* stress and will only delay completion.
>
> no hurry!
>
> -Bill
```

Nice post, thanks

Yves

- 
- **References:**
    - [motivation](#)
      - *From:* Bills@vav-nun.com (Fr. ALSO)
  - Prev by Date: [Re: Question](#)

- Next by Date: [Re: Professional help... \(fwd\)](#)
- Prev by thread: [motivation](#)
- Next by thread: [Re: Question.](#)
- Index(es):
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## Re: Professional help... (fwd)

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Professional help... (fwd)
  - From: [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - Date: Sat, 10 Aug 96 11:03:34 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Mei -Tien wrote:

>> Robert-Michael.I could not find the Power Behind YOur Eyes in Barns and  
>>Noble, may be  
>sold out. I would love to see more quotes.

alexandra wrote:

>Please do send more quotes from the articles you >mentioned.  
>Thank you for your time and all your valuable information.  
>Best of luck,

You can order the Power Behind Your Eyes from your bookstore. The publisher is Healing Arts Press a division of Inner Traditions, Rochester, Vermont.

I now include the quotes from the two articles by Dr's Orfield and Gallop. Enjoy and thanks for the interest.

Myopia Reduction - A View From The Inside

By Steve Gallop. O.D.

Paper published in the Journal Of Behavioural Vision, Vol 5/1994/Number 5/  
Pages 115-120

NOTE These are all quotes from the articles. This is copyrighted material and I share this as a form of education. Permission has been granted to me for this purpose.

\*It is my sense that it isn't so much the nearsightedness as it is the myopia that may be truly inherited.

Nearsightedness is the refractive condition which is typically compensated with concave lenses, while myopia is more about the tendency to shrink

visual and perceptual space and to restrict the musculature (and often the emotions) while attempting to solve the problem of responding to visual stress.

"The introduction of minus lenses is a procedure taken much too lightly in standard clinical practice. There are frequently ignored patterns of addiction to such prescriptions, not to mention subtle, slowly increasing changes in perception and behaviour."

Once the (minus) lens is applied, what is often a transient condition becomes a lifelong situation, one likely to deteriorate with time.

While compensating lenses seem to alleviate the problem (or symptom of blur), has there ever been a good controlled study to determine if the condition progresses in the same manner if such treatment is avoided?

Astigmatic prescriptions are optically highly structured and rigid and may cause added rigidity in the individual.

Concave lenses contract and constrict available stimuli, leading to a diminution of safe and usable visual, emotional and psychological space.

The dulling of sensitivity with too strong compensating lenses is one of the catalysts leading to mismatches in perceiving both the external and internal environments.

In myopia, there is often a tendency to emphasise and depend on external cues as a basis for decision making rather than trusting the inner voice.\*

Seeing Space - Undergoing Brain Re-Programming To Reduce Myopia  
by Antonia Orfield O.D.

Significant quotes from paper published in the Journal Of Behavioural Optometry, Vol 5.1994. Page 123-131.

\*Functional Myopia is not just an imbedded (accommodative) spasm and it is not just an enlargement of eyeballs. It is a reflection of the shrinking of the brain's space world by closure of the periphery, first by stress, then by errors in spatial judgement induced by minus lenses.

Children's space world has shrunk down to primarily central vision, so that they cannot judge distances. The (minus) lenses induce such warped vision in the periphery that their brains have to screen it out.....Lenses deepen their discolation in space.

Increasing myopia is a learned brain program.

(Visual) habits and the (minus) lenses have programmed their brains to think of vision as looking at something and seeing only that. To cure

myopia, one has to re-program the brain to see space.

Behind my frames, I was no longer in the world, but looking into it, instead.

The higher the (myopic) lens power, the more the periphery is warped by the lens, because light is focused for the benefit of foveal acuity at the expense of ambient vision.

The more the periphery is warped, the harder it is to see the centre clearly because you cannot judge how far it is without accurate peripheral cues.

I didn't know what was there for sure without my glasses, and with my glasses, I wasn't sure where the what was.

Space world is a mental perception of "how far is far" and "how deep is deep" and "how wide is wide." We can all measure 20 feet the same, but we all see that measured space in our own way.

Each minus lens has its own virtual world that is achieved by the interaction of the individual and the optics of the lens, and once one adjusts to that lens, one is looking into that world and has learned a new brain perception of spatial perception. The compressed view then continues one's need for the lens.

Lens reduction is truly brain re-programming.

The major changes in my vision were not so much in clarity, because one can obtain that in lenses, but in "volume" of space perceived.\*

Robert-Michael Kaplan. O.D., M.Ed., FCOVD  
Sunshine Coast, B.C. Canada

-----  
"What you see from you heart is clear, so look with love!"  
-----

Our Web Page-With Online EYE FITNESS NEWS letter  
<http://www.sunshine.net/www/0/sn0011/>

-----  
Join us for an exciting 7 day retreat holiday and adventure and  
in Vision Improvement August 30th to September 6th, 1996 in FRANCE! Last  
chance to register. E-mail your snail-mail address for a brochure.  
-----  
-

- **Follow-Ups:**

- [Power behind your eyes](#)

- *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [Re: motivation](#)

- Next by Date: [beliefs and stresses article](#)

- Prev by thread: [Re: Re: Professional help... \(fwd\)](#)

- Next by thread: [Power behind your eyes](#)

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forms of denial is addiction. We are addicted to many things in our culture, but I think our most dangerous addiction, and the one which all the others feed, is our compulsion for holding onto our beliefs. We're literally addicted to our ideas about the world even when we know they don't serve us.

We currently believe, as a culture, that it's just about impossible to be happy in life. We believe, in general, that it's a violent, cruel world. Most people believe that "something's going to get me, so it doesn't matter what I do to myself." We cling to people, boring jobs, money, dysfunctional religions, superstitions and other belief structures for dear life, as if it were those structures that are keeping us alive rather than choking us to death.

And we have, in particular, a way of holding onto the people who hurt us the most. These people may withhold love, try to control us, offer us things that hurt us (like if you're trying to quit smoking and your boyfriend keeps offering you cigarettes), or they may even beat, rape and abuse us. The belief to which people in these situations are addicted is that they're "trapped," or that they can't let go, don't deserve better, or they're too terrified of what would happen next if they stepped outside their nightmare and entered the stream of life.

Ultimately it's the belief that we're unlovable that is the most perilous of all. On the way to spiritual realization there really is just one thing we need to learn, and that is how to treat ourselves lovingly. This can be tricky because patterns of self-hatred go back so far into childhood.

Most people, I have seen, live in thought holograms of their own past. Again and again, like a vivid, 3-D video loop, life repeats itself, changing just enough to convince them that it's not the same. People caught in these loops see events in their own lives and in the world going in crazier and crazier spirals, and believe that history is doomed to repeat itself, or just doomed in general.

And they may even see this, and know and understand it.

What's less obvious is that whatever your reality, your mind, your belief structures and your values are creating it. People caught in a negative trip often walk around repeating to themselves, "Life is hard, things never change, I can't stand this, etc., etc." People for whom life is beautiful walk around saying things like, "This is fabulous, I have faith that things will work out," and so on. We don't realize that these repetitions, which in Sanskrit are called "mantras," are the primary support program for the "reality" we experience and see.

Life changes when we change. Energy around us moves when we move the energy within us, and that usually means working to remove blockages. We stop feeling so compromised when we stop making so many compromises. We stop feeling miserable when we stop choosing to be miserly with ourselves.

At this point, in August of 1996, I believe the human race is crossing a bridge, and that bridge is in flames. The bridge consists of our



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# Re: Eagle vision

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- *To:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>, [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Eagle vision
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Sat, 10 Aug 1996 12:06:59 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 12:48 8/9/96, Elena wrote:

Cool dream Elena! this 'take your time' message has been imparted to me on a few occasions and is a MAJOR key to an amazing vision known as Samadhi in the Buddhist system. A better way to say it may be to suppress linear time from defining your experience of the world. In this state all things inside and out occur exactly as they should and there is no angst or fear. The experience of 'synchronicity' is a flash of this vision, the vision itself is marked by everything being one continuous synchronicity. It is much more profound than can be expressed linearly.

The main implication is that the habit to NEED something to make oneself whole causes angst. Our common belief is that we are incomplete/imperfect and must make progress and get ahead and improve ourselves. This is essentially a time-based comparison contrary to the concept of fully experiencing the present. I'm sure everyone has noticed that seeing well requires the ABSENCE of effort. Also an absence of DESIRE, because desire implies an inability, paradoxically.

>"Take your picture," the magician said, "and take  
>your time, it's not going anywhere. Take your time."

>  
>When I woke up I understood all the puns the dream had mounted around the  
>idea of "focus," but I didn't understand the eagle part (except that it also  
>had everything to do with the problem at hand, "eagle sight" and so on), nor  
>the part about stopping the time. I'm still not sure what it is that I was  
>supposed to learn from my generous but elusive unconscious mind in this  
>particular instance, but I don't try to hurry my understanding. After all,  
>I'm supposed to "take my time!"

The Eagle is a symbol of vision but is more specifically linked to the path of Scorpio-Atu Death in the Tarot. It represents the 'Higher Love' or

spiritual awareness. The vision i describe above implies a death to the Ego-as in the seperateness of yourself from the rest of the world. (Called heaven in Christian parlance). As beautiful as this state is, the interesting thing is that one inevitably begins to long for the confused state again, life is where the novelty is!

Bill

what did Buddha say to the hot dog vendor?... make me one with everything:>

Bills@vav-nun.com

....Antithesis furthers

- 
- Prev by Date: [beliefs and stresses article](#)
  - Next by Date: [Re: A quarter of a diopter is better than nothing!](#)
  - Prev by thread: [Eagle vision](#)
  - Next by thread: [Beliefs \(Re: Improving focus on some definitions\)](#)
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# Re: A quarter of a diopter is better than nothing!

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: A quarter of a diopter is better than nothing!
  - From: Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - Date: Sat, 10 Aug 1996 08:47:31 -0700 (PDT)
  - In-Reply-To: <Pine.OSF.3.91.960810083821.14788A-100000@ewald.mbi.ucla.edu>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Richards, Caroline <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)> writes:

>  
> The reason I'm excited, apart from it being my first improvement, is that I  
> haven't seen anyone posting anything about minor myopic cases improving  
> before.

I have a small amount of myopia -- -0.5 D -- and a lot of astigmatism -- 3 D and 2.25 D. I asked the optometrist to leave the 0.5 D of myopia off my prescription, so my prescription was +0.5 D from the measured best correction. While looking around for frames, I used +1.25 D reading glasses to get by. When I picked up my prescription glasses, I saw 20/15 with them! It had been at least an hour and a half since I'd used the reading glasses. It's not clear yet if the effect is permanent. But I think people with small amounts of myopia may be able to fix it.

---

- Prev by Date: [Re: Eagle vision](#)
- Next by Date: [Power behind your eyes](#)
- Prev by thread: [Re: A quarter of a diopter is better than nothing!](#)
- Next by thread: <http://members.aol.com/thoha/exenlp.htm>
- Index(es):
  - [Date](#)

Re: A quarter of a diopter is better than nothing!

- [Thread](#)

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# Power behind your eyes

---

- *To:* Beyond 20/20 Vision <[Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net)>
  - *Subject:* Power behind your eyes
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Sun, 11 Aug 1996 15:44:09 -0400
  - *CC:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <[v01520c09ae3213857a42@\[204.191.205.30\]](mailto:v01520c09ae3213857a42@[204.191.205.30])>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

What are the main differences between Power behind your eyes and Seeing without glasses? Could you post the table of contents, or providing a brief description?

Does 20/40 fitness glasses make your eyes constantly do autofocus and therefore improving the muscles around the eyes? Do I understand this correctly ( from Seeing without Glasses )?

Thanks.

Mei-Tien

---

- **References:**
  - [Re: Professional help... \(fwd\)](#)
    - *From:* [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
- Prev by Date: [Re: A quarter of a diopter is better than nothing!](#)
- Next by Date: [Re: Vision Freedom](#)
- Prev by thread: [Re: Professional help... \(fwd\)](#)
- Next by thread: [fasting and vision improvement](#)
- Index(es):

- [Date](#)
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# Re: Vision Freedom

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- *To:* [vision@visionfreedom.com](mailto:vision@visionfreedom.com)
  - *Subject:* Re: Vision Freedom
  - *From:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - *Date:* Sat, 10 Aug 1996 19:42:05 -0400
  - *cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Dear Brian Severson:

In a message dated 96-08-09 13:55:54 EDT, you write:

<< My Dear Pete,

< I am in receipt of several of your messages to I\_see'rs.

<FIRST of all, I expect you to promptly retract your statement that I was  
<"unable" to describe the lenses to you. That statement is patently FALSE. I  
<specifically remember speaking with you as you attempted to obtain ALL of  
<the DETAILS about our program before you even "climbed on board" with us. I  
<will tell folks such as you "that question is answered in our kit", NOT "I  
<am \_unable\_ to answer that question".

My specific questions were "Are the lenses plus or minus, concave or convex"?  
Your answer was "I dunno, it's too hi-tech for me to explain, but you'll  
like 'em". When you asked me about my other ocular deficiencies, I stated  
that I had scotopia, convergence insufficiency, and exophoria. Your reply  
was: " I dunno what the heck that is but these special glasses will cure  
everything".

<I occasionally ((RARELY) get a call from someone that expects me to go to  
<great lengths explaining ALL of the details of the Vision Freedom program.  
I

<call them "weasels", as they expect something for nothing. NOBODY in LIFE  
<gets anything for nothing!!!!.... If you think that you can/do get ANYTHING

<for FREE in this World, you are living in a Fantasy...."What Goes Around  
<Comes Around" says it ALL.

The above stated question was the only one that I had about the kit. It's interesting to know that you think that your customers are "weasels".

<You, OF ALL PEOPLE should know (as a 43 year old student) that you have to  
<PAY TO LEARN. This is a MAXIM of Natural Law (Nature's Law) and cannot be  
<circumvented without paying the consequences.... Want to PLAY with  
Nature????

Brian, I think you need a pair of glasses when reading a calendar. The year is 1996, that makes me 44 years old. The best things in life and learning are free.

<You have a long way to go! Your statement on 08/06/96 "I think you can  
<duplicate the process at a more realistic price" shows me that you are  
<completely out of touch with REALITY. You obviously have no clue as to how  
<much it costs to start a Revolution....LOTS!!!! WE had to pay to advertise  
<so you could call us TOLL FREE (WE payed for all of the calls).

The response to Marco's question had nothing to do with starting a revolution. I want you to go back and reread HIS question to ME. Besides, I wouldn't call your company a revolution. A couple of centuries ago my forefathers started one without toll-free #s...just intestinal fortitude, a belief in God, and a musket.

<WE pay for the folks here to answer your calls..... WE pay for the printing  
<and postage in order for YOU to receive our FREE information....WE pay for  
<the printing and miscellaneous costs involved....And the costs go on and  
<on....It is EXTREMELY CLEAR that you have NO IDEA of the expenses and costs  
<involved in starting/continuing a Revolution. (And you NEVER will learn it  
<in ANY school....)

Maybe not, but if you want to be arrogant about it, after over 20 years in the United States Army Infantry, I sure do know how to ruin one. I also spent 3 years as a platoon leader of a counter/anti-terrorist platoon in Europe during the '70s. I was quite good at it too.

<EXACTLY how much is a "reasonable" cost for FREEDOM???? I think nobody  
<can/could put a price on how much FREEDOM is worth!!!!

You probably don't have the credentials to discuss "freedom" with me. After being in 2 wars, I've earned mine.

<On 08/08/96 you stated "I intend to read through the VF literature one more  
<time to see if there is a point that I missed, before returning the  
<kit."....For your information, you will be reading an outdated  
<revision....We would have been happy to send you the latest revision AT NO  
<CHARGE TO YOU, if you would have only had the DESIRE and/or Sincerity to  
<contact us....YOU NEVER DID!!!! (It would have been FREE, at absolutely NO  
<COST to you....You cannot SEE the forest for the trees....

Do you honestly expect your customers to call you every day about a revision?  
An honest businessman would have automatically distributed it to his  
customers.

<"Perhaps there is something that I have overlooked"....You bet there is!!!!  
<You are overlooking the BIG picture in Life. It may be a result of living  
in  
<Manhattan amongst all of the Sheep(1e), graft, corruption and vile.

I can SEE that spelling, geography, and agriculture are not your strong  
points. Manhattan is in Kansas where we still keep our doors unlocked and we  
are in the heart of cattle country.

<Now let's get on to some MORE of your FALSE STATEMENTS....You stated when  
<you "climbed on board" with us (01/02/96) that you were OD -4.00-0.75@005,  
<OS -3.75-1.25@008.  
<On 08/06/96 you "claimed" to I\_see'rs that you had improved from -4.50 to  
<-3.00 diopters "by reducing the negative stimuli". Either you LIED to  
Vision  
<Freedom, or you are LYING to I\_see'rs. (OR you are lying to yourself!)  
Which  
<is it?????

Upon receipt of your kit, I immediately made another appointment with my  
optometrist to obtain a baseline starting value. That is why those values  
were reported. Lighten up Brian, your customers are human beings, not liars.  
Ask before accusing.

<You also stated that "the quality of the lenses that are included in Mr.  
<Severson's kit is quite poor"....I challenge YOU to find a higher quality  
of

<lenses ANYWHERE short of going to an Optical shop (AFTER you have spent your  
<precious TIME and money locating an eye doctor that will prescribe what YOU  
<want....

I already had a pair of +1.00 and +2.00 lenses from an optical shop (prescribed) for studying when I was wearing contact lenses. I didn't need your glasses and I wouldn't have purchased the kit had you been honest about their contents.

<"If I encounter any obstacles, (returning the kit for a refund) I will <definitely post them." You will NOT encounter any such thing....YOU are <DEFINITELY not ready for us to help you YET....Maybe you will be in this <Lifetime, maybe NOT....If you find you are ready, WE'LL be here!!!!

Fine. I will return the kit for a full refund. But first, and merely out of curiosity, I will wait for the free revision that you will send to me. I still intend to be open-minded about this. If the revision is beneficial to me, then I will make a post of such information.

<And YOU, Marco...."Well - If he does refund your money with no questions <asked, then I would feel confident about getting the kit...."  
< And YOU, Marco then continued...."I'm sure he'll have a 'few questions', but  
< remember that you're the customer and that...."....Vison Freedom DOES NOT  
< have customers!!!!....We HELP folks, period. If you want (AND are Ready for  
< FREEDOM) We will help you....If you are not Ready YET, we will be here\_  
<When\_ and \_IF\_ you are Ready....

Leave Marco out of this. Your letter is addressed to me. This is between you and me, buddy.

<SEE you soon!....  
<(or Later, your choice)

<Brian  
--  
>>

After over 20 years of defending my fellow countryman's right to be all that they can be, your idea of it takes the cake. I hope you enjoy your real freedom to be the way your are. I have literally shed quite a bit of blood for it.

Respectfully,

Pete Alexion

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- Prev by Date: [\*\*Power behind your eyes\*\*](#)
- Next by Date: [\*\*Palming\*\*](#)
- Prev by thread: [\*\*Re: Vision Freedom\*\*](#)
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# Palming

---

- *To:* [I\\_see@indiana.edu](mailto:I_see@indiana.edu)
  - *Subject:* Palming
  - *From:* "Linda Lee" <[llee@island.net](mailto:llee@island.net)>
  - *Date:* Sun, 11 Aug 1996 03:27:33
  - *Priority:* normal
  - *Reply-to:* [llee@island.net](mailto:llee@island.net)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

hello, group -

i'm glad someone finally wrote in saying that for them, palming was uncomfortable. I was beginning to think i was deformed. The very idea of palming for 20 hours makes all my bones ache.

I have tried all kinds of suggestions, positions and pillows but still i can't manage it for more than 10 minutes. I can happily meditate for hours, but the act of putting my hands on my eyes causes shoulder pain, and even wrist ache.

I find that when i have eyestain, the best thing for me is an ice pack on my eyes. Sometimes i palm and ice pack back and forth. This feels wonderful for me, and might be just the thing for some of you other non-palmers (you know who you are!)

- Linda

- 
- Prev by Date: [Re: Vision Freedom](#)

- Next by Date: [Re: beliefs and stresses article](#)
- Prev by thread: [Re: beliefs and stresses article](#)
- Next by thread: [RE: Palming](#)
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# Re: beliefs and stresses article

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- *To:* [I\\_see@indiana.edu](mailto:I_see@indiana.edu)
  - *Subject:* Re: beliefs and stresses article
  - *From:* "Linda Lee" <[llee@island.net](mailto:llee@island.net)>
  - *Date:* Sun, 11 Aug 1996 03:05:40
  - *Priority:* normal
  - *Reply-to:* [llee@island.net](mailto:llee@island.net)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Thanks to Bill for posting the article that hints how beliefs form our reality. I fully embrace this philosophy myself. In fact, i was investigating that theory when i came across vision therapy.

One book that describes the mechanisms behind belief = reality is called "The Nature of Personal Reality" by Jane Roberts. This is a book channelled by Seth, a very well-known 'previously alive entity'. I had a bit of difficulty accepting the idea of dead people writing books, but hey, he proposes an interesting theory. I'm not asking you to believe it, just try it and see if it works for you. There are other books, but i found this one to be the most accessible.

I was about 2 chapters into this book when he casually mentioned that all diseases, including the need for wearing glasses was based on a misconception of who we really are. Since i am a healthy person, i decided to challenge the theory using my eyes as a test case. I followed his suggestions and waited to see where the universe would lead me. Dr. Kaplan's book found it's way into my hands and within weeks, i had my first flash of vision. Before, i hadn't thought it was possible to change myopia so it wasn't. Then it was. And now my vision is different, not perfect yet, but at least i know it can be. And so it will be.

Since i read this book, my view of the world has turned upside down

and i'm much happier that way.

Just wanted to pass that on.

- Linda

- 
- Prev by Date: [Palming](#)
  - Next by Date: [Re: Acupuncture](#)
  - Prev by thread: [beliefs and stresses article](#)
  - Next by thread: [Palming](#)
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# Re: Acupuncture

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Acupuncture
  - From: [p9205755@student.anu.edu.au](mailto:p9205755@student.anu.edu.au) (Al)
  - Date: Mon, 12 Aug 1996 10:44:52 +1000
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hi All,

I seem to recall reading somewhere ( I think it was Dr Jacob Libermann's book 'Take off your glasses and see') about massaging the acupressure points around the eyes. I haven't tried it but I thought know might like to know that it has been suggested somewhere other than this mailing list.

It might also be in the Natural Vision FAQ.

Alistair Phillips

```
 , _/
<o/ / It's not falling that hurts
# | It's hitting the ground
< \ |
 / Alistair Phillips
 / a.phillips@student.anu.edu.au
```

```
 _/
 /
 |
 |
 &
 |
<o\ /
 /
 =%@ /
```

- 
- Prev by Date: [Re: beliefs and stresses article](#)
  - Next by Date: [Re: Advice for Mei-Tien's daughter](#)
  - Prev by thread: [Re: Palming](#)
  - Next by thread: [modern lifestyle \(Re: mild vs severe myopia\)](#)

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# Re: Advice for Mei-Tien's daughter

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- *To:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Subject:* Re: Advice for Mei-Tien's daughter
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Thu, 08 Aug 1996 10:14:02 -0400
  - *CC:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *References:* <[Pine.HPP.3.91.960807073704.11656B-100000@hamlet.ucs.indiana.edu](mailto:Pine.HPP.3.91.960807073704.11656B-100000@hamlet.ucs.indiana.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Alex Eulenberg wrote:

>  
> On Tue, 6 Aug 1996, MeiTien wrote:  
>  
> >  
> > The prescriptions are -5 -5 from one place, and she was rechecked a few  
> > weeks later at a different place and got -4.5 -3.75 with .5 astignism.  
> > Her dark pupils seem to be a little closer than before when she looks  
> > straight, I wonder if this has anything to do with her wearing her old  
> > glasses occasionally( -2.5 -2, got it about two years ago).  
> >  
> > I tried to get her doing sunning and palming...  
> >  
> > Mei-Tien  
> >  
> >  
>  
> And what were the results? Also, what is your daughter now actually wearing?

Palming seems to be helpful to her a couple of times. She does not wear any glasses most of the time unless she needs to watch TV ( just a little while). She lost her most recent pair of glasses.

> I remember about a year ago (in personal communication) you said she had  
> a clear flash while practicing with the Snellen chart.

>  
She did not seem to have this effect now. And she did not do it daily, only once in a while.

> If you're like most people, school is about to begin. This is probably  
> the worst menace to the eyes. Children are forced to sit still with  
> nothing pleasant to look at. Many tend to stare at their fingers or desk.  
> They are prescribed lenses so they can see the chalkboard, but how much  
> time is spent looking at the chalkboard?

>  
> Your daughter needs DISTANT VISION PRACTICE. As I understand, she is  
> still quite young. If adults can reduce their prescriptions by a diopter,  
> surely your daughter can achieve at least that much, by practicing  
> looking at ever more distant objects WITHOUT GLASSES.

>

Would this cause strain? I got her Vision Freedom reading glasses and  
tried to get her to read "Cross the Line", since she loves to read. But,  
she can not read far enough from the book, she can only manage to  
read the book about a foot away. What do you mean by DISTANT VISION  
PRACTICE??

> It sounds now as if she is going cross eyed.

>

Not sure, I would like to get her checked again.

> Do not be satisfied with the halfway solution of bifocals that one doctor  
> prescribed. These are a passive non-solution. They reduce  
> the amount of exercise the eyes can get, and for this reason I feel they  
> may in some ways be worse than traditional glasses. They may reduce near  
> demand relative to traditional glasses but they can NEVER increase distant  
> stimulus, which is what your daughter needs in order to improve her vision.

>

Bifocal was recommended by two optometrists so far. But they gave two  
quite different prescriptions. One recommend 1.25 plus and another 2  
plus. Which to believe?? I heard it is better not to correct astigmatism  
in the lens, also, the prescriptions for both eyes better the same??

> I have some questions to help you decide what you can do, what  
> prescription might help, and what prescription would hurt.

>

> 1. How old is your daughter?

>

10 year old.

> 2. How far can she see absolutely clearly without glasses? That is, at  
> what distance do things start to get a little blurry?

>

She can see one inch size character about 5 ft away without glasses. What would this be in terms of 20/20 terminology? She can not see the next line without a little blurry.

> 3. Is she comfortable without glasses?

>

During the day she is alright without glasses, she even plays tennis without glasses. But she does have the tendency to squint for something she is interested in seeing. Should I get her pinhole glasses?

> 4. At what times of day can she see well, at what times of day does she see poorly?

Don't really know yet. I do know for myself, when first waking up, it is the best time, it could be two lines better.

> 5. How much time does she spend outdoors each day?

For the past few days in the camp, she is outdoors about 6 hours a day. But before the camp, she likes to stay indoor to read.

> 6. What is her attitude towards vision improvement (very important)?

She is really anxious now to get her eyes back in shape. She is even willing to drink carrot juice and the chinese herb ( KaoChiZi, don't know the real name, just pronunciation, suppose to be good for the eyes) tea.

> 7. Did your optometrist ask these questions?

Some. I went to Dr. Ben Lane in NJ. He seems to know nutrition and eyesight, but did not give me any guidance about how to improve her sight. My daughter's dietary analysis seems to show she had too much protein and refined carbohydrates.

Mei-Tien

---

● **References:**

○ [Advice for Mei-Tien's daughter](#)

■ *From:* Alex Eulenberg <aeulenbe@indiana.edu>

● Prev by Date: [Re: Acupuncture](#)

● Next by Date: [Re: mild vs severe myopia](#)

- Prev by thread: [Advice for Mei-Tien's daughter](#)
- Next by thread: [for the record](#)
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# Re: mild vs severe myopia

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- *To:* [Tim.Patterson@cciw.ca](mailto:Tim.Patterson@cciw.ca), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Re: mild vs severe myopia
  - *From:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Date:* Sun, 11 Aug 1996 20:50:59 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I used to think myopia was a normal biological variant which was genetic. Glasses to the myope were sort of like high heels for a short person. Now after reading more about it on my own (no thanks to my eye doctors) I find myopes have more glaucoma, more retinal detachment, more vitreous degeneration and a thinner eye wall. That's not a normal variant! One source said myopia was the sixth leading cause of blindness. From the more detailed texts, this is better described as a pathological stretch, rather than a growth process. From the epidemiology, it is cultural. Some people are probably predisposed to it. Then you add the modern lifestyle, whatever the factor(s) are, and the eye stretches and tears. The visual acuity problem is only part of the picture.

I have not done an extensive search for present research on the etiology of myopia at the pathophysiological, molecular level. I just got the order form for the Grateful Med stuff, and have a few names in the field but I haven't gotten much beyond that. One medline a friend did had 408 references to research on myopia (research done by M.D.s or in the field of ophthalmology, there was very little on optometry). About 400 related to the laser surgery. It looks to me like the medical profession didn't finish their homework before going ahead with this corneal surgery.

I think if you really look at this condition, what you really want to do to successfully treat or cure myopia is to reverse the stretching process. I think the funding for research was very generous in the direction of the surgery. And the herd went in that direction. It's a big money maker. Now if someone figures out how to reverse the stretch (and I don't think VT has studied this aspect of myopia, the papers usually report changes in visual acuity and refractive error, but say nothing about the overall health of the eye, it would take a huge long term study and lots of dedicated people, maybe along the lines of the Framingham studies on heart disease) and you have already had the laser, you're in a pickle. Knowing what I know now, I'll

pass on this surgery. I'm going to do some more medlines and see who is researching at the root of myopia at present.

I think the real root lies in my lifestyle but I still have to support myself and can't spend all day outside, which is what it might take. I also think the field of energy medicine, chakra points, (Bates' swinging reminds me of a kundalini yoga exercise intended to open up the heart chakra , and the heart and brow chakras correspond to the eyes) mind-body stuff is in it's infancy in my understanding and I am open to exploring the possibilities there too. I'll just pull down all the shades when I do that swinging 'cause I feel like an idiot. I hope that answers your question about why I think myopia is a disease. I think it is unfair and unethical to do this surgery on people without making sure they have all the information necessary to decide for themselves is this is really such a great idea.

julie

---

● **Follow-Ups:**

- [Myopia a Disease?](#)
  - *From:* Tim.Patterson@cciw.ca
- [Re: mild vs severe myopia](#)
  - *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [Re: Advice for Mei-Tien's daughter](#)
- Next by Date: [Vision Freedom](#)
- Prev by thread: [Re: mild vs severe myopia](#)
- Next by thread: [Myopia a Disease?](#)
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# Vision Freedom

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- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Vision Freedom
  - *From:* Brian Severson <[vision@visionfreedom.com](mailto:vision@visionfreedom.com)>
  - *Date:* Sun, 11 Aug 1996 16:27:47 -0600
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

My dear Pete,

Because of the length of your last message (08/10/96@19:42:05) I have left it behind and am replying anew.

Your question to me was NOT "Are the lenses plus or minus, concave or convex?".

AND my answer was NOT "I dunno, it's too hi-tech for me to explain, but you'll like 'em".

AND I did NOT reply to you "...but these SPECIAL glasses glasses will cure everything".

You seem to enjoy fantasizing about what comes out of my mouth. Haven't you got better things to do????

(I certainly do....)

We do not have "Customers". If you want HELP, (and if you are ready for it), I will HELP you.

I am certainly not afraid to call a "weasel" a weasel. (Nor a "spade" a spade.)

Congratulations on your 44th birthday....If I would have known your birthdate, I would have "done my math" perhaps more correctly....(I have beter things to do....)

I have not gone back and re-read Marco's question to you.

Go ahead and be as arrogant as you want. Congratulations on having spent over 20 years in the Army, and 3 years as a platoon leader protecting us from counter/anti-terrorist's. I am very Happy for you that you were "quite good at it". America will need your talents when the S\_\_\_ hits the FAN in the very near future....

I am very happy for you that you have earned superior "credentials" to mine concerning "Freedom". I am also delighted that you have survived 2 Wars. I'm certain it was meant to be, as ALL things are "meant to be".

Please EXCUSE my spelling, geography and agriculture mistakes. "It's O.K., Dorothy....We're not in Kansas any more".

I am glad for you that you already had several pairs of prescription + lenses before you received ours. I am certain that the quality is far superior to our's, and that you paid less for them than ours....

You accuse me of not being honest about the contents of the vision kit....YOU are the one that needs a Reality check here!

I will take you up on your statement "Fine. I will return the kit for a full refund." Please insure it at your Post office for a buck and some change so there is no dispute that it got to me, and address it "Attn. Brian".

I will NOT send you the newest revision. You will be waiting a long time for it. Return your kit.

"I still intend to be open-minded about this."....You have already clearly demonstrated you are not.....

I am not interested in you "making a post of such (beneficial) information"....

I have left Marco out of this...."This is between you and me, buddy."

Thank you for "shedding quite a bit of blood" so I can enjoy "real freedom". I am Proud of you. (A lot of folks might not appreciate your service to America out of Ignorance.)

SEE you later!  
-Over and Out-

Brian

--

- Next by Date: [Myopia a Disease?](#)
- Prev by thread: [Re: Vision Freedom](#)
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# Myopia a Disease?

---

- *To:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Subject:* Myopia a Disease?
  - *From:* [Tim.Patterson@cciw.ca](mailto:Tim.Patterson@cciw.ca)
  - *Date:* Mon, 12 Aug 1996 16:57:41 -0400 (EDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[960811205059\\_597223257@emout18.mail.aol.com](mailto:960811205059_597223257@emout18.mail.aol.com)> from "JRalls7959@aol.com" at Aug 11, 96 08:50:59 pm
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

> myopes have more glaucoma, more retinal detachment, more vitreous  
> degeneration and a thinner eye wall. That's not a normal variant! One source

That is interesting! I suppose, though, that a weaker organ will naturally become more susceptible to any ailment - just as a person will more likely get a cold when they are tired and run down.

> you really look at this condition, what you really want to do to  
> successfully treat or cure myopia is to reverse the stretching process. I  
> ...I think it is unfair and unethical to do this surgery  
> on people without making sure they have all the information necessary to  
> decide for themselves is this is really such a great idea.  
> julie

I agree. I think vision problems will likely not go away for people who get laser surgery, unless, perhaps, they take up VT. Otherwise, what's to stop their myopia from resurfacing?

I've never thought of myopia as a disease before, but rather as the eye(s) being "weak" organs that need rehab. I still tend to think this way, however, my right eye went myopic many years before more left one did (when I started to wear glasses part time - mainly for driving, at age sixteen). Why my right eye went myopic in childhood while my left eye stayed at 20/20, I don't know. My left eye went myopic, obviously, due to the glasses, and my forgetting how to see properly, as a result. So was it a "disease" that caused myopia in the right eye, and a physical condition for the left?

Tim

---

- **References:**

- [Re: mild vs severe myopia](#)
  - *From:* JRalls7959@aol.com

- Prev by Date: [Vision Freedom](#)
- Next by Date: [Re: mild vs severe myopia](#)
- Prev by thread: [Re: mild vs severe myopia](#)
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# Re: mild vs severe myopia

---

- *To:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Subject:* Re: mild vs severe myopia
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Mon, 12 Aug 1996 12:50:54 -0700 (PDT)
  - *Cc:* [Tim.Patterson@cciw.ca](mailto:Tim.Patterson@cciw.ca), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *In-Reply-To:* <[960811205059\\_597223257@emout18.mail.aol.com](mailto:960811205059_597223257@emout18.mail.aol.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Sun, 11 Aug 1996 JRalls7959@aol.com wrote:

snip.

One medline a friend did had 408

> references to research on myopia (research done by M.D.s or in the field of

Julie: The reason you don't find much from optometry about myopia in Medline is not because there are few studies done by optometry, but because Medline is done by The National Library of Medicine in Bethesda and they did not include any optometric journals until recently and then only a couple. I lived and worked right near there and spent many hours in the library doing research so I know wherof I speak. That is a real problem when MD's tell patients there is no literature about VT, what they are really saying without knowing it probably is that Medline does not show it. BUT, if one were to take the trouble to search the optometric, educational, and psychological literature, which in my opinion is every bit as valid and relevant as the medical literatute on the topic of VT, he/she would find lots of studies.

For now, I will tell you that the University of California at Berkeley is doing a huge study of myopia in school children. They are measuring lots of different parameters about the eye over a long time period. I don't have access to the reference right now since I am studying for my National Boards (tomorrow). I worked at Berkeley opto school last summer as a research fellow and met many of the people on this study. They are very qualified researchers- many are OD/PhD's with much experience. I would encourage you to look into it.

snip

> acuity and refractive error, but say nothing about the overall health of the  
> eye, it would take a huge long term study and lots of dedicated people, maybe  
> along the lines of the Framingham studies on heart disease) and you have

Again, I refer you to Berkeley.

Herb Black

---

- **References:**

- [Re: mild vs severe myopia](#)
  - *From:* JRalls7959@aol.com

- Prev by Date: [Myopia a Disease?](#)
- Next by Date: [modern lifestyle \(Re: mild vs severe myopia\)](#)
- Prev by thread: [Myopia a Disease?](#)
- Next by thread: [Re: the occult](#)
- Index(es):
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# modern lifestyle (Re: mild vs severe myopia)

---

- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* modern lifestyle (Re: mild vs severe myopia)
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Mon, 12 Aug 1996 09:03:54 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 20:50 8/11/96, JRalls7959@aol.com wrote:

>growth process. From the epidemiology, it is cultural. Some people are  
>probably predisposed to it. Then you add the modern lifestyle, whatever the  
>factor(s) are, and the eye stretches and tears. The visual acuity problem is  
>only part of the picture.

The modern lifestyle seems to me a worthy thread to follow. I will list some things i believe to be destructive environmental factors. I like to hear any and all rebuttals to my opinions (because sometimes just a bias against the factor can cause the stress-not the thing itself!) And also to hear of other factors. We heard about salt from two perspectives and i feel i'm up a little on that issue, i never thought about it before. Same with aspartame (though i never used it out of my general bias against consuming strange chemicals).

I'm rather pessimistic about the quantity of unhealthy things in our modern lifestyle, but this is where all my friends are, so i'm not going anywhere. I'm hoping to at least identify ALL of the worst ones and figure ways to avoid them if necessary.

Ones that spring to mind: cheap dieldrin and scented soaps (skin absorption), processed and chemical-laced food products, sprayed and chemi-fertilized foods, automobile exhaust, manufacturing exhaust, plastic/vinyl off-gassing, press-board off-gassing, stray chemicals in water supply. These cover just about everywhere i go and do. it's easy to get overly-concerned about things that don't create a huge problem if simply ignored. But these are known risks and i'm happier facing the facts than to practice denial. The body does have regenerative powers, so perhaps all of these things in small doses can be handled. My plan is to avoid what i can and leave the rest to Fate while trying to raise consciousness whenever i

can-maybe my kids will have it a little better.

I didnt even touch on the psychological stresses; job security, belittlement by superiors, sexual oppression, denial of societal wrongs... these are as real and destructive as the chemicals, maybe even more so because they bring ones spirit down which lowers resistance to malevolent influences. And these are pervasive, just sensing others lowered spirit is a stress, and there is no cultural training to handle this vital area--most dont even acknowledge 'spirit' as a part of us!

This would have to be my biggest problem with modern life; excessive reliance on logical explanation and its corresponding undervaluing of feeling. Re-balancing that in oneself brings all the systems back on line, making avoidance of stresses automatic.

-Bill

Bills@vav-nun.com

....Antithesis furthers

- 
- Prev by Date: [Re: mild vs severe myopia](#)
  - Next by Date: [Re: Vision Freedom](#)
  - Prev by thread: [Re: Acupuncture](#)
  - Next by thread: [Re: Advice for Mei-Tien's daughter](#)
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# Re: Vision Freedom

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- *To:* [tekbase!mat@uunet.uu.net](mailto:tekbase!mat@uunet.uu.net)
  - *Subject:* Re: Vision Freedom
  - *From:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - *Date:* Mon, 12 Aug 1996 13:49:37 -0400
  - *cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hi Marco,

In a message dated 96-08-12 10:25:11 EDT, you write:

<<

At this point I would like to encourage all involved in this "discussion" to take it to private email since i\_see should not be a battle ground.

>>

I strongly agree, but let's keep in mind that your question was sincere and realistic, as was my reply. I'm sure that there will be a few newcomers that will ask the same question, and if asked in a manner that you did, deserve a tactful and thoughtful response.

Thankfully, we live in a country where we are allowed to compare products and services, voice our opinions, and make our choice. Is this mentality no different than the Chevy vs. Ford argument? Would it not be puerile for GMC to ridicule me for each time that I mentioned a discrepancy about my pickup truck?

In closing, and in fairness to anybody who may be able to benefit from Brian's Vision Freedom kit, and irregardless of our personal feelings toward him, I'd like to pose the following question to the group:

Is there anyone out there that has enjoyed dramatic gains in vision using ONLY the Vision Freedom kit, and NOTHING ELSE and was not persuaded to answer this question?

Respectfully,

Pete Alexion

---

- Prev by Date: [modern lifestyle \(Re: mild vs severe myopia\)](#)
- Next by Date: [Re: Advice for Mei-Tien's daughter](#)
- Prev by thread: [Vision Freedom](#)
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# Re: Advice for Mei-Tien's daughter

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- *To:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>, [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Advice for Mei-Tien's daughter
  - *From:* "KGH" <[choracsek@wwdc.com](mailto:choracsek@wwdc.com)>
  - *Date:* Tue, 13 Aug 1996 01:08:04 +0000
  - *Comments:* Authenticated sender is <[choracsek@WWDC.COM](mailto:choracsek@WWDC.COM)>
  - *Priority:* normal
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On 8 Aug 96 at 10:14, MeiTien wrote:

> She can see one inch size character about 5 ft away without glasses.  
> What would this be in terms of 20/20 terminology? She can not see the  
> next line without a little blurry.  
>

A person with 20/20 vision should be able to see a one inch high character at a distance of 57 feet. This would make your daughter's vision a little worse than 20/200.

KGH

- 
- Prev by Date: [Re: Vision Freedom](#)
  - Next by Date: [Re: Vision Freedom](#)
  - Prev by thread: [modern lifestyle \(Re: mild vs severe myopia\)](#)
  - Next by thread: [Re: Myopia a Disease?](#)
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# Re: Vision Freedom

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- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Re: Vision Freedom
  - *From:* [Palexion@aol.com](mailto:Palexion@aol.com)
  - *Date:* Mon, 12 Aug 1996 23:19:43 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hi Marco,

In a message dated 96-08-12 10:25:11 EDT, you write:

<<

At this point I would like to encourage all involved in this "discussion" to take it to private email since i\_see should not be a battle ground.

>>

I strongly agree, but let's keep in mind that your question was sincere and realistic, as was my reply. I'm sure that there will be a few newcomers that will ask the same question, and if asked in a manner as you have, will deserve a tactful and thoughtful public response.

Thankfully, we live in a country where we are allowed to compare products and services, voice our opinions, and make our choice. Is this mentality no different than the Chevy vs. Ford argument? Would it not be puerile for GMC to ridicule me for each time that I mentioned a discrepancy about my pickup truck?

In closing, and in fairness to anybody who may be able to benefit from Brian's Vision Freedom kit, and irregardless of our personal feelings toward him, I'd like to pose the following question to the group:

Is there anyone out there that has enjoyed dramatic improvements in vision using ONLY the Vision Freedom kit, and NOTHING ELSE and was not persuaded to respond to this question?

Respectfully,

Pete Alexion

PS: Btw, are you still considering purchasing a Vision Freedom kit?

- 
- Prev by Date: [Re: Advice for Mei-Tien's daughter](#)
  - Next by Date: [Re: Myopia a Disease?](#)
  - Prev by thread: [Re: Vision Freedom](#)
  - Next by thread: [Eagle vision](#)
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# Re: Myopia a Disease?

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- To: [phate@phish.nether.net](mailto:phate@phish.nether.net), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - Subject: Re: Myopia a Disease?
  - From: [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - Date: Tue, 13 Aug 1996 14:40:54 -0400
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I can kind of see your point about not calling myopia a disease, but I kind of don't see it too. It's a fine point. So if someone has narrowing of their coronary artery, they don't really have a "disease" until it spasms or clots shut and they have a myocardial infarction? Just the narrowed artery is OK? The real disease is the heart attack. Yes and no. Same goes for hypertension. Most of the time it is asymptomatic. It's not the high BP that's the big deal. It's what that pressure does. Stroke, heart attack, renal disease, impotence, etc..

I was told my eye grew too long. The axial length outgrew the focusing capacity of the eyes. Too bad but no big deal. Irreversible, genetic, not environmental. But from my reading, this is incorrect and simplistic. The treatment option in the past was lenses, now I can have surgery. I was never informed of alternative treatment options. I was never informed about research for future alternative treatment options. Again, I think myopia is better classified as a disease as opposed to a normal variant, and I'm passing on the surgery. Feel free to enlighten me. I'm waiting for a good explanation.

julie

- 
- Prev by Date: [Re: Vision Freedom](#)
  - Next by Date: [Re:Eagle Dream](#)
  - Prev by thread: [Re: Advice for Mei-Tien's daughter](#)
  - Next by thread: [Re: Myopia a Disease?](#)
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# Re:Eagle Dream

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- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re:Eagle Dream
  - From: [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Bill Stender)
  - Date: Mon, 12 Aug 1996 16:57:44 +0900
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 11:04 AM 8/12/96, Mark Jones wrote:

>  
>Elena,  
>  
>Thanks for sharing your dream. As I reflected on  
>it and on Bill's reply, I remembered that in the Toltec  
>tradition, the eagle is used as a symbol for the  
>unknowable source of awareness. Then the thought  
>"Become the source of awareness" emerged. That  
>adds a new dimension to seeing and being in the world.

Indeed! I had another thought that fits with this, after i wrote about feelings being undervalued this morning, it occurred to me that seeing is a \*sense\*, which is a 'feeling' activity rather than a logical/reasoning activity. I began to try and 'feel' the visual space. This produced an excellent result and it was much like the 'continuum of light' vs.'object-orientation' i wrote about a few days ago.

How this fits into your statement is that by FEELING, one is \*involved\* as opposed to the disconnection possible by the objectifying of the world.

This objectifying could allow one to insulate oneself from the world around us. This seems to corroborate some of Dr.Kaplan and Elena's words in other posts.

-Bill

- Prev by Date: [Re: Myopia a Disease?](#)
- Next by Date: [Re:Eagle Dream](#)
- Prev by thread: [Re: Myopia a Disease?](#)
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# Re:Eagle Dream

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re:Eagle Dream
  - From: Mark Jones <[mjones@auscsmp.sps.mot.com](mailto:mjones@auscsmp.sps.mot.com)>
  - Date: Wed, 14 Aug 1996 09:34:17 -0500
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

From: Bills@vav-nun.com (Bill Stender)

>Indeed! I had another thought that fits with this, after i wrote about  
>feelings being undervalued this morning, it ocured to me that seeing is a  
>\*sense\*, which is a 'feeling' activity rather than a logical/reasoning  
>activity. I began to try and 'feel' the visual space. This produced an  
>excellent result and it was much like the 'continuum of light'  
>vs.'object-orientation' i wrote about a few days ago.

>How this fits into your statement is that by FEELING, one is \*involved\* as  
>opposed to the disconnection possible by the objectifying of the world.

Yes, I know exactly what you mean. When I remember  
this I get simultaneously, greater involvement and  
greater detachment ("in the world but not of the world",  
and so on). It's instantly energizing and raises my  
spirits.

Mark

- 
- Prev by Date: [Re:Eagle Dream](#)
  - Next by Date: [Early Morning Vision.](#)
  - Prev by thread: [Re:Eagle Dream](#)

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# Early Morning Vision.

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu) (Int. Soc. for Eyesight)
  - *Subject:* Early Morning Vision.
  - *From:* [mat@tekbases.com](mailto:mat@tekbases.com) (Marco A. Terry)
  - *Date:* Wed, 14 Aug 1996 13:38:05 -0400 (EDT)
  - *Organization:* Metrica, Inc.
  - *Reply-To:* [mat@tekbases.com](mailto:mat@tekbases.com)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Howdy Fello Vision Compadres (and Comadres),

Again this morning I noticed something very (very) interesting. A few minutes after waking up (some 20 or so) I decided to test my vision (sit down on couch - if I can read clock on VCR - my vision has improved since I usually cant). The results of sleep are (in my case) very dramatic. Unfortunately I do not have any hard core measurements, but I can see an increase in acuity. I notice that the acuity deteriorates as the day goes by.

I would speculate that that is because I am relaxed, have slept an what not. But I wonder if there are other reasons (hormones present in the morning or during sleep) or anything to the alike.

If anyone in this list has a similar experience please share!!!

Dr Kaplan - Has your research shown anything like this? Seen it in any of your patients?

Cheers to all!

---

Marco Terry  
Metrica, Inc.  
8 Winchester Pl  
Winchester, MA 01890  
(617) 756 0022

Backup not found! A)bort, R)etry or P)anic?

- **Follow-Ups:**

- [Re: Early Morning Vision.](#)
  - *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [Re:Eagle Dream](#)
- Next by Date: [Have you ever considered....](#)
- Prev by thread: [Re:Eagle Dream](#)
- Next by thread: [Re: Early Morning Vision.](#)
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  - [Thread](#)

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# Have you ever considered....

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Have you ever considered....
  - *From:* Theodore Green <[vmgreen@vetmed.missouri.edu](mailto:vmgreen@vetmed.missouri.edu)>
  - *Date:* Wed, 14 Aug 1996 11:30:57 -0600
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I\_seers.....The recent discussions regarding the role of the mental component associated with vision have been very interesting to me. Have you ever considered that, as myopia progresses under the influence of minus lenses, the minus lenses themselves should exert a "plus lens" effect as they become inadequate to correct the increasing myopic defect? If plus lens therapy alone could reverse myopia, then there would be a push/pull effect that stabilizes the myopia at the level the lenses corrected. That is, as the myopia progressed, the lenses would become more plus, and should theoretically work to reverse that trend. But that clearly does not happen. There is a component that has been overlooked, IMHO. For instance in my own case, when I decided to begin VT to reverse my high myopia, I had been forced to remove my left lens due to intolerance by that eye. As my left eye improved under the Bates program, the visual acuity in my right eye improved in the same proportion. Even though the right lens was still being worn, and I was not trying to apply the method to that eye. In fact it seemed that my vision in my right eye was deteriorating, but I found when my acuity was actually measured that the lens in the right eye was now overprescribed by more than 2 diopters! When I first posted my case on i\_see several folks asked me what I had done to achieve my improvement, and I responded, quite candidly, that I had done nothing other than use the Bates method. After following the recent discussions on i\_see, and reflecting on my own progress, I have come to realize that I had indeed been doing something else. I had changed the mental component of my vision dramatically. I began my quest with the INTENT to see things

clearly. When I palmed early on, it was with the intent that when I opened my eyes and looked at the chart, that I would see the letters more clearly. And I did. Later on, as blinking largely supplanted palming during the day, I also blinked with the intent that my vision would sharpen. And this has largely been the case. Sometimes it takes several blinks to get a sharp image. I am consciously sending a message to my brain that the image I am seeing is not adequate, and when I open my eyes I intend to see better. Initially my clear flashes either quickly faded, or were too painful to maintain, forcing me to close my eyes. But gradually what I call my baseline vision has improved almost imperceptibly, to a level approximately three diopters better than when I started. My comfort level has improved in parallel. As I move about during the day I look at my wall clock, or street signs, or notices with the intention that I will see them clearly. This has progressed to the point where currently I can relax the tension around my eyes, send this mental message and get an additional slight improvement even without blinking most of the time. With this realization has come accelerated progress as well. An exercise that I have been using lately is to read the numbers on the clock face one by one, three times around, while seeing them progressively clearer. With each eye singly, and then with both eyes. And so I have come to realize that my mental attitude toward my visual acuity is terribly important. I have come to believe that this is the single most important aspect of my VT progress.

Ted

- 
- Prev by Date: [Early Morning Vision.](#)
  - Next by Date: [Re: Myopia a Disease?](#)
  - Prev by thread: [Re: Early Morning Vision.](#)
  - Next by thread: [Accomotrak?](#)
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# Re: Myopia a Disease?

---

- *To:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Subject:* Re: Myopia a Disease?
  - *From:* [logan@jrs.com](mailto:logan@jrs.com) (Bradley Logan)
  - *Date:* Wed, 14 Aug 96 11:21:39 PDT
  - *Cc:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I am about to turn 41 and have worn glasses since about 15. I work in a technical area, not medical, but have read traditional and non-traditional books on the eyes over the years. I agree with Julie, that myopia should be considered a disease and I wish it would be by both doctor and patient. The sad thing is that most eye doctors are not educated to see it as such. Most patients depend on their doctors for education. They are not made aware of potential long term detriments until their risk becomes high enough, as deemed by the doctor, who basically believes there is nothing to be done but prescribe stronger lenses.

In this discussion, some people are playing games with semantics on just what constitutes a disease. Consider the semantics involved with a doctor, someone who is an expert and whose statements you should be able to trust, telling you have a condition that is common and merely an inconvenience. Now consider being told you have a disease that is associated with and may cause permanent damage in the long run. Do you have different reactions? I think so. The connotations of 'disease' are negative and I think that is how myopia needs to be viewed, as something that needs treatment of the cause not just symptoms, such as prescribing glasses.

Julie, I think you are absolutely correct in not having lasik, RK or any such surgery. It does not treat the cause of the disease, only a symptom. The research grants have gone to these kinds of quick fixes.

What's the real answer? It is not simple. I do feel the exercise techniques, Bates, VT, and proper nutrition have helped to halt the progression and reverse it a bit. But it is a long road and there will be few conclusive cause and effect events. I've read in a basic ophthalmology text that myopes often progress and then back off a little when they hit middle age. I think this is one of those life situations where you trust yourself and go with what feels right. Basic lifestyle and stress reduction are also strong factors. Just as there are personality types for heart disease, I think they exist for myopia, especially moderate to severe.

Brad

- 
- Prev by Date: [Have you ever considered....](#)
  - Next by Date: [Re: Early Morning Vision.](#)
  - Prev by thread: [Re: Myopia a Disease?](#)
  - Next by thread: [Re:Eagle Dream](#)
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# Re: Early Morning Vision.

---

- To: [mat@tekbase.metrica.com](mailto:mat@tekbase.metrica.com)
  - Subject: Re: Early Morning Vision.
  - From: MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - Date: Thu, 15 Aug 1996 11:25:06 -0400
  - CC: "Int. Soc. for Eyesight" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - References: <[9608141752.AA02897@metrica.com](mailto:9608141752.AA02897@metrica.com)>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Marco,

I have exactly the same experiences. I am in my forties, and started to have slight old age sight along with my myopia. I remember someone mentioned morning eyesight is usually better for such people, but I don't remember any reasoning behind it.

Although I heard if I wear glasses during the day then I might keep the same eyesight at night. I don't know about this. I don't wear glasses during the day most of the time even I have -3 myopia.

Mei-Tien

- 
- **Follow-Ups:**
    - [Re: Early Morning Vision.](#)
      - From: Mary Marlowe <[phishes@pbfree.net](mailto:phishes@pbfree.net).seflin.lib.fl.us>
  - **References:**
    - [Early Morning Vision.](#)

■ *From:* [mat@tekbases.com](mailto:mat@tekbases.com) (Marco A. Terry)

- Prev by Date: [Re: Myopia a Disease?](#)
- Next by Date: [Accomotrak?](#)
- Prev by thread: [Early Morning Vision.](#)
- Next by thread: [Re: Early Morning Vision.](#)
- Index(es):
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  - [Thread](#)

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# Accomotrak?

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- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Accomotrak?
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Thu, 15 Aug 1996 11:48:50 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I might have posted this before. BUT on the road to improve nearsightedness, I am not excluding any possibilities. I saw in a book that Accomotrak seems to work for many people. But I wonder how long the effects last and did it really helped you?

Mei-Tien

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- Prev by Date: [Re: Early Morning Vision.](#)
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# Re: Power behind your eyes

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- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Power behind your eyes
  - From: [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - Date: Thu, 15 Aug 96 10:40:12 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Sun, 11 Aug 1996 15:44:09 -0400  
From: MeiTien <a.wu@worldnet.att.net>

>What are the main differences between Power behind your eyes and Seeing  
>without glasses? Could you post the table of contents, or providing a  
>brief description?

Seeing Without Glasses is a practical workbook for developing vision fitness. It is very easy to follow a three-phase training program, a mix between Bates and conventional vision therapy. Mingled with this are case studies.

The Power Behind Your Eyes is the second book written to share the deeper understanding of vision from an emotional/metaphorical and spiritual point of view with in depth case studies and specific written and exercise approaches.

>  
>Does 20/40 fitness glasses make your eyes constantly do autofocus and  
>therefore improving the muscles around the eyes? Do I understand  
>this correctly ( from Seeing without Glasses )?  
>Thanks.  
>Mei-Tien

The 20/40 vision fitness lenses let you monitor how your mind, thoughts, effectiveness of your vision practices and feelings affect your eyesight. I am not sure at this point whether the eye muscles are involved at the beginning, certainly lots of perceptual changes. I feel we can and do relax these muscles but the new research seems to implicate a field of energy around the muscles, skin and body that changes sooner than the actual spindles in the muscles. I refer you to the work of Valerie Hunt in her book The Infinite Mind.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD  
Sunshine Coast, B.C. Canada

-----  
"When your heart is open you are free to see"  
-----

Beyond 20/20 Web Page-With Online EYE FITNESS NEWS letter  
<http://www.sunshine.net/www/0/sn0011/>

-----  
Want to increase your vision fitness while at the computer  
a new P.C. software program - see [www.fv2020.com](http://www.fv2020.com)  
-----

-

- 
- Prev by Date: [Accomotrak?](#)
  - Next by Date: [Re: Early Morning Vision.](#)
  - Prev by thread: [Accomotrak?](#)
  - Next by thread: [Approaches for myopia reduction](#)
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# Re: Early Morning Vision.

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Early Morning Vision.
  - From: [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - Date: Thu, 15 Aug 96 10:40:05 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Marco Terry wrote on Wed, 14 Aug 1996 13:38:05 -0400 (EDT):

>Howdy Fello Vision Compadres (and Comadres),

>

> Again this morning I noticed something very (very) interesting.

>A few minutes after waking up (some 20 or so) I decided to test

>my vision (sit down on couch - if I can read clock on VCR - my vision has

>improved since I usually cant). The results of sleep are (in my case)

>very dramatic. Unfortunately I do not have any hard core measurements,

>but I can see an increase in acuity. I notice that the acuity deteriorates

>

> I would speculate that that is because I am relaxed, have slept

>an what not. But I wonder if there are other reasons (hormones present

>in the morning or during sleep) or anything to the alike.

>

> If anyone in this list has a similar experience please share!!!

>

> Dr Kaplan - Has your research shown anything like this? Seen it in any

>of your patients?

Marco, this is not an uncommon experience. I am curious if you have tracked your dreams prior to these clear flashes. I have seen situations where the dreams can help clear the past emotional blocks and this frees up mental clearness that programs the eye to see clearly. Again I emphasize to all the importance to pay attention to the clarity of eyesight rather than put all attention on trying to change refractive dioptric numbers like the nearsightedness or astigmatism. Try an experiment at night by lying quietly and pretending in your mind that you can see an eyechart perfectly clearly, like at an earlier age. Then see what happens in your dreams and the next

morning. I had a client recently who told me she had a dream and saw herself not wearing glasses in her dream and the next few weeks produced big improvements in her naked eyesight.

Thanks for your post.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD  
Sunshine Coast, B.C. Canada

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"When your heart is open you are free to see"

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Beyond 20/20 Web Page-With Online EYE FITNESS NEWS letter  
<http://www.sunshine.net/www/0/sn0011/>

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Want to increase your vision fitness while at the computer  
a new P.C. software program - see [www.fv2020.com](http://www.fv2020.com)

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- 
- Prev by Date: [Re: Power behind your eyes](#)
  - Next by Date: [Re: Early Morning Vision.](#)
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# Re: Early Morning Vision.

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- *To:* "Int. Soc. for Eyesight" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Re: Early Morning Vision.
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Thu, 15 Aug 1996 16:27:10 -0400 (EDT)
  - *In-Reply-To:* <[32134152.512F@worldnet.att.net](mailto:32134152.512F@worldnet.att.net)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I remember that testosterone levels are highest in the morning, after a good night's sleep. I have also noticed this morning phenomenon (yes, women have testosterone, too :). I also notice that at the times my vision is sharpest, I have thoughts/feelings of being strong/capable, etc. (this state is also associated with elevated testosterone). Some researchers with too much time on their hands once tested men before and after they played competitive games. The players who won experienced a significant rise in their testosterone level. Those who lost didn't. Hmmmm....

There are probably other, as yet unidentified chemical happenings at work in the morning, too. I just wonder if it is a case of "which comes first the chicken or the egg?" Do the chemicals appear because we are rested and feel good? Do we make the happy chemicals and then feel good? Hmm.... Do I have to win a game, or is it enough to be satisfied with myself and my performance?

Mary

- 
- **References:**
    - [Re: Early Morning Vision.](#)
      - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - Prev by Date: [Re: Early Morning Vision.](#)
  - Next by Date: [Approaches for myopia reduction](#)

- Prev by thread: [Re: Early Morning Vision.](#)
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# Approaches for myopia reduction

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- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Approaches for myopia reduction
  - From: [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - Date: Thu, 15 Aug 1996 21:57:29 -0400
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Mei-Tien,

I haven't seen any articles regarding myopia and the use of glaucoma medications. When I get some new software, I will be looking at the medlines to see if I can find anything. Ideally, I think you would want a medication that would relax the ciliary muscle and contract the iris. Natural sunlight does that, pilocarpine contracts both muscles at once. I think lighting may be a major factor in myopia and the research seems to ignore this as a possibility. One study noted that when schooling was introduced among an Eskimo population, the kids had nearly 50% myopia, their parents 5% and grandparents, none.

I have a really spotty VT program. I am reading with reading glasses (sometimes, but at least I no longer read with the negative lenses), doing focusing exercises (sometimes), trying to spend more time out in the sun, taking Bilberry and EyeBright and just starting to do some palming and other accutouch type stuff. I have large pupils and I think I am getting these clear flashes because I am getting some voluntary control of my iris, being able to contract it for distance viewing. Or at least maybe it's not relaxing as much. You are not supposed to be able to do this, but that is the best explanation I have for what I feel and see. I tried some accupunture but did not notice a big difference. Per WHO myopia in children can respond to accupuncture, but I have no references for this. The biggest difference is when I spend time outdoors. Sometimes it is so clear and wonderful I feel like I am hallucinating. I dropped 1 Diopter in the first 6 months but have not had a measurable improvement over this last year. I do get more of those clear flashes though, but this fluctuates. My acuity bounces all over the place. I plan to move in the next year to a place with more windows and sun exposure. I'm also reading more on energy medicine and plan to take this a bit more seriously. Supposedly the prana comes from the sun, comes with the light rays. I think since we can't measure prana well,

it would be hard to know that myopia is not a prana deficiency. Obviously my eye can at times see very well and this is pretty much instantaneous. I can't think of anything besides the eye muscles that could account for what I am seeing. I saw an OD a few times and she said I had lost my focusing reflex. I think with time I can get most of it back. With pin hole glasses I could see 20/30. If I can tightened up my iris, that will make a big difference.

Julie

- 
- Prev by Date: [Re: Early Morning Vision.](#)
  - Next by Date: [morning vision](#)
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# morning vision

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* morning vision
  - *From:* [freelynn@mars.superlink.net](mailto:freelynn@mars.superlink.net)
  - *Date:* Sat, 17 Aug 1996 00:18:43 GMT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I don't know if it's because I'm not a 'morning' person or because my dreams are very adventuresome or what - but my morning vision is far worse than at any other time of day. I take a long time waking up, don't feel right till around 10:30 or 11:00 am and my eyes are in agreement with my mind. They begin to see as I awake. This has always been the case and is especially so since I entered the so-called presbyopic state (so-called by me here now not by anyone else so far as I know.) btw, my presbyopia and right eyed astigmatism are approaching the negligible state after several months of exercises - a combination of behavioral optometry and natural vision. And since I have been on bilberry also - who knows if that hasn't also played a part. And then there is the ineffable effects of everything else, both positive and negative.

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# The mental side of plus and minus lenses

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- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* The mental side of plus and minus lenses
  - *From:* [stefansi@ctrvax.Vanderbilt.Edu](mailto:stefansi@ctrvax.Vanderbilt.Edu) (Stefan Stefanov)
  - *Date:* Fri, 16 Aug 1996 00:27:34 -0500 (CDT)
  - *Date-warning:* Date header was inserted by ctrvax.Vanderbilt.Edu
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Theodore Green <[vmgreen@vetmed.missouri.edu](mailto:vmgreen@vetmed.missouri.edu)> wrote:

```
>[...] I began my quest with the INTENT to see things
>clearly. [...] gradually what I call my baseline
>vision has improved almost imperceptibly, to a level approximately
>three diopters better than when I started. [...] As I move about during the
day I look at my
>wall clock, or street signs, or notices with the intention that I
>will see them clearly. [...] And so I have come to realize that
>my mental attitude toward my visual acuity is terribly important. I
>have come to believe that this is the single most important aspect
>of my VT progress.
```

Just couldn't hold saying that I entirely agree with you. I have reached the same conclusions and couldn't have said it better myself.

```
>Have you ever considered that, as myopia progresses under the
>influence of minus lenses, the minus lenses themselves should exert a
>"plus lens' effect as they become inadequate to correct the increasing
>myopic defect?
```

This is true but how much should myopia progress before this effect sets in? Given that most ODs do not warn against using distant prescription for near, in children one would expect about 3.0 D uncorrected myopia to be sustainable.

There are further twists to the mental side of things (I should have dedicated an entire post but anyway, briefly while I am at it). Let's go into the future. I'll assume most will agree that minus lenses giving 20/20 do not help improve vision. Imagine we all achieve 20/20 thru VT. Then we have the same effect as a lens 20/20 correction. By that time we should be

addicted to plus lenses as the only way to counter the societal demands for close work. Another dependency. I am sure most of you know people who do a lot of close work and yet see fine. They are not that few. I guess at this point in the future (and somewhat before) we should issue a command: "See 20/20 without glasses and do not deteriorate". If our mental powers are that strong, this should work. Until then we are primarily in another mode "Gain in acuity".

Stefan Stefanov

- 
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# objectivity

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- To: [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - Subject: objectivity
  - From: [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - Date: Sat, 17 Aug 1996 17:21:29 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Seers,

The last couple of days a new dimension has been added to my peripheral perception. I mentioned a couple of weeks ago that seeing a 'continuum' of light rather than a lot of objects was helpful. Then i mentioned earlier in the week that i was 'feeling' the visible field with my eyes, this added another level. Now i have noted a new thing; the objects that i do recognize are starting to reveal an intrinsic dimension. I do not mean perspective and depth as a linear thing, but rather i feel i am seeing -into- their existance. For example, i first noticed that as i was scanning a bulletin board in my house, i was noticing the objects and instantaneously seeing their history as well as their shape. The Colosseum was recently posted from a friend travelling in europe and the picture flashed all kinds of thoughts, her purchasing it at the gift store and writing on the back and mailing it and that whole line of thought-all from a glance at an object. This way of seeing things opens up a different level of perception and has made the acuity much more 'necessary' and 'available'. Has anyone tried to keep 'scanning' as advised by Bates, but not known what to look at? isnt it easier to just think about something and not worry about keeping your eyes moving? Well this is a way to have an infinite amount of reverie material inspired by the exterior world. The doorknob is brass and old fashioned like this house, through the window is a flower pot with herbs and the plan to build that new plot for a bigger herb garden, herbs are such a source of healthy things, i wanna grow some eyebright!

A theory comes to mind. What if the stress layed on the school kid is more acutely fealt in the form of lessons which do not match the child's vision of reality? What if this causes one to not 'trust' their native intuition

and feelings about subjects. No question that individuality and creativity is discouraged in most any school. Even art classes rarely emphasize this. My daughter was in tears one day when she told me about how the teacher dismissed her interpretation of a poem as -wrong-, she couldnt figure out why she was wrong, nor could she figure out what about the teachers interpretaton was right. I questioned her and read the poem (i am pretty good at poems) and found her interpretation valid and tried to explain how the teachers interpretation could be taken, though i honestly thought hers was more consistant! I've been trying to remember what kinds of lessons caused me stress in this way.

The point of this is that there is a tendency to objectify things as a goal over subjective experience. In this way, we may see the world as a lot of objects with independent objective existance and ignore our relationship to them. It is an interesting philosophical arguement to consider the existance of anything one cannot personally percieve by some means. Regardless of the outcome of this debate, in practice we are intimately involved with the process of perception and this suggests that vision disorder may be a result of some form of disconnection from our own 'feelings' about the world. Come to think of it, there's plenty going on that everyone just would rather not see, which expands my theory beyond the walls of the schoolhouse. Certainly glasses symbolize a barrier between us and the world.

-Bill

- - - - -  
Truth transcends theorumhood  
in any given formal system.  
- - - - -  
Bills@vav-nun.com

- 
- Prev by Date: [The mental side of plus and minus lenses](#)
  - Next by Date: [Results of the eighth month](#)
  - Prev by thread: [The mental side of plus and minus lenses](#)
  - Next by thread: [Re: objectivity](#)
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objectivity

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# Results of the eighth month

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- *To:* "I\_SEE" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Results of the eighth month
  - *From:* "George Tohme" <[PolySoft@msn.com](mailto:PolySoft@msn.com)>
  - *Date:* Sun, 18 Aug 96 04:36:03 UT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hello fellow ISEEers,

It's been almost 2 months since my last update. The delay was due to a long trip overseas and to some heavy work load. Now I'm sort of back to normal life.

For the last 2 months I have not been doing any exercises although I maintained a good level of looking after my vision. Unfortunately, during the trip overseas I had an infection in my right eye which lasted about 4 days and then came back to normal after using some eye drops.

anyway, yesterday I went to my optometrist for the usual checkup and the result is still the same as the last time.

Below is my progress so far:

|          |       | Left  | Right |
|----------|-------|-------|-------|
| 18/01/96 | -3.00 | -3.75 |       |
| 17/02/96 | -2.50 | -3.00 |       |
| 16/03/96 | -2.50 | -3.00 |       |
| 19/04/96 | -2.25 | -2.75 |       |
| 25/05/96 | -2.25 | -2.75 |       |
| 17/08/96 | -2.25 | -2.75 |       |

Lately I have started thinking about my next step in improving my vision and currently I'm contemplating 2 options:

- 1- PRK (laser surgery)
- 2- OK OrthoKeratology

I have read all the stuff that people have posted about PRK and by the way

congratulations Mario on your surgery results. I have 2 problems with PRK:  
1- the info that I received from the different clinics say that to be a good candidate for PRK your vision should be stable for the last 12 months. Mine hasn't been!!!  
2- the cost. In Australia, it costs between A\$1,750-A\$2,250 per eye. That's a LOT.

The other option is OK which my optometrist only told me about yesterday. Below is a brief description of OK (found somewhere on the Net):

.....This new program uses a series of different contact lenses to gently, and painlessly reshape the cornea and improve your vision. The procedure is safe, effective, less costly and has satisfied thousands of patients including a two-month old baby diagnosed with nearsightedness.

Gradually a person's vision will improve (a few weeks to six months) and after the rehaping process is finished, a pair of retainer lenses are prescribed to maintain the cornea's shape. These lenses are worn just a few hours a day or week, generally at night, to maintain the ability to see clearly without the need for glasses or traditional contact lenses.

Myopia or nearsightedness, is the most common vision problem found in the US. The condition worsens in the teenage and young adult years even if the person is wearing contacts or glasses. The Ortho-K lenses are beneficial because it can prevent further vision deterioration if the condition is diagnosed early. By catching nearsightedness in the early stages (around age 10) children's eyesight can be saved from deterioration.....

OK seems logical to me and its cost is relatively cheap. In Australia it costs about A\$1,250 for both eyes.

Now my questions are:

- 1- what do we know as a group about OK?
- 2- has anyone tried it?
- 3- does it work?
- 4- how 'permanent' is the improvement?
- 5- is it safe?
- 6- why aren't people talking about it?

that's all from DownUnder. Good to be back online.

c.u  
g.t

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## Re: objectivity

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: objectivity
  - *From:* Tara Banfield <[terror@eskimo.com](mailto:terror@eskimo.com)>
  - *Date:* Sat, 17 Aug 1996 23:20:11 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 05:21 PM 8/17/96 -0700, Bill wrote most marvelously:

(...)

>A theory comes to mind. What if the stress layed on the school kid is more  
>acutely fealt in the form of lessons which do not match the child's vision  
>of reality? What if this causes one to not 'trust' their native intuition  
>and feelings about subjects. No question that individuality and creativity  
>is discouraged in most any school. Even art classes rarely emphasize this.  
>My daughter was in tears one day when she told me about how the teacher  
>dismissed her interpretation of a poem as -wrong-, she couldnt figure out  
>why she was wrong, nor could she figure out what about the teachers  
>interpretaton was right.

Ow -- that *\*hurts\**! I believe you've pinned the stress thing down with this  
example. This is exactly the sort of thing that makes children dread  
lessons. How on earth can something as subjective as poetry (etc. etc.  
etc.)? How sad that this teacher seems to have no ability to tune into the  
students.

>I questioned her and read the poem (i am pretty  
>good at poems) and found her interpretation valid and tried to explain how  
>the teachers interpretation could be taken, though i honestly thought hers  
>was more consistant! I've been trying to remember what kinds of lessons  
>caused me stress in this way.

*\*I\** can't *\*forget\**! Mine tended to be in math class. I remember standing  
outside an Algebra teacher's class in 7th grade, mesmerized by his crystal  
explanations and the instructive interaction, and wondering why that never  
happened to me. When I tried to transfer into this instructor's class, I  
was told that my name started with the wrong letter and I was stuck with  
whomever I got. When I graduated from high school I couldn't do long  
division! School is not designed for the students!!

>

>The point of this is that there is a tendency to objectify things as a goal  
>over subjective experience. In this way, we may see the world as a lot of  
>objects with independent objective existance and ignore our relationship to  
>them. It is an interesting philosophical arguement to consider the  
>existance of anything one cannot personally percieve by some means.  
>Regardless of the outcome of this debate, in practice we are intimately  
>involved with the process of perception and this suggests that vision  
>disorder may be a result of some form of disconnection from our own  
>'feelings' about the world. Come to think of it, there's plenty going on  
>that everyone just would rather not see, which expands my theory beyond the  
>walls of the schoolhouse. Certainly glasses symbolize a barrier between us  
>and the world.

And it's amazing how much stock we put in them! (As crucial possessions as well as anything else) I remember my grandmother telling me that my eyes would get bad very quickly if I insisted on reading without them (I'm nearsighted). Luckily, I had this looney idea that she and my mother and the doctor and my teachers were wrong, and only wore them when I \*had\* to. The pressures come at children from all sides. Sorry for this bit of ranting (I shouldn't post when I'm tired!) but that letter really hit home! :)

-Tara

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# Re: Results of the eighth month

---

- *To:* "I\_SEE" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Re: Results of the eighth month
  - *From:* [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - *Date:* Sun, 18 Aug 96 07:39:39 -0700 (PDT)
  - *Cc:* [ozvision@netconnect.com.au](mailto:ozvision@netconnect.com.au)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

"George Tohme" <[PolySoft@msn.com](mailto:PolySoft@msn.com)> wrote on Sun, 18 Aug 96 04:36:03 UT

>It's been almost 2 months since my last update. The delay was due to a long  
>trip overseas and to some heavy work load. Now I'm sort of back to normal  
>life.

>  
>For the last 2 months I have not been doing any exercices although I  
>maintained a good level of looking after my vision. Unfortunately, during the  
>trip overseas I had an infection in my right eye which lasted about 4 days and  
>then came back to normal after using some eye drops.

>  
>anyway, yesterday I went to my optometrist for the usual checkup and the  
>result is still the same as the last time.

>  
>Below is my progress so far:

>  
>                                  Left      Right  
>18/01/96                  -3.00    -3.75  
>17/02/96                  -2.50    -3.00  
>16/03/96                  -2.50    -3.00  
>19/04/96                  -2.25    -2.75  
>25/05/96                  -2.25    -2.75  
>17/08/96                  -2.25    -2.75

>  
>  
>Lately I have started thinking about my next step in improving my vision and  
>currently I'm contemplating 2 options:

>  
>1- PRK (laser surgery)

>2- OK OrthoKeratology

>

>I have read all the stuff that people have posted about PRK and by the way  
>congratulations Mario on your surgery results. I have 2 problems with PRK:  
>1- the info that I received from the different clinics say that to be a good  
>candidate for PRK your vision should be stable for the last 12 months. Mine  
>hasn't been!!!

>2- the cost. In Australia, it costs between A\$1,750-A\$2,250 per eye. That's a  
>LOT.

>

>The other option is OK which my optometrist only told me about yesterday.

>Below is a brief description of OK (found somewhere on the Net):

snip

>

>OK seems logical to me and its cost is relatively cheap. In Australia it costs  
>about A\$1,250 for both eyes.

>

>Now my questions are:

>1- what do we know as a group about OK?

>2- has anyone tried it?

>3- does it work?

>4- how 'permanent' is the improvement?

>5- is it safe?

>6- why aren't people talking about it?

The big challenge I see George is that you are monitoring your vision improvements by studying the dioptric changes. In my experience these take much longer to change than visual acuity and what actual lens prescription you are wearing. Both laser surgery or corneal remoulding are usually only physical attempts to recalibrate the shape of the myopic eye without addressing the fundamental cause of the eye condition in the first place. I have practitioner reports that PCM (Precision Corneal Moulding) or what used to be called Orthokeratology works well when a holistic approach is included such as I and others have been reporting to this group. If you are near Victoria go and see my friend Peter Fairbanks in Ballarat. He is a very progressive Optometrist who will steer you in the right direction. I could meet with you when I am there in March, 1997. All the best,

Robert-Michael Kaplan. O.D., M.Ed., FCOVD  
Sunshine Coast, B.C. Canada

-----  
"When your heart is open you are free to see"  
-----

Beyond 20/20 Web Page-With Online EYE FITNESS NEWS letter

<http://www.sunshine.net/www/0/sn0011/>

-----  
Want to increase your vision fitness while at the computer  
a new P.C. software program - see [www.fv2020.com](http://www.fv2020.com)

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# resource help

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* resource help
  - *From:* [prieleye@netvision.net.il](mailto:prieleye@netvision.net.il)
  - *Date:* Mon, 19 Aug 96 00:46:52 PDT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Dear Seers,

I am looking for an introduction to a person capable and interested in presenting the alternative Ophthalmics to an annual meeting of good folks involved, conversely at the cutting edge of high tech and imaging technology.

If anybody knows or can direct me, I would be most appreciative.

Thanks in advance,

Ethan Priel

-----  
Ethan R. Priel  
Director, Ophthalmic Diagnostic Unit  
MOR Medical Center  
7 Jabotinsky Rd.,  
Bnei-Brak, ISRAEL

Tel: +972-3-577-2513

FAX: +972-3-579-0080

E-mail: [prieleye@netvision.net.il](mailto:prieleye@netvision.net.il)

Date: 8/19/96

Time: 12:46:52 AM (+2 Hrs.GMT)

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# RE: Palming

---

- *To:* Linda Lee <[llee@island.net](mailto:llee@island.net)>
  - *Subject:* RE: Palming
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Mon, 19 Aug 96 11:44:00 PDT
  - *Cc:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Encoding:* 41 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Linda

I thought I was deformed too, hence my delay in appearing to criticise what everyone else seems to rave about!

I also have problems in seeing any benefits of it (in terms of clear flashes or whatever), although it does remove eye strain for a second or two and I have no doubt that it OUGHT to help.

I've found one comfortable position this week, just in case you are still trying. I lean forwards with my elbows on my knees (ie lower than a table) with my knees parted a bit. (I started to fall asleep in this position when I tried it for 5 mins or so, which may have defeated the object!)

Caroline

-----  
From: Linda Lee  
To: I\_see  
Subject: Palming  
Date: Sunday, 11 August 1996 3:27AM

hello, group -

i'm glad someone finally wrote in saying that for them, palming was uncomfortable. I was beginning to think i was deformed. The very idea of palming for 20 hours makes all my bones ache.

I have tried all kinds of suggestions, positions and pillows but

still i can't manage it for more than 10 minutes. I can happily meditate for hours, but the act of putting my hands on my eyes causes shoulder pain, and even wrist ache.

I find that when i have eyestain, the best thing for me is an ice pack on my eyes. Sometimes i palm and ice pack back and forth. This feels wonderful for me, and might be just the thing for some of you other non-palmers (you know who you are!)

- Linda

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# Re: Results of the eighth month

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- *To:* Beyond\_20/20 <[Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net)>, I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Re: Results of the eighth month
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Mon, 19 Aug 96 15:54:00 PDT
  - *Cc:* ozvision <[ozvision@netconnect.com.au](mailto:ozvision@netconnect.com.au)>
  - *Encoding:* 18 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Robert

Does this mean that you would expect to see an improvement in your ability to read an eye chart unaided before you'd see a reduction in the correction required in order to achieve 20/20 vision?

Caroline

-----

> The big challenge I see George is that you are monitoring your vision  
> improvements by studying the dioptric changes. In my experience these  
> take much longer to change than visual acuity and what actual lens  
> prescription you are wearing.

> Robert-Michael Kaplan. O.D., M.Ed., FCOVD

- 
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# Feel it

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Feel it
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Mon, 19 Aug 1996 09:52:00 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 04:57 PM 8/12/96 +0900, Bills@vav-nun.com (Bill Stender) wrote:

```
>it ocured to me that seeing is a
>*sense*, which is a 'feeling' activity rather than a logical/reasoning
>activity.
```

Right! If anything about us at all is a sense it's vision more than any other function: 70% of our body's total number of sensory receptors are located in the eyes. Meaning: 70% of what we feel or fail to feel happens (or fails to happen) through the eyes. (No wonder myopes are bent on reasoning -- it's a compensatory function!) A pit viper perceives electromagnetic frequencies all the way across the spectrum from infrared to ultraviolet -- that's why it doesn't need to wait for a "scientific discovery" of the existence of electromagnetic phenomena beyond visible light -- it just lives them -- doesn't have to take anyone's word for it.

The eyes are physiologically equipped to feel, not to reason. That's why I've been trying to make this point over and over again: don't communicate with your visual system in words, beliefs, ideas, scientific concepts, and so on -- that's its second language at best and most of your arguments will be lost in translation. Communicate with it in its native tongue of light and darkness. Present it with the arguments of shape and distance, shades of color, contrasts and outlines, movement and stillness, nourishment and rest. Don't TELL your eyes anything -- listen to what they tell YOU, in their own language of clarity and blur, pain and pleasure, tears and dryness, seeking and avoidance, volition and spontaneity. It's a simple language to learn -- a lot easier than any foreign language, since it's not foreign, it's our own... even though our natural proficiency has been lost at some point. (The natural scientist Konrad Lorenz refers to our loss of ability to understand the language of our own species-specific instincts as

the "abnormal and pathological process of domestication of humans.")

Not a single message our feelings are communicating to us is unimportant -- we must connect our understanding to where they're coming from in order to function properly, and the connection has to be precise. It's your eyes, not your ideas, that can explain to you the PRECISE mechanism that switches on a myopic response. What is more, they will tell you all you need to know in order to switch back. Mine did. Ideas will follow -- in an upside-down waterfall from the depth to the surface of your mind -- but feelings come first.

All it takes (not in the sense it's easy -- in the sense it's sufficient) is retrieve some personal history dating back to the time when you were a totally feeling being. In the inexhaustible controversy over nature vs. nurture, genetics vs. the environment, one crucial point in our development has been unanimously overlooked. It's the moment of maximum plasticity; it's the time when everything that happens to us has the power to shape us that surpasses the joint efforts of nature and nurture at any later time. We've all been there. We had no choice but to feel -- we existed as raw feelings, we had nothing as yet to reason with. And whatever it was that we felt -- remember we felt 70% of it through the eyes. We are the direct outcome of the kind of visual stimulation we received back then, of the lessons our eyes were taught by light and darkness and smiles and frowns. What were they taught? Was it what they really needed to learn? For instance, consider this: they were told "bright light!!!" the moment you were born. How did they respond? How do they respond today if you're suddenly assaulted with bright light in the middle of the night? And how do you think they would respond if suddenly assaulted with bright light not after a few hours, but after nine months of total darkness? Why does every animal whose young are born relatively helpless (though not many are born as helpless and dependent as human babies, and none remain so for as long) hide in a dark place in order to give birth? How do you respond to a sudden painful burn? A burn to your eyes and your brain? How would a hand, a paw, an antenna, a tentacle respond? What are your options if it's going on and on and on? In what direction will any organ equipped with muscles move if presented with an adverse stimulus? (Answer: AWAY. As in, posterior elongation...) How does an overload of adverse stimuli affect neural transmission? (Answer: CAUSES EXHAUSTION AND SHUTDOWN OF TRANSMISSION. As in, suppression of impulses from the site of the most acute overstimulation, the fovea centralis...) How do you move your movable bodily parts when you're assaulted and are trying to escape, and finding no escape anywhere? (Answer: CHAOTICALLY. As in, loss of smooth saccadic movements...) What happens to any organ retained in a certain stressful position by a muscle spasm? (Answer: IT SWELLS UP, because free circulation of fluids is blocked...) What's the difference between a specific and a non-specific stress response? (Tip: what's the difference between low and high myopia?) Is a learned defense mechanism a "disease" or a "variant of the norm" or

neither?.. How do you switch off an obsolete stress response that your system has prototypically registered as SUCCESSFUL and recognizes/remembers as such on a fundamental biophysiological level? Is it any wonder it will try to use it again whenever challenged with stress or trauma -- and defend it like there's no tomorrow? What else is there to do but establish a precise connection to its source so that you're finally conscious of what it is that you're doing with your eyes and your mind, and most importantly, WHY?.. How else can you stop doing it?

Feel it. When I started getting my specific personal answers as feelings, some of them eventually started making a lot of "general," "objective" sense too... unless I'm mistaken when I think that we all belong to the same species... in which case whatever I experience as feelings will certainly make no sense to anyone else.

Elena

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# Fwd: Palming

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- To: [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - Subject: Fwd: Palming
  - From: [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - Date: Mon, 19 Aug 1996 13:43:55 -0400
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

-----  
Forwarded message:

Subj: Re: Palming  
Date: 96-08-19 13:43:08 EDT  
From: JRalls7959  
To: richardc@sydney.btap.bt.com

Try using a pillow. Another thought from the laying on of hands perspective. This is a very ancient healing practice found in cultures world wide. The palms are supposed to have chakra points that emit healing energy. If someone was really sick, a group of people would come to the sickbed and lay their hands on that person. I'm getting a sense from reading this stuff that the human energy field works somewhat like computers and the internet. You can transfer files from one person to another in a sense. Through the energy, the prana. My point is, get a good friend, with good eye sight, to sit behind you, lots of pillows and let him or her palm you. I know of no research on this and I can't be held responsible for the results or lack thereof .  
julie

- 
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# Re: resource help

---

- *To:* [prieleye@netvision.net.il](mailto:prieleye@netvision.net.il), [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* Re: resource help
  - *From:* [JRalls7959@aol.com](mailto:JRalls7959@aol.com)
  - *Date:* Mon, 19 Aug 1996 13:15:55 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Try Dr. Leonard Press, O.D., FCOVD, FAAO  
Family Eyecare Associates P.C.  
15-01 Broadway, Atrium #9  
Fair Lawn, NJ 07410  
201-794-7977  
for a start. He can recommend others.  
julie

- 
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# Eye CHart

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu) (Int. Soc. for Eyesight)
  - Subject: Eye CHart
  - From: [mat@tekbases.com](mailto:mat@tekbases.com) (Marco A. Terry)
  - Date: Mon, 19 Aug 1996 14:19:37 -0400 (EDT)
  - Organization: Metrica, Inc.
  - Reply-To: [mat@tekbases.com](mailto:mat@tekbases.com)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Anyone knows where can I get a cheap eyechart (I need to start baseline measurements)

Cheers!

-----  
Marco Terry  
Metrica, Inc.  
8 Winchester Pl  
Winchester, MA 01890  
(617) 756 0022

|  
| When in doubt - do as the president does.  
| Guess.

- 
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# Re: Results of the eighth month

---

- *To:* "I\_SEE" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Re: Results of the eighth month
  - *From:* [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - *Date:* Mon, 19 Aug 96 15:56:11 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

>Caroline inquired:

>

>Does this mean that you would expect to see an improvement in your ability  
>to read an eye chart unaided before you'd see a reduction in the correction  
>required in order to achieve 20/20 vision?

>

>

> -----

>The big challenge I see George is that you are monitoring your vision  
>improvements by studying the dioptric changes. In my experience these take  
>much longer to change than visual acuity and what actual lens prescription  
>you are wearing.

The answer is a huge big YES. Or you will be able to see the eyechart  
with a weaker prescription NOW.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD

- 
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# Acuity improves before dioptric changes seen

---

- *To:* Beyond\_20/20 <[Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net)>
  - *Subject:* Acuity improves before dioptric changes seen
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Tue, 20 Aug 96 10:34:00 PDT
  - *Cc:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Encoding:* 44 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Robert

That's good news. Firstly, you can test your own improvement without having to wait for an optometrist visit and secondly, earlier evidence of improvement can only help the positive thinking side of things.

Can I ask you another question? I'd like to have my eyechart up at work so that I can test my eyes during the day (ie not at home when I am tired). The trouble is, to have it fairly discretely displayed, I can't get more than 6 to 10 feet away from it. So... would you expect the ability to see small letters from a closer distance improve in line with the ability to see larger letters from further away - or are the two things quite separate?

(In the meantime I'm using a building in the distance as a rough measure and trying to count the number of aerials on it. I started with 8 but can now see 9 - and 14 if I blink.)

Thanks  
Caroline

-----

The answer is a huge big YES. Or you will be able to see the eyechart with a weaker prescription NOW.

-----

>Caroline inquired:  
>

>Does this mean that you would expect to see an improvement in your ability  
>to read an eye chart unaided before you'd see a reduction in the correction  
>required in order to achieve 20/20 vision?

>

> -----

>The big challenge I see George is that you are monitoring your vision  
>improvements by studying the dioptric changes. In my experience these take  
>much longer to change than visual acuity and what actual lens prescription  
>you are wearing.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD

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  - Prev by thread: [Re: Eye CHart](#)
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# Re: Eye CHart

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu) (Int. Soc. for Eyesight)
  - Subject: Re: Eye CHart
  - From: [Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net) (Beyond 20/20 Vision)
  - Date: Mon, 19 Aug 96 20:06:51 -0700 (PDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

we have a laminated chart called an Eye -C chart which is logarithmically designed and a greater training chart. has exercise instructions on the back and a conversion chart into percentages Cost -\$10 includes shipping and handling

>Anyone knows where can I get a cheap eyechart (I need to start baseline >measurements)

>

>Cheers!

>

>-----  
>Marco Terry

>Metrica, Inc.

>8 Winchester Pl

>Winchester, MA 01890

>(617) 756 0022

| When in doubt - do as the president does.

| Guess.

- 
- Prev by Date: [Acuity improves before dioptric changes seen](#)
  - Next by Date: [Re: Acuity improves before dioptric changes seen](#)
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# Re: Acuity improves before dioptric changes seen

---

- *To:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Re: Acuity improves before dioptric changes seen
  - *From:* [Beyond\\_20/20@Sunshine.net](#) (Beyond 20/20 Vision)
  - *Date:* Mon, 19 Aug 96 20:06:37 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I said after Caroline inquired:

It doesn't matter where you put the eye chart. The smaller letters will look clearer when the chart is closer. This is okay. I like your experiment with the aerals. I have done a similar thing. I love the verticality for my astigmatism.

Robert-Michael

>That's good news. Firstly, you can test your own improvement without having  
>to wait for an optometrist visit and secondly, earlier evidence of  
>improvement can only help the positive thinking side of things.

>  
>Can I ask you another question? I'd like to have my eyechart up at work so  
>that I can test my eyes during the day (ie not at home when I am tired).  
> The trouble is, to have it fairly discretely displayed, I can't get more  
>than 6 to 10 feet away from it. So... would you expect the ability to see  
>small letters from a closer distance improve in line with the ability to see  
>larger letters from further away - or are the two things quite separate?

>  
>(In the meantime I'm using a building in the distance as a rough measure and  
>trying to count the number of aerals on it. I started with 8 but can now  
>see 9 - and 14 if I blink.)

>Thanks

>Caroline

> -----

>The answer is a huge big YES. Or you will be able to see the eyechart

>with a weaker prescription NOW.

> -----

>>Caroline inquired:

>>

>>Does this mean that you would expect to see an improvement in your ability  
>>to read an eye chart unaided before you'd see a reduction in the correction  
>>required in order to achieve 20/20 vision?

>>

>> -----

>>The big challenge I see George is that you are monitoring your vision  
>>improvements by studying the dioptric changes. In my experience these take  
>>much longer to change than visual acuity and what actual lens prescription  
>>you are wearing.

>

>

>

>

>

>

>Robert-Michael Kaplan. O.D., M.Ed., FCOVD

- 
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  - Next by Date: [FREE Eye Charts](#)
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# FREE Eye Charts

---

- *To:* I SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* FREE Eye Charts
  - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Date:* Mon, 19 Aug 1996 22:17:24 -0500 (EST)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

If you have access to a laser printer, you can make your own eye charts very simply. Get the files (or instructions on making your own custom eye chart) at...

[http://ezinfo.ucs.indiana.edu/~aeulenbe/i\\_see/eyecharts.html](http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/eyecharts.html)

Included are standard Snellen charts and an "astigmatic mirror" chart designed for monitoring (and controlling) astigmatism.

--Alex

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- Prev by thread: [Re: Acuity improves before dioptric changes seen](#)
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# Re: Eye CHart

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- *To:* [mat@tekbases.com](mailto:mat@tekbases.com), [i\\_see@indiana.edu](mailto:i_see@indiana.edu) (Int. Soc. for Eyesight)
  - *Subject:* Re: Eye CHart
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Mon, 19 Aug 1996 22:31:02 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 14:19 8/19/96, Marco A. Terry wrote:

>Anyone knows where can I get a cheap eyechart (I need to start baseline  
>measurements)

Is FREE close enough? I took the Snellen eyechart off the I-SEE web page and redrew it as an .eps document (the PICT file was too lo-res, the lower lines came out very blurry). This .eps will print out perfectly on a postscript laser printer, or from Illustrator/ATM to a regular printer.

I would like to offer it to the I-SEE webmaster to make it available to everyone. (are you here?) I could also convert it to a higher res if someone needs it and doesnt have the postscript equipment, the file would be pretty large at 300dpi though.

-Bill

- - - - -  
Truth transcends theorumhood  
in any given formal system.  
- - - - -

Bills@vav-nun.com

- Prev by Date: [FREE Eye Charts](#)
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# Re: Acuity improves before dioptric changes seen

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Acuity improves before dioptric changes seen
  - From: Laura Helen <[snowe@rain.org](mailto:snowe@rain.org)>
  - Date: Tue, 20 Aug 1996 13:14:01 -0700 (PDT)
  - In-Reply-To: <Pine.OSF.3.91.960820130814.10938A-100000@ewald.mbi.ucla.edu>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Richards, Caroline <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)> writes:

>

> Can I ask you another question? I'd like to have my eyechart up at work so  
> that I can test my eyes during the day (ie not at home when I am tired).  
> The trouble is, to have it fairly discretely displayed, I can't get more  
> than 6 to 10 feet away from it. So... would you expect the ability to see  
> small letters from a closer distance improve in line with the ability to see  
> larger letters from further away - or are the two things quite separate?

Since you're nearsighted, yes they are separate -- your visual acuity close up will be better than your visual acuity at distance. If you can get the eye chart 10 feet away, that's about 3 meters, there is about 1/6 of a diopter difference between that and having an eye chart 6 meters away, which is probably not noticeable. So yes if you could get an eye chart scaled down by a factor of 2 you could put it 10 feet away from you.

Or, you could buy 1 D reading glasses and look at the eye chart through them. You would put the eye chart 1 meter away since that's an optical distance of infinity when you're wearing 1 D reading glasses. You would need to get an eye chart with the size of the letters scaled down -- if it's normally at 6 meters you would get or make an eye chart with letters 1/6 th the size. However the drug store reading glasses don't have great optics -- if you are interested in the fine points of vision that may not work.

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# Re: Eye CHart

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Eye CHart
  - From: Laura Helen <[snowe@rain.org](mailto:snowe@rain.org)>
  - Date: Tue, 20 Aug 1996 13:33:46 -0700 (PDT)
  - In-Reply-To: <Pine.OSF.3.91.960820133430.1273A-100000@ewald.mbi.ucla.edu>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Beyond 20/20 Vision <[Beyond\\_20/20@Sunshine.net](mailto:Beyond_20/20@Sunshine.net)> writes:

```
> we have a laminated chart called an Eye -C chart which is logrithmically
> designed and a greater training chart. has exercise instructions on the back
> and a conversion chart into percentages Cost -$10 includes shipping and
> handling
```

Does your eye chart have 20/20, 20/15 and 20/10 lines? Is it designed to be looked at 20 feet away? Is it the Snellen eye chart or some other layout of letters?

Thanks.

- 
- Prev by Date: [Re: Acuity improves before dioptric changes seen](#)
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  - Prev by thread: [Re: Eye CHart](#)
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# Re: Results of the eighth month

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Results of the eighth month
  - From: Laura Helen <[snowe@rain.org](mailto:snowe@rain.org)>
  - Date: Tue, 20 Aug 1996 13:28:11 -0700 (PDT)
  - In-Reply-To: <Pine.OSF.3.91.960820130900.10938B-100000@ewald.mbi.ucla.edu>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

George Tohme <[PolySoft@msn.com](mailto:PolySoft@msn.com)> writes:

> anyway, yesterday I went to my optometrist for the usual checkup and the  
> result is still the same as the last time.

>  
> Below is my progress so far:

>  
>                                   Left       Right  
> 18/01/96                   -3.00    -3.75  
> 17/02/96                   -2.50    -3.00  
> 16/03/96                   -2.50    -3.00  
> 19/04/96                   -2.25    -2.75  
> 25/05/96                   -2.25    -2.75  
> 17/08/96                   -2.25    -2.75

I get the impression this happens with a lot of people. They get 1 D or so improvement with exercises & plus lenses but it stops there. It sounds like people can stretch their ciliary muscles a bit but it might be hard beyond a certain point.

> Lately I have started thinking about my next step in improving my vision and  
> currently I'm contemplating 2 options:

- >  
> 1- PRK (laser surgery)  
> 2- OK OrthoKeratology

How about LASIK? Some people seem to believe that's the next wave in terms of surgery.

About OK -- you might want to look in Deja News for back postings on that

in sci.med.vision. Deja News is at <http://www.dejanews.com>. Richard Adams tried OK and posted in sci.med.vision reviews of his experience a couple of times. It didn't work for him.

> I have read all the stuff that people have posted about PRK and by the way  
> congratulations Mario on your surgery results. I have 2 problems with PRK:  
> 1- the info that I received from the different clinics say that to be a good  
> candidate for PRK your vision should be stable for the last 12 months. Mine  
> hasn't been!!!  
> 2- the cost. In Australia, it costs between A\$1,750-A\$2,250 per eye. That's a  
> LOT.

Maybe it's cheaper someplace else? You might want to look into other countries. It might be worth it to fly someplace to get it. I've heard that Columbia is the place that pioneered LASIK, they do a lot of it and are good at it now.

It wasn't clear if you're doing vision therapy with your optometrist or if they're just measuring you. You might want to seek out someone who works on myopia reduction.

I wonder though, whether trying to reduce myopia by plus lenses, etc. can be harmful after a point. I wonder whether there have been studies on how this affects the eye's functioning, if there may be any consequences. If one does just have long eyeballs, if one were born with them, trying to work on the ciliary muscle to compensate for that nearsightedness might possibly have negative effects, if one were training the ciliary muscle to do things it doesn't naturally do.

- 
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# Re: Results of the eighth month

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
- Subject: Re: Results of the eighth month
- From: [ozvision@netconnect.com.au](mailto:ozvision@netconnect.com.au)
- Date: Wed, 21 Aug 1996 11:30:54 +1000
- Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)

"George Tohme" <PolySoft@msn.com> wrote o n Sun, 18 Aug 96 04:36:03 UT

>It's been almost 2 months since my last update. The delay was due to a long  
>trip overseas and to some heavy work load. Now I'm sort of back to normal  
>life.

>  
>For the last 2 months I have not been doing any exercices although I  
>maintained a good level of looking after my vision. Unfortunately, during the  
>trip overseas I had an infection in my right eye which lasted about 4 days and  
>then came back to normal after using some eye drops.

George, I wonder whether anything in life is "unfortunate". My sense is  
that everything in life is a GIFT to be blessed.

>anyway, yesterday I went to my optometrist for the usual checkup and the  
>result is still the same as the last time.

>  
>Below is my progress so far:

>

|           | Left  | Right |
|-----------|-------|-------|
| >18/01/96 | -3.00 | -3.75 |
| >17/02/96 | -2.50 | -3.00 |
| >16/03/96 | -2.50 | -3.00 |
| >19/04/96 | -2.25 | -2.75 |
| >25/05/96 | -2.25 | -2.75 |
| >17/08/96 | -2.25 | -2.75 |

.....etc

Hello George,

I have many patients whose prescription in dioptric values are larger than yours  
and who are legal to drive without their glasses ( ie their naked eyesight  
is 6/12, which is the metric equivalent of 20/40 ). Your progress relates

to your ability to be clear without your spectacles - not the numbers. Let go of your attachment to the value of the prescription.

You have the ability to BE clear in spite of your spectacle prescription. That is you have the ability in every moment to be fully present. Through this awareness you will reverse the visual contraction.

Yours in health and light,

Peter

Australian Whole Health Home Page - Web: <http://aushealth.netconnect.com.au>

|           |        |        |        |
|-----------|--------|--------|--------|
| Eternally | _/_/_/ | _/_/_/ | _/_/_/ |
| Increase  | _/_    | _/_    | _/_    |
| Your      | _/_    | _/_/_  | _/_/_  |
| Ability   | _/_    | _/_    | _/_    |
| To        | _/_/_/ | _/_/_/ | _/_/_/ |

Peter Fairbanks  
PO Box 710  
Ballarat 3353  
Australia

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Ph: +61 53 312122  
Fax: +61 53 317336  
Mobile: +61 419 364124  
Email: [ozvision@netconnect.com.au](mailto:ozvision@netconnect.com.au)

- 
- Prev by Date: [Re: Results of the eighth month](#)
  - Next by Date: [RE: Palming](#)
  - Prev by thread: [Re: Results of the eighth month](#)
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# RE: Palming

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* RE: Palming
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Mon, 19 Aug 1996 15:13:58 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Its benefits? And the strange experiential obstacles we encounter (mentioned by several people) -- it takes only a few minutes to realize that this seemingly simple exercise is in fact difficult to perform no matter how we go about it? Check out if the following explanation makes sense in conjunction with my today's Feel It post:

Palming works simply because at some point in our development, we were starved for darkness. It works because it satisfies a basic natural need -- namely, the need to have spent enough time in the dark to prevent overstimulation of the visual system which was still immature and fragile.

Palming is difficult to perform because our feeling mind is reminded of what it was that we needed and were denied. Excluding all light and starting to look quietly into complete darkness makes us nervous because it's exactly what retrieves the traumatic unconscious memory of what we longed for. What is difficult to handle is in fact a sensory memory of the way one of our natural basic needs was denied fulfillment.

I think not so much palming as exposure to LOTS of total darkness (while staying awake!) may be curative for some, although probably difficult to handle emotionally for most. I plan to experiment and will report on the results. I will have to have a few hours to spare (whenever....) and to light-proof a room (wouldn't want to get into a closet -- don't really feel like swapping myopia for claustrophobia...)

Elena

- **Follow-Ups:**
  - [RE: Palming](#)
    - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
  
- Prev by Date: [Re: Results of the eighth month](#)
- Next by Date: [Vision Freedom Product](#)
- Prev by thread: [Fwd: Palming](#)
- Next by thread: [RE: Palming](#)
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# Vision Freedom Product

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Vision Freedom Product
  - *From:* [cheryl\\_lee@rdrorl.com](mailto:cheryl_lee@rdrorl.com)
  - *Date:* Wed, 21 Aug 96 10:58:20
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I saw some questions about the Vision Freedom product. Someone I talked to on the phone from CA gave me Brian's phone number. I called and got the sales literature. What caught my attention in the sales literature, was all you had to do was wear these glasses 2 hours a day. What he doesn't say is you have to continually adjust your focusing distance during those 2 hours. We have a local vision improvement network here in Orlando area who meet once a month. I showed the others the literature. One of the members had ordered the Vision Freedom kit and brought it with her. She did not have much luck with it. She couldn't understand what it was she was supposed to do. I looked it over since I was interested and have already studied and pursued ideas from Bates, Goodrich, Lieberman, Kaplan, Cambridge, Berne, and probably more. I didn't feel like it was anything different than what I already knew. It is basically practicing focusing at different distances with different plus lenses.

Has anyone actually totally thrown away their glasses using his kit and method? Of course, they probably are not on this list anymore as their vision would no longer be an issue for them.

In addition, I totally believe vision is emotional based. If you can clear why you distorted and/or blurred your vision, the brain will have the eyeball change to conform to your new awareness and belief systems. I personally have been improving my vision for the past 1 1/2 years using a combination of things. I have studied and used methods mentioned above, plus experienced much personal growth and emotional release work. I have eliminated all astigmatism (distortion) except for -.5 in right eye. The rest of the

prescription is less than half of what it was before I started. It has been taking a long time and if I think about it I can feel frustrated.

Who are all these people in the books that see 20/20 in just a shift of awareness in a week's time?

I have been working with Dr. Mancini from NH who comes down here periodically. Energetically we have determined that I will no longer need any compensating prescription sometime between Aug this year and Aug next year. I do not know how long it will take my physical eyeball to match the energetics. I guess that is where the exercises/games would help.

That is it for now ... I am just new to this list.

Cheryl

- 
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  - Prev by thread: [FREE Eye Charts](#)
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# off the shelf glasses

---

- *To:* i\_see <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* off the shelf glasses
  - *From:* Mark N Hopgood <[hopgood\\_mark@jpmorgan.com](mailto:hopgood_mark@jpmorgan.com)>
  - *Date:* 21 Aug 96 17:52:34
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

In the UK, I've noticed at a few motorway service stations selling 'reading glasses' from a vending machine.

They come in low, medium and strong prescription.

Has anyone heard of a similar way of getting distance glasses, I'm interested in getting some plus glasses and this may be an easy and inexpensive way of trying them.

I've been using pin-hole glasses for about 1/2 hour a day - anyone had any experience of these?

Also, the imperfections on your eye that look like bacteria on a microscope - would you see them when looking at distant objects or close up?

Thanks all

Mark

- 
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  - Next by Date: [Re: Feel it](#)
  - Prev by thread: [Vision Freedom Product](#)
  - Next by thread: [+ Lenses](#)
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# Re: Feel it

---

- *To:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>, [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Feel it
  - *From:* [BillS@vav-nun.com](mailto:BillS@vav-nun.com) (Fr. ALSO)
  - *Date:* Wed, 21 Aug 1996 20:56:29 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 9:52 8/19/96, Elena wrote:

In what direction will any organ equipped with muscles move if  
>presented with an adverse stimulus? (Answer: AWAY. As in, posterior  
>elongation...) ...

This notion of an over-bright birth and myopia is very interesting. It seems quite logical. How do you explain the time lapse between birth and actual development of myopia? What types of factors are capable of causing the present-day response in the eyes(the shrinking back) are these isolated events, or some sort of metaphorical continuous bright light? Why would the shrinking away of the eye be a strategy in *\*any\** stressful situation?

-Bill

- - - - -  
Truth transcends theorumhood  
in any given formal system.  
- - - - -

BillS@vav-nun.com

---

## • Follow-Ups:

- [Re: Feel it](#)
  - *From:* warrior@juno.com (Lawrence A Guerrero)
  
- Prev by Date: [off the shelf glasses](#)
- Next by Date: [RE: Palming](#)
- Prev by thread: [Feel it](#)
- Next by thread: [Re: Feel it](#)
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# RE: Palming

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* RE: Palming
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Wed, 21 Aug 1996 20:14:40 -0400 (EDT)
  - *In-Reply-To:* <[199608191913.PAA23769@haven.ios.com](mailto:199608191913.PAA23769@haven.ios.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I don't know why palming is uncomfortable for some folks, but Elena's post got me thinking about why it is so effective.

Could it be that we are suffering from a lack of waking darkness? Ordinarily, without artificial lighting, we would spend a good bit of time each day awake - but in darkness. Until the recent past, that is the way things were. Our bodies could be missing this exposure to darkness (and our eyes are the primary way we are aware of this).

Just as our bodies are unable to produce enough vitamin D when we go about covered in clothing and spend most of our time under artificial light - we may be depriving ourselves of some other crucial element by spending all our waking hours in the light.

Mary

On Mon, 19 Aug 1996, Elena wrote:

> Its benefits? And the strange experiential obstacles we encounter  
> (mentioned by several people) -- it takes only a few minutes to realize that  
> this seemingly simple exercise is in fact difficult to perform no matter how  
> we go about it? Check out if the following explanation makes sense in  
> conjunction with my today's Feel It post:

>  
> Palming works simply because at some point in our development, we were  
> starved for darkness. It works because it satisfies a basic natural need --  
> namely, the need to have spent enough time in the dark to prevent  
> overstimulation of the visual system which was still immature and fragile.

>  
> Palming is difficult to perform because our feeling mind is reminded of what  
> it was that we needed and were denied. Excluding all light and starting to  
> look quietly into complete darkness makes us nervous because it's exactly  
> what retrieves the traumatic unconscious memory of what we longed for. What  
> is difficult to handle is in fact a sensory memory of the way one of our  
> natural basic needs was denied fulfillment.

>  
> I think not so much palming as exposure to LOTS of total darkness (while  
> staying awake!) may be curative for some, although probably difficult to  
> handle emotionally for most. I plan to experiment and will report on the  
> results. I will have to have a few hours to spare (whenever....) and to  
> light-proof a room (wouldn't want to get into a closet -- don't really feel  
> like swapping myopia for claustrophobia...)

> Elena

---

• **Follow-Ups:**

- [Re: Palming](#)
  - *From:* warrior@juno.com (Lawrence A Guerrero)
- [Re: Palming](#)
  - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

• **References:**

- [RE: Palming](#)
  - *From:* Elena <solusrex@soho.ios.com>

- Prev by Date: [Re: Feel it](#)
- Next by Date: [+ Lenses](#)
- Prev by thread: [RE: Palming](#)
- Next by thread: [Re: Palming](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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## + Lenses

---

- *To:* i\_see <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* + Lenses
  - *From:* [pdf@freenet.edmonton.ab.ca](mailto:pdf@freenet.edmonton.ab.ca)
  - *Date:* Wed, 21 Aug 1996 15:23:05 -0600 (MDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hello I\_seer's

I have a few question. Firstly I'm quite new to this list.  
I got a new prescription of:

O.D. -6.75-1.00\*10  
O.S. -7.50-0.50\*145

I know i have a quite strong prescription for my age, but don't believe it is genetic. My parents never got or needed glasses until they came to Canada.

My current prescription i'm wearing is -5.50 both eyes, also it is almost 4 years old. I'm going to grade nine this year and need to be able to see the blackboard. I'm afraid this prescription is too high even though this eye doctor is said to be one of the best in the city.

I don't know of any Eye doctors in my area who would prescibe 20/40 for me.I was thinking of getting +lenses from the drugstore. Although i'm not quite sure what strength to get. Could anybody give me a few suggestion on what + lense strength would be best, what would a 20/40 prescription be according to the new prescription i got, as well as techniques or exercises or activities other higher myopes have tried and worked ?

Could someone please explain to me what the second and third numbers represent for my prescription? I'm not familiar with those.

Thanks in advance,

Peter

- **Follow-Ups:**

- [High Myopia in 9th Grade Canadian](#)

- *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- Prev by Date: [RE: Palming](#)

- Next by Date: [Re: Eye Chart](#)

- Prev by thread: [off the shelf glasses](#)

- Next by thread: [High Myopia in 9th Grade Canadian](#)

- Index(es):

- [Date](#)

- [Thread](#)

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[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

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# Re: Eye Chart

---

- *To:* [mat@tekbases.com](mailto:mat@tekbases.com)
  - *Subject:* Re: Eye Chart
  - *From:* Kip Bryan <[kipb@world.std.com](mailto:kipb@world.std.com)>
  - *Date:* Thu, 22 Aug 1996 00:55:05 -0500 (EST)
  - *Cc:* [i-see@indiana.edu](mailto:i-see@indiana.edu) (Int. Soc. for Eyesight)
  - *Date-warning:* Date header was inserted by delphi.com
  - *Sender:* [owner-i-see@indiana.edu](mailto:owner-i-see@indiana.edu)
- 

At 02:19 PM 8/19/96 -0400, Marco Terry wrote:

>Anyone knows where can I get a cheap eyechart (I need to start baseline  
>measurements)

You can buy an eye chart from Edmund Scientific ([www.edsci.com](http://www.edsci.com)) for around \$10 or so. I bought one of theirs long ago. You might also be interested in their "Self-Screening Vision Tester" which is a cute little device with a (cheap plastic) plus lens and a very tiny snellen chart that you slide back and forth. You find the distance at which you can see the 20/20 line and you read your diopters of nearsightedness right off the scale. You can also measure the near point too (and need for plus lenses). I've enjoyed playing with it, but I'd really rather have a more repeatable measurement of refractive error. It's under \$20.

Edmund Scientific contact info (from <http://www.edsci.com/directory.html>):  
Customer Service- For order status, no technical customer assistance  
Telephone: 609-573-6260  
Fax: 609-573-6295  
E-Mail: [service@edsci.com](mailto:service@edsci.com)

Product Information - Technical product assistance and specifications  
Telephone: 609-513-6259  
Fax: 609-573-6233  
E-Mail: [techsup@edsci.com](mailto:techsup@edsci.com)

It appears that the Edmund eye chart comes from Medi-Source

at Medi-Source Inc...50 Gordon Dr...Syosset, NY 11791-4719  
Phone: (516)496-3700

The little vision tester apparently came from "Frank Custom Plastics"  
at 904-788-4251, Daytona Beach, Fl. (Perhaps custom mfgd for Edmund.)

You can make your own eye chart from the information at  
[http://ezinfo.ucs.indiana.edu/~aeulenbe/i\\_see/eyecharts.html](http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/eyecharts.html)  
where you'll also find some "ready made" charts. I made  
one in Microsoft Word (going from 10 feet to 70 feet)  
based on the point sizes I found there and I use it all  
the time.

You can buy William H. Bates' "Better Eyesight Without Glasses"  
for \$8.95 at Barnes and Noble, or for \$8.05 (plus shipping)  
at <http://www.amazon.com/exec/obidos/ats-query/0674-3219602-412801>  
(Shipping is \$3/order plus \$0.95/book, I believe.)

Dr. Kaplan's "Seeing Without Glasses" (\$12.95) has a couple of  
smaller size eye charts (9 x 6 inches or so).

You can get a professional "baseline measurement" at any  
optometrist in a mall, often on a walk-in basis, for \$40-50.  
Of course, they don't call it that... it'll help your  
credibility!

- 
- Prev by Date: [+ Lenses](#)
  - Next by Date: [Re: + Lenses](#)
  - Prev by thread: [Re: + Lenses](#)
  - Next by thread: [Astigmatism](#)
  - Index(es):
    - [Date](#)
    - [Thread](#)

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## Re: + Lenses

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: + Lenses
  - From: Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - Date: Thu, 22 Aug 1996 09:59:40 -0700 (PDT)
  - In-Reply-To: <Pine.OSF.3.91.960822094631.24198A-100000@ewald.mbi.ucla.edu>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

pdf@freenet.edmonton.ab.ca writes:

> I have a few question. Firstly I'm quite new to this list.

> I got a new prescription of:

>

> O.D. -6.75-1.00\*10

> O.S. -7.50-0.50\*145

>

> I know i have a quite strong prescription for my age, but don't believe  
> it is genetic. My parents never got or needed glasses until they came to  
> Canada.

>

> My current prescription i'm wearing is -5.50 both eyes, also it is  
> almost 4 years old. I'm going to grade nine this year and need to be able  
> to see the blackboard. I'm afraid this prescription is too high even  
> though this eye doctor is said to be one of the best in the city.

>

> I don't know of any Eye doctors in my area who would prescibe 20/40  
> for me.I was thinking of getting +lenses from the drugstore. Although i'm not  
> quite sure what strength to get. Could anybody give me a few suggestion  
> on what + lense strength would be best, what would a 20/40 prescription be  
> according to the new prescription i got, as well as techniques or exercises or  
> activities other higher myopes have tried and worked ?

I think a 20/40 prescription would have about 3/4 of a diopter less minus  
in the first column, assuming your prescription was for 20/20 vision. The  
first column, -6.75 and -7.5 is your spherical correction. I'm not too  
sure about the 3/4 of a diopter less.

You could try calling your eye doctor and asking them if they would add  
the proper amount of plus to make it a 20/40 prescription. They might

call in a new prescription over the phone to the place you're getting your glasses from.

Or try calling eye doctors and asking them if they'll write you a 20/40 undercorrection, before you see them. Or ask Paul Harris babo@ix.netcom.com for a referral to a behavioral optometrist, who are likely to prescribe undercorrections, near vision glasses, etc.

For reading glasses -- you can get a near prescription with less minus as a second pair of glasses. Or you can wear drugstore reading glasses over your regular glasses. If you get them from a drugstore, hold a book at your usual reading distance from your eyes, 15 inches or so, with your regular glasses on. Then try on reading glasses over them -- buy the strength so that the print in the book is just a little fuzzy. This should be the "fitness" strength.

> Could someone please explain to me what the second and third numbers  
> represent for my prescription? I'm not familiar with those.

> O.D. -6.75-1.00\*10  
> O.S. -7.50-0.50\*145

Those are astigmatism. You have slight astigmatism, in your right eye -1 D at an axis of 10 degrees and in your left eye -0.50 D at an axis of 145 degrees.

- 
- Prev by Date: [Re: Eye Chart](#)
  - Next by Date: [Re: Feel it](#)
  - Prev by thread: [Re: High Myopia in 9th Grade Canadian](#)
  - Next by thread: [Re: Eye Chart](#)
  - Index(es):
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## Re: Feel it

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Feel it
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Thu, 22 Aug 1996 14:49:25 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 08:56 PM 8/21/96 -0700, Bills@vav-nun.com (Fr. ALSO) wrote:

>

>This notion of an over-bright birth and myopia is very interesting. It  
>seems quite logical. How do you explain the time lapse between birth and  
>actual development of myopia? What types of factors are capable of causing  
>the present-day response in the eyes(the shrinking back) are these isolated  
>events, or some sort of metaphorical continuous bright light? Why would the  
>shrinking away of the eye be a strategy in \*any\* stressful situation?

The time lapse between the moment when the body and the mind are forced to learn a drastic defense pattern (aimed at coping with a traumatic experience, and always THE BEST ONE AVAILABLE under the circumstances), and the moment when its actual existence becomes explicit, is considerable in many conditions -- it's the "norm" for chronic ailments rather than an exception. In fact, there are no exceptions at all, just chronological inadequacies of diagnostics -- we (or our doctor) notice a "disease" when a certain limited number of symptoms (or whatever diagnostics methods are available) finally LET US us notice it, not when it actually starts to form. For instance, one will have elevated stomach acidity years before developing ulcers; high cholesterol years before any explicit coronary insufficiencies, and decades before suffering a heart attack; emotional coldness, lack of empathy, and a sense of detachment years or decades before descending into schizophrenia; abnormal deposits in the joints decades before the onset of arthritis... and so on. A prototypical stress response is learned early, stored as a pattern of defense (aka an unconscious memory), and subsequently activated whenever normal functioning is disrupted by a new overload. The latter may be either sudden (in which case they will talk of a "psychosomatic" disease or a PTSD), or just a gradual build-up above the capacity for coping.

Bright light may be only one (albeit significant, judging from what I was

able to disentangle) component to go into the equation "traumatic visual experience = defensive visual response." Any number of other traumatic experiences may have similar vision-related effects. To a one-year-old, seeing an angry or threatening look in a parent's face, or chronic lack of interest and approval, is as traumatic and painful and beyond comprehension as a burn to her eyes. She will respond by trying to minimize awareness of what she sees -- its unbearable MEANING. She won't necessarily become myopic to achieve this end -- she may just become stupid instead, unaware, disconnected... someone who "doesn't get it." Well she can't afford to "get it," it's too painful! If the parents approve of intellectual achievements and are very critical of "stupidity," the child might become very smart in order to avoid disapproval, and then the best outlet available for reducing awareness will be to become myopic. If they approve of physical fitness and don't care for the brainy stuff she might become athletic to please them and utilise the outlet of dyslexia rather than myopia in order to "not get it." Whatever it is that they want, a very small child will try to oblige because survival rides on it, she's too helpless yet to afford alienating her parents by non-compliance. We are programmed to fine-tune our development to our parents' needs (and the society's needs that copy them), while our own get "satisfied" by our bodies and minds going awry, going out of their way in order to adapt to the impossible -- to the cancellation of our natural basic human needs.

The severity of trauma has everything to do with the time of occurrence. The earliest is effectively worse than the most terrible that occurs later. Judging from the information I've gathered on the survey so far, being born to an overmedicated mother (which means having the drug of repression in the system during the stress of birth and therefore having biochemically learned repression of vital functions as a prototypical response to stress), or being born premature (and therefore supersensitive to stimuli that might have caused only mild distress in a mature baby), correlates with moderate/high myopia to a greater extent than a drinking father, a violent family, and even sexual abuse. However, the double jeopardy of adverse birth circumstances PLUS traumatic family circumstances yields moderate to extremely high myopia not in 99% (as in my preliminary estimate) but in 100% of such cases.

A non-specific stress response is an early pattern that gets established when the mechanism for differentiating stimuli is not yet developed properly. In other words, a neonatal may respond with stomach cramps or respiratory distress to ANY type of stress, not necessarily gastric or respiratory. Similarly, visual stress that is very early and very traumatic will be registered first of all as STRESS, and its meaning of specifically VISUAL stress will be registered as secondary. In low myopia, however, we seem to be dealing with a SPECIFIC response to specifically VISUAL stress. It doesn't correlate with any early traumatic experiences other than the bright lighting of the delivery room -- which however seems to be a universal factor. Of the cases I've reviewed, only two were births in dim

light, and of those, one was not a myopia case but presbyopia (with very bad childhood experiences); the other one -- a home birth with a midwife, ordinary bedroom lighting -- was a case of very low myopia.

No correlation with the amount of near-point work was found. Wearing glasses full-time, or wearing them for near-point work as well as for the distance, seems to correlate with greater progression rates in all types of myopia, but this I haven't yet analyzed thoroughly so the data is preliminary.

Elena

- 
- Prev by Date: [Re: + Lenses](#)
  - Next by Date: [Re: Palming](#)
  - Prev by thread: [Re: Feel it](#)
  - Next by thread: [Re: Feel it](#)
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    - [Thread](#)

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# Re: Palming

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Palming
  - From: [warrrior@juno.com](mailto:warrrior@juno.com) (Lawrence A Guerrero)
  - Date: Thu, 22 Aug 1996 16:36:43 EDT
  - References: <[Pine.3.89.9608212009.A28554-0100000@pbfreenet.seflin.lib.fl.us](mailto:Pine.3.89.9608212009.A28554-0100000@pbfreenet.seflin.lib.fl.us)>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Wed, 21 Aug 1996 20:14:40 -0400 (EDT) Mary Marlowe  
<[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)> writes:  
>I don't know why palming is uncomfortable for some folks, but Elena's  
>post got me thinking about why it is so effective.  
>  
>Could it be that we are suffering from a lack of waking darkness?  
>Ordinarily, without artificial lighting, we would spend a good bit of  
>time each day awake - but in darkness. Until the recent past, that is  
>the  
>way things were. Our bodies could be missing this exposure to darkness  
>  
>(and our eyes are the primary way we are aware of this).  
>  
>Just as our bodies are unable to produce enough vitamin D when we go  
>about covered in clothing and spend most of our time under artificial  
>light - we may be depriving ourselves of some other crucial element by  
>  
>spending all our waking hours in the light.  
>  
>  
>Mary  
>

I believe there may be a connection here. Even though coal miners work with artificial light deep underground, much of their job is spent in semi-darkness. They must have a higher degree of night vision in order to

remain productive in such an environment. You could probably add to that amateur (or even professional) optical astronomers who sit in vast darkness to snatch a look at their prey!

- Larry

---

- **References:**

- [RE: Palming](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Re: Feel it](#)

- Next by Date: [Re: Feel it](#)

- Prev by thread: [RE: Palming](#)

- Next by thread: [Re: Palming](#)

- Index(es):

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- [Thread](#)

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# Re: Feel it

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Feel it
  - *From:* [warrrior@juno.com](mailto:warrrior@juno.com) (Lawrence A Guerrero)
  - *Date:* Thu, 22 Aug 1996 16:36:43 EDT
  - *References:* <[v02140b00ae4121125cc7@\[153.37.108.114\]](mailto:v02140b00ae4121125cc7@[153.37.108.114])>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Wed, 21 Aug 1996 20:56:29 -0700 (PDT) BillS@vav-nun.com (Fr. ALSO) writes:

>At 9:52 8/19/96, Elena wrote:

>In what direction will any organ equipped with muscles move if  
>>presented with an adverse stimulus? (Answer: AWAY. As in,  
>posterior  
>>elongation...) ...

>  
>This notion of an over-bright birth and myopia is very interesting. It  
>seems quite logical. How do you explain the time lapse between birth  
>and  
<< snip >>

Hmmm... What about babies that are born under different circumstances??  
E.g. Low level lighting in the delivery room, higher room temps during  
birth, underwater birth, etc.

Any idea if these babies have developed myopia to match the statistics  
for  
us "high lighting" births?

- Larry

- **Follow-Ups:**

- [Re: Feel it](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- **References:**

- [Re: Feel it](#)

- *From:* Bills@vav-nun.com (Fr. ALSO)

- Prev by Date: [Re: Palming](#)

- Next by Date: [Astigmatism](#)

- Prev by thread: [Re: Feel it](#)

- Next by thread: [Re: Feel it](#)

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# Astigmatism

---

- *To:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Astigmatism
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Fri, 23 Aug 96 11:13:00 PDT
  - *Encoding:* 14 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hi

Can anyone help with an astigmatism question?

Does the fact that my astigmatism wheel seem to have clearer horizontal than vertical lines on a print, but clearer vertical than horizontal lines on my computer screen mean anything?.

I know what the difference in clarify between horizontal and vertical means, but I was surprised that it was the 'wrong way round' on the screen compared with the print.

Caroline

- 
- Prev by Date: [Re: Feel it](#)
  - Next by Date: [Dreams about eyesight](#)
  - Prev by thread: [Re: Eye Chart](#)
  - Next by thread: [Dreams about eyesight](#)
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# Dreams about eyesight

---

- *To:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Dreams about eyesight
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Fri, 23 Aug 96 11:32:00 PDT
  - *Encoding:* 36 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I know it's not easy for anyone else to interpret dream meanings, (since it is normally the feeling that goes with the dream that counts, rather than the actual contents of the dream), but I've had a couple of dreams about eyes and I wonder if anyone (Elena?) could help with what I am supposed to learn from these.

1. Until recently I used to have a recurrent dream wherein I couldn't open my eyes because the light was too bright. It brought a feeling of panic as I tried to work/go about my daily life whilst peering through tiny slits in my eyelids. It felt like when you have poked your eye and it waters when you try to open it, but it didn't get any better during the dream.

I would awake with a feeling of great unease. Usually the sun would be shining into my room so I put it down to the lack of curtains, but I wonder if it shows something about my reaction to light since I also find sunning uncomfortable.

(I haven't worn sunglasses for about a year now and I try to sun for a minute or two each day).

Since I have moved house (June) I have had a less sunny bedroom and haven't had the dream.

2. Last week I dreamt that I had no sight in my left eye temporarily. I was looking at something and realised that the left half of my visual field was missing. I felt a panicky sensation. Eventually the sight came back. I woke up to a feeling of unease.

Does everyone who is worried about eyesight and thinks a lot about it each day dream like this or is there something more here that I need to investigate?

Many thanks for any ideas,  
Caroline

- 
- **Follow-Ups:**
    - [Re: Dreams about eyesight](#)
      - *From:* warrior@juno.com (Lawrence A Guerrero)
  - Prev by Date: [Astigmatism](#)
  - Next by Date: [Re: Dreams about eyesight](#)
  - Prev by thread: [Astigmatism](#)
  - Next by thread: [Re: Dreams about eyesight](#)
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    - [Thread](#)

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---

# Re: Dreams about eyesight

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Dreams about eyesight
  - From: [warrrior@juno.com](mailto:warrrior@juno.com) (Lawrence A Guerrero)
  - Date: Fri, 23 Aug 1996 07:02:25 EDT
  - References: <[321DF92D@msmail-gw.bta.bt.com](mailto:321DF92D@msmail-gw.bta.bt.com)>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Fri, 23 Aug 96 11:32:00 PDT "Richards, Caroline"  
<[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)> writes:

>  
>I know it's not easy for anyone else to interpret dream meanings,  
>(since it  
>is normally the feeling that goes with the dream that counts, rather  
>than  
>the actual contents of the dream), but I've had a couple of dreams  
>about  
>eyes and I wonder if anyone (Elena?) could help with what I am  
>supposed to  
>learn from these.  
>  
<< snip! >>

Caroline, I don't know what to make of these dreams and I will defer to a more knowledgeable authority (Elena?). However, my 2 cents were burning a hole in my pocket so here goes.

I had a recurring dream about not being able to open my eyes fully. Actually, in the dream my eyes were barely able to open at all! All of the images in the dream were very dim and full of washed out colors. Very difficult when trying to lead a normal daily life!

This dream used to come and go many times over the years but I haven't had

it recently (over the past 2 or 3 years). I haven't even thought about it until I saw your post. Now that I think about it, it was most likely during a time in my life when my myopia was steadily getting worse and my tolerance for glasses was getting very, very thin.

Hmmmm... Since I have taken a proactive role in my vision quest, that dream has not returned.

Any connections here?? Hmmmm????

- Larry

---

● **References:**

○ [Dreams about eyesight](#)

■ *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

● Prev by Date: [Dreams about eyesight](#)

● Next by Date: [RE: Results of the eighth month](#)

● Prev by thread: [Dreams about eyesight](#)

● Next by thread: [RE: Dreams about eyesight](#)

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# RE: Results of the eighth month

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- *To:* "I\_SEE" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>, [ozvision@netconnect.com.au](mailto:ozvision@netconnect.com.au)
  - *Subject:* RE: Results of the eighth month
  - *From:* "George Tohme" <[PolySoft@msn.com](mailto:PolySoft@msn.com)>
  - *Date:* Fri, 23 Aug 96 04:14:50 UT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Dear Peter,

thanks for your note regarding my progress.

First let me say that I'm extremely happy with my progress so far:

- a) I got rid of 1 diopter in each eye
- b) I do not need sunglasses anymore
- c) my eyes feel a LOT healthier

Currently I have 2 issues:

1- I'm having difficulties grasping the idea of vision vs. visual acuity. I have read so many posts on this but I still cannot differentiate between the two. You said:

"I have many patients whose prescription in dioptric values are larger than yours and who are legal to drive without their glasses ( ie their naked eyesight is 6/12, which is the metric equivalent of 20/40 )."

Could you explain how you could measure their eyesight to 20/40?

2- So far no one has been able to tell me why I see double images of VERTICAL objects. A symptom that goes away when I put my glasses on.

The optometrist could not figure out why since I only have minor astigmatism in my left eye and my glasses don't have any correction for that. When I asked him if this is how myops would see things he said no. It may sound weird but I'm beginning to think that I do not have myopia!!

Here's what it's like: let's say I'm looking at a sign on the street containing the word MARKET. the way I would see it looks like 2 images one on top the other but slightly shifted horizontaly. So It's like looking at IMIAIRIKIEIT. So you see all the vertical lines appear twice making the whole image really fuzzy.

If I focus hard on ONE of them trying to mentally eliminate the other, it appears to be quite clear. In other words, if the shadow image is not there, everything would be very clear.

This is not the normal kind of fuziness where you cannot detect the sharp edges of the letters. It's double images.

My theory is that my eyeballs have been flattened by vertical (up and down) pressure by the muscles creating 2 virtual focal points in each eye.

How can I fix this? I have no idea. But I know it has to be in exercising the muscles and to tell my brain to ignore one the images. Simple don't you think???)

Any ideas that you may have would be greatly appreciated.

regards

george

-----  
From: owner-i\_see@indiana.edu on behalf of ozvision@netconnect.com.au  
Sent: Wednesday, 21 August 1996 11:30  
To: i\_see@indiana.edu  
Subject: Re: Results of the eighth month

"George Tohme" <PolySoft@msn.com> wrote o n Sun, 18 Aug 96 04:36:03 UT

>It's been almost 2 months since my last update. The delay was due to a long  
>trip overseas and to some heavy work load. Now I'm sort of back to normal  
>life.

>  
>For the last 2 months I have not been doing any exercices although I  
>maintained a good level of looking after my vision. Unfortunately, during the  
>trip overseas I had an infection in my right eye which lasted about 4 days  
and  
>then came back to normal after using some eye drops.

George, I wonder whether anything in life is "unfortunate". My sense is that everything in life is a GIFT to be blessed.

>anyway, yesterday I went to my optometrist for the usual checkup and the  
>result is still the same as the last time.

>  
>Below is my progress so far:

>  
>                    Left      Right  
>18/01/96          -3.00    -3.75  
>17/02/96          -2.50    -3.00

|           |       |       |
|-----------|-------|-------|
| >16/03/96 | -2.50 | -3.00 |
| >19/04/96 | -2.25 | -2.75 |
| >25/05/96 | -2.25 | -2.75 |
| >17/08/96 | -2.25 | -2.75 |
| .....etc  |       |       |

Hello George,

I have many patients whose prescription in dioptric values are larger than yours and who are legal to drive without their glasses ( ie their naked eyesight is 6/12, which is the metric equivalent of 20/40 ). Your progress relates to your ability to be clear without your spectacles - not the numbers. Let go of your attachment to the value of the prescription.

You have the ability to BE clear in spite of your spectacle prescription. That is you have the ability in every moment to be fully present. Through this awareness you will reverse the visual contraction.

Yours in health and light,

Peter

Australian Whole Health Home Page - Web: <http://aushealth.netconnect.com.au>

|           |        |        |        |
|-----------|--------|--------|--------|
| Eternally | _/_/_/ | _/_/_/ | _/_/_/ |
| Increase  | _/     | _/     | _/     |
| Your      | _/     | _/_/   | _/_/   |
| Ability   | _/     | _/     | _/     |
| To        | _/_/_/ | _/_/_/ | _/_/_/ |

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Mobile: +61 419 364124  
Email: ozvision@netconnect.com.au

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- **Follow-Ups:**
  - [Double Vertical](#)
    - *From:* pdf@freenet.edmonton.ab.ca
- Prev by Date: [Re: Dreams about eyesight](#)
- Next by Date: [Re: Feel it](#)
- Prev by thread: [Re: Results of the eighth month](#)
- Next by thread: [Double Vertical](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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---

# Re: Feel it

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- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Feel it
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Thu, 22 Aug 1996 23:21:49 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 04:36 PM 8/22/96 EDT,warrior@juno.com (Lawrence A Guerrera) wrote:

>

>Hmmm... What about babies that are born under different circumstances??

>E.g. Low level lighting in the delivery room, higher room temps during

>birth, underwater birth, etc.

>

>Any idea if these babies have developed myopia to match the statistics

>for

>us "high lighting" births?

No information. I think dim lighting at birth must be a great head-start for subsequent visual health. The countries that don't have the shiny "advanced" obstetrics don't run nearly as high rates of myopia. Of course by way of evidence this is very indirect. Sorry I can't do better here -- not a single Trobriand islander e-mailed me from the dark cave he was born in with explanations of how come he's NOT myopic, so I wouldn't know :-).

The general assumption is, not all birth is traumatic or abusive but a traumatic or abusive birth is. Bright lighting at birth amounts to harsh abuse of the visual system. Ultrasonic observations show that a five-month-old fetus in the womb will promptly turn its face away from a bright light directed at the mother's abdomen. The sensitivity of the retina at birth is five times higher than in adulthood.

Elena

- Prev by Date: [RE: Results of the eighth month](#)
- Next by Date: [Re: Palming](#)
- Prev by thread: [Re: Feel it](#)
- Next by thread: [Eye CHart](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

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# Re: Palming

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Palming
  - *From:* [P.Croyden@sussex.ac.uk](mailto:P.Croyden@sussex.ac.uk) (Peter Croyden)
  - *Date:* Fri, 23 Aug 1996 10:09:18 +0100 (BST)
  - *In-Reply-To:* <[Pine.3.89.9608212009.A28554-0100000@pbfreenet.seflin.lib.fl.us](mailto:Pine.3.89.9608212009.A28554-0100000@pbfreenet.seflin.lib.fl.us)> from "Mary Marlowe" at Aug 21, 96 08:14:40 pm
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Mary Marlowe wrote:

>

> I don't know why palming is uncomfortable for some folks, but Elena's  
> post got me thinking about why it is so effective.

I'm sure that simple physical strain is a large component of the problem. If you have any residual tension in the muscles of the shoulder's and the neck its bound to hamper relaxation - the brain is getting a constant flow of demands to do something about the discomfort. I've had some improvement by palming whilst lying down in the Alexander fashion (i.e. on back, knees raised so that calves, floor and thighs form an equilateral triangle). The elbow is then directly above the shoulder and this seems to need less muscular tension to sustain.

You can also achieve some degree of darkness by getting a pair of safety goggles and painting with black paint. I found this worked quite well, but suspect that the warmth of the hands in "proper" palming has some relaxing effect on the eyes.

It would be nice to hear from anyone who finds palming effective and what strategy they use.

Peter

--

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Tel: +44 (0) 1273 606755 x2964

FAX: +44 (0) 1273 271956

---

- **References:**

- [RE: Palming](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Re: Feel it](#)

- Next by Date: [High Myopia in 9th Grade Canadian](#)

- Prev by thread: [Re: Palming](#)

- Next by thread: [Re: Palming](#)

- Index(es):

- [Date](#)

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# High Myopia in 9th Grade Canadian

---

- *To:* [pdf@freenet.edmonton.ab.ca](mailto:pdf@freenet.edmonton.ab.ca)
  - *Subject:* High Myopia in 9th Grade Canadian
  - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Date:* Fri, 23 Aug 1996 10:21:53 -0500 (EST)
  - *cc:* i\_see <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *In-Reply-To:* <[Pine.A32.3.91.960821145634.33724B-100000@freenet.edmonton.ab.ca](mailto:Pine.A32.3.91.960821145634.33724B-100000@freenet.edmonton.ab.ca)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Peter, for a 9th grader, you have been diagnosed with an extremely high amount of myopia. I would strongly suggest a second opinion. Since you are young, you have an excellent chance of losing many diopters in a short time, and eventually being able to go without glasses comfortably. I know of two adults who have brought their prescription down by four or more diopters over a matter of years. YOU CAN DO IT TOO. The most important point is to SIMPLY NOT WEAR GLASSES, or WEAR THE WEAKEST LENSES YOU CAN TOLERATE. The second most important point is to get a prescription without cylinders (astigmatism correction).

You don't need to drive.

You don't even need to look at the blackboard because you don't have to go to school! In the U.S. and Canada it is not required by law to go to school (much less stare at the blackboard). A good page on the subject is...

<http://www.cis.upenn.edu/~brada/homeschooling.html>

On Wed, 21 Aug 1996 pdf@freenet.edmonton.ab.ca wrote:

> Hello I\_seer's

>

> I have a few questions. Firstly I'm quite new to this list.

> I got a new prescription of:

>

> O.D. -6.75-1.00\*10

> O.S. -7.50-0.50\*145

>

> I know I have a quite strong prescription for my age, but don't believe  
> it is genetic. My parents never got or needed glasses until they came to  
> Canada.

I seem to notice a pattern of Canadians rapidly becoming myopic. I noticed this by following the sci.med.vision newsgroup. My guess is it has to do with light deprivation. That's also why I think it would be a great idea to NOT GO TO SCHOOL. A community of Eskimos in Barrow, Alaska, had mostly farsighted vision until mass schooling was instituted. Up in those Arctic latitudes during the winter months, your eyes need all the light they can get. Sunlight is essential in producing vitamin D, which you need in order to absorb calcium. Without calcium, the tissues in your eyes are weakened. (At least that's my theory of what happens.)

>

> My current prescription i'm wearing is -5.50 both eyes, also it is  
> almost 4 years old. I'm going to grade nine this year and need to be able  
> to see the blackboard.

No you don't!

> I'm afraid this prescription is too high even  
> though this eye doctor is said to be one of the best in the city.

Your OLD prescription is probably too high (never mind your new one) -- as you will find after a month or so of training.

You may even be able to prove this to yourself in a few minutes that you have not been using your eyes to their full capacity with those glasses on.

First, get yourself an eye chart (see the I SEE page < [http://ezinfo.ucs.indiana.edu/~aeulenbe/i\\_see](http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see) > for files and instructions on making your own) and measure your vision at 20 feet with your glasses on.

Then, (THIS IS IMPORTANT) take your glasses off and read something. If you get double vision, cover one eye. Don't worry that you have to hold the page close to your face. But do keep pushing the page of text back, as it becomes clearer in your vision. Make sure you do this for each eye. After several minutes of this, and it looks like you can't make yourself see any farther, put your glasses on again and measure your vision with the chart.

You actually don't need a chart to try this, if you can remember some distant landmarks and exactly how clear they were before you did the exercise.

>

> I don't know of any Eye doctors in my area who would prescribe 20/40  
> for me.

Well, I bet you're already seeing 20/40 or worse with your -5.50's since

the "best doctor in the city" has just prescribed you about a diopter and a half more than what you already are wearing.

> I was thinking of getting +lenses from the drugstore. Although i'm not  
> quite sure what strength to get. Could anybody give me a few suggestion  
> on what + lense strength would be best, what would a 20/40 prescription be  
> according to the new prescription i got, as well as techniques or exercises or  
> activities other higher myopes have tried and worked ?

You do not need plus lenses -- yet. Plus lenses are for myopes who are comfortable without their minus glasses and need an extra challenge.

However, eventually, after you have retrained your eyes, you will want some lower power lenses. You can go to any optometrist for this.

Robert-Michael Kaplan <beyond\_20/20@sunshine.net>, who resides in British Columbia, is familiar with the Canadian scene and should be able to recommend a sympathetic optometrist.

>  
> Could someone please explain to me what the second and third numbers  
> represent for my prescription? I'm not familiar with those.  
>

As Nick said, those are for astigmatism. That's icing on the cake whose only purpose is to make people think that prescribing glasses is some kind of sophisticated exact science. I'll have more to say on this when replying to George Tohme, whose astigmatism vanishes when using a purely spherical glass.

I have it on many sources that astigmatism under 1 diopter is not worth correcting. Please see at the I SEE library, the article "Changes in Corneal Astigmatism" by optometrist C.W. Parker

[http://ezinfo.ucs.indiana.edu/~aeulenbe/i\\_see/parker.html](http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/parker.html)

--Alex

---

● **Follow-Ups:**

- [Re: High Myopia in 9th Grade Canadian](#)
  - *From:* owner-i\_see@indiana.edu

● **References:**

- [+ Lenses](#)
  - *From:* pdf@freenet.edmonton.ab.ca

- Prev by Date: [Re: Palming](#)
- Next by Date: [RE: Dreams about eyesight](#)
- Prev by thread: [+ Lenses](#)
- Next by thread: [Re: High Myopia in 9th Grade Canadian](#)
- Index(es):
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# RE: Dreams about eyesight

---

- *To:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Subject:* RE: Dreams about eyesight
  - *From:* Tim Patterson <[Tim.Patterson@cciw.ca](mailto:Tim.Patterson@cciw.ca)>
  - *Date:* Fri, 23 Aug 1996 08:59:52 -0400
  - *Cc:* "[i\\_see@indiana.edu](mailto:i_see@indiana.edu)" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Caroline:

Once in a while, maybe a couple of times per year, I sometimes dream that I can't open my eyes to see properly. This is usually when I feel a great need to see (e.g. someone is trying to bust through the door and I'm trying to see the lock). I think it's the fear that is the hinderance. I was playing a simple saxophone solo in my band this week and I messed it up, simply because I was nervous and afraid of messing it up, so I did! Someone on the list mentioned that he had the "intent" to see properly and he eventually saw more clearly. I would add that with this intent, we need to overcome the fear of not being able to see clearly.

Tim

>-----

>From: Richards, Caroline[SMTP:[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)]  
>Sent: August 23, 1996 2:32 PM  
>To: I\_SEE  
>Subject: Dreams about eyesight

>I know it's not easy for anyone else to interpret dream meanings,  
>(since it is normally the feeling that goes with the dream that

>counts, rather than the actual contents of the dream), but I've had a  
>couple of dreams about eyes and I wonder if anyone (Elena?) could help  
>with what I am supposed to learn from these.

>1. Until recently I used to have a recurrent dream wherein I couldn't  
>open my eyes because the light was too bright. It brought a feeling  
>of panic as I tried to work/go about my daily life whilst peering  
>through tiny slits in my eyelids. It felt like when you have poked  
>your eye and it waters when you try to open it, but it didn't get any  
>better during the dream.

>I would awake with a feeling of great unease. Usually the sun would  
>be shining into my room so I put it down to the lack of curtains, but  
>I wonder if it shows something about my reaction to light since I also  
>find sunning uncomfortable.

>(I haven't worn sunglasses for about a year now and I try to sun for a  
>minute or two each day).

>Since I have moved house (June) I have had a less sunny bedroom and  
>haven't had the dream.

>2. Last week I dreamt that I had no sight in my left eye temporarily.  
>I was looking at something and realised that the left half of my  
>visual field was missing. I felt a panicky sensation. Eventually the  
>sight came back. I woke up to a feeling of unease.

>Does everyone who is worried about eyesight and thinks a lot about it  
>each day dream like this or is there something more here that I need  
>to investigate?

>Many thanks for any ideas,  
>Caroline

- 
- Prev by Date: [High Myopia in 9th Grade Canadian](#)
  - Next by Date: [What model should we use for myopia?](#)
  - Prev by thread: [Re: Dreams about eyesight](#)
  - Next by thread: [What model should we use for myopia?](#)
  - Index(es):
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# What model should we use for myopia?

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* What model should we use for myopia?
  - *From:* [P.Croyden@sussex.ac.uk](mailto:P.Croyden@sussex.ac.uk) (Peter Croyden)
  - *Date:* Fri, 23 Aug 1996 16:30:09 +0100 (BST)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

What follows is pretty muddled and ill-thought out. There are two people to blame for this.

- 1) Me.
- 2) Elena, for saying in one of her recent posts "don't hide in you inner space, its not good for you eyes" This spurred me into posting rather than lurking. :-)

My reason for posting is to try and construct a model for myopia that will help me improve my own poor eyesight. I'm full of admiration for Elena and her progress, but I don't feel that her model fits my circumstances. I had heard of Janov through a relative whose life had been changed by his ideas, so I got a couple of his books from the library, but they did not inspire me. Maybe I'm hiding my feelings too well, but my recent experiences with the Alexander Principle make me think that my solution lies down that path. This from someone who has been trying Visual Therapy for 10 months and still has a worst case acuity that hasn't changed.

I have three reasons for thinking that most myopia is caused by simply wrong mental habits and not by emotional trauma.

- 1) Bates doesn't mention it.
- 2) Whenever I experience flashes of better sight, it is not accompanied by overwhelming feelings, but just feels good.
- 3) My exposure to the Alexander Principle has shown me how deeply ingrained bad habits can be, but how they can be changed by

thinking in the correct way. I suddenly developed debilitating neck pain about two years ago, which I alleviated by doing the MaKenzie excercises, but only cured by having Alexander lessons (If you're interested there is a good book by Wilfred Barlow - The Alexander Principle, published by Gollanz Paperback 1990) My reason for mentioning this is that I met someone who claims to have gone from -6D to 20/20 by applying Bates. He thinks there is a strong affinity between the two, they both involve not doing the wrong thing, rather than doing the right one and not trying too hard.

What do you think?

The myopic me says "Where am I going wrong?"

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK  
E-mail: P.Croyden@sussex.ac.uk  
Tel: +44 (0) 1273 606755 x2964      FAX: +44 (0) 1273 271956

- 
- Prev by Date: [RE: Dreams about eyesight](#)
  - Next by Date: [Re: High Myopia in 9th Grade Canadian](#)
  - Prev by thread: [RE: Dreams about eyesight](#)
  - Next by thread: [Re: What model should we use for myopia?](#)
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# Re: High Myopia in 9th Grade Canadian

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: High Myopia in 9th Grade Canadian
  - From: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
  - Date: Fri, 23 Aug 96 12:45:49 -0600
  - Cc: [pdf@freenet.edmonton.ab.ca](mailto:pdf@freenet.edmonton.ab.ca)
  - In-Reply-To: <[Pine.HPP.3.91.960822192300.6361D-100000@hamlet.ucs.indiana.edu](mailto:Pine.HPP.3.91.960822192300.6361D-100000@hamlet.ucs.indiana.edu)>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Peter,

I do agree, your prescription is quite high at this stage of your life. But I also understand that you may WANT to (although you don't HAVE to do anything in your life except to die - as the stoic said) get a good education, drive a car and do all kind of stuff, requiring good vision.

Allow me to be the "proof in the pudding".

I am 52 years old, have gone during my life through a lot of stressful situations (some of them still ongoing). At the age of 49 - following one of the very stressful episodes - I began going blind. Measured -18.0 on my right eye and a bit less on my less eye (and counting) I departed on my journey towards seeing again. The details of this story are long and surely not interesting at this point. Although maintaining my responsibilities in life I was able through inspirations of such as Adouls Huxley (The Art of Seeing), Dr. Bates, Dr. Robert-Michael Kaplan and others (my Calgary behavioral optometrist, who keeps my prescription reduced and cheers on when I make a progress) reverse my myopia to the point of approximately -12.0 to -11.0 O.D. - depending on how I FEEL the particular day, week or month.

I have learned NOT TO BE AFRAID OF NOT SEEING. I have learned of being able to drive with my 20/75 prescription when the sun shines. When cloudy or in need to see 20/20 (business meetings, reading signs

on the doors, etc.) I have a -1.25 dioptres plus a bit of astigmatism adjustment glasses, that I put on over my contact lenses and then take them off when not needed. (That is the time when I devour in feeling and listening, before my reduced vision kicks in). By continually maintaining weaker prescription and daily morning exercises plus eye charts and other tools hanging everywhere I go for constant reminder to my brain that I ought to use my eyes differently then what I used to for 49 years, my eyes are getting better. The first progress was very fast - now it is slow - at times in a bit reversal mode - again depending on MY demands on my mind and my feelings - hence my eyes.

You certainly have a great chance - if you WANT to succeed. It is a personality moulding process, not an easy journey - but it is "travellable" and rewarding!

I hope, this gives you a bit of inspiration as well. Good Luck.  
Katerina

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● **References:**

- [High Myopia in 9th Grade Canadian](#)
  - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- Prev by Date: [What model should we use for myopia?](#)
- Next by Date: [Re: Feel it](#)
- Prev by thread: [High Myopia in 9th Grade Canadian](#)
- Next by thread: [Re: + Lenses](#)
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# Re: Feel it

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- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Feel it
  - *From:* Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - *Date:* Fri, 23 Aug 1996 13:31:47 -0400 (EDT)
  - *In-Reply-To:* <[19960822.163610.2863.4.warrior@juno.com](mailto:19960822.163610.2863.4.warrior@juno.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

My husband and I are myopes in the -5 to -6 range. Our daughters were both tested as mildly hypermetropic - the one who was born at home the more so.

I am hoping that by freeing them from the classroom and allowing them to develop at their own pace their vision will be preserved. In any event, they won't be forced to wear minus lenses that (we believe) cause progressive myopic deterioration.

Mary

On Thu, 22 Aug 1996, Lawrence A Guerrera wrote:

```
> On Wed, 21 Aug 1996 20:56:29 -0700 (PDT) Bills@vav-nun.com (Fr. ALSO)
> writes:
> >At 9:52 8/19/96, Elena wrote:
> >In what direction will any organ equipped with muscles move if
> >>presented with an adverse stimulus? (Answer: AWAY. As in,
> >posterior
> >>elongation...) ...
> >
> >This notion of an over-bright birth and myopia is very interesting. It
> >seems quite logical. How do you explain the time lapse between birth
> >and
> << snip >>
>
```

> Hmm... What about babies that are born under different circumstances??  
> E.g. Low level lighting in the delivery room, higher room temps during  
> birth, underwater birth, etc.  
>  
> Any idea if these babies have developed myopia to match the statistics  
> for  
> us "high lighting" births?  
>  
> - Larry  
>

---

● **References:**

- [Re: Feel it](#)
  - *From:* warrior@juno.com (Lawrence A Guerrero)
  
- Prev by Date: [Re: High Myopia in 9th Grade Canadian](#)
- Next by Date: [Double Vertical](#)
- Prev by thread: [Re: Feel it](#)
- Next by thread: [Re: Feel it](#)
- Index(es):
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  - [Thread](#)

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# Double Vertical

---

- *To:* I\_see <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Double Vertical
  - *From:* [pdf@freenet.edmonton.ab.ca](mailto:pdf@freenet.edmonton.ab.ca)
  - *Date:* Fri, 23 Aug 1996 11:21:26 -0600 (MDT)
  - *In-Reply-To:* <[UPMAIL07.199608230927070949@msn.com](mailto:UPMAIL07.199608230927070949@msn.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

George Tohme wrote:

>  
> 2- So far no one has been able to tell me why I see double images of VERTICAL  
> objects. A symptom that goes away when I put my glasses on.  
>  
> The optometerist could not figure out why since I only have minor astigmatism  
> in my left eye and my glasses don't have any correction for that. When I asked  
> him if this is how myops would see things he said no. It may sound weird but  
> I'm beginning to think that I do not have myopia!!  
>  
> Here's what it's like: let's say I'm looking at a sign on the street  
> containing the word MARKET. the way I would see it looks like 2 images one on  
> top the other but slightly shifted horizontaly. So It's like looking at  
> IMIAIRIKIEIT. So you see all the vertical lines appear twice making the whole  
> image really fuzzy.  
>  
> If I focus hard on ONE of them trying to mentally eliminate the other, it  
> appears to be quite clear. In other words, if the shadow image is not there,  
> everything would be very clear.  
>  
> This is not the normal kind of fuziness where you cannot detect the sharp  
> edges of the letters. It's double images.  
> > My theory is that my eyeballs have been flattened by vertical  
(up and down)  
> pressure by the muscles creating 2 virtual focal points in each eye.

I have that as well George, when i'm not wearing my glasses, occasionly I can see the horizontal perfectly at a very far distance and then suddenly after i blink it's gone. I get this quite often aswell, while walking my dog outside without my glasses. I thought it was astigmatism. But now i'm

beginning to think it's something else.

Peter

---

- **References:**

- [RE: Results of the eighth month](#)
  - *From:* "George Tohme" <PolySoft@msn.com>

- Prev by Date: [Re: Feel it](#)
- Next by Date: [RE: Results of the eighth month](#)
- Prev by thread: [RE: Results of the eighth month](#)
- Next by thread: [RE: Results of the eighth month](#)
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# RE: Results of the eighth month

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- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: RE: Results of the eighth month
  - From: Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - Date: Fri, 23 Aug 1996 12:55:20 -0700 (PDT)
  - In-Reply-To: <Pine.OSF.3.91.960823125609.6893A-100000@ewald.mbi.ucla.edu>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

George Tohme <[PolySoft@msn.com](mailto:PolySoft@msn.com)> writes:

> 2- So far no one has been able to tell me why I see double images of VERTICAL  
> objects. A symptom that goes away when I put my glasses on.  
>  
> The optometerist could not figure out why since I only have minor astigmatism  
> in my left eye and my glasses don't have any correction for that. When I asked  
> him if this is how myops would see things he said no. It may sound weird but  
> I'm beginning to think that I do not have myopia!!  
>  
> Here's what it's like: let's say I'm looking at a sign on the street  
> containing the word MARKET. the way I would see it looks like 2 images one on  
> top the other but slightly shifted horizontaly. So It's like looking at  
> IMIAIRIKIEIT. So you see all the vertical lines appear twice making the whole  
> image really fuzzy.

Is this more noticeable at night? It is possible that the outer part of your cornea has a different curvature from the inner part which could produce double images.

- 
- Prev by Date: [Double Vertical](#)
  - Next by Date: [Re: High Myopia in 9th Grade Canadian](#)
  - Prev by thread: [Double Vertical](#)
  - Next by thread: [RE: Results of the eighth month](#)

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# Re: High Myopia in 9th Grade Canadian

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: High Myopia in 9th Grade Canadian
  - From: Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - Date: Fri, 23 Aug 1996 12:47:22 -0700 (PDT)
  - In-Reply-To: <Pine.OSF.3.91.960823121049.5921A-100000@ewald.mbi.ucla.edu>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>

> The most important point is to SIMPLY NOT WEAR GLASSES, or WEAR THE  
> WEAKEST LENSES YOU CAN TOLERATE. The second most important point is to  
> get a prescription without cylinders (astigmatism correction).

Why would not wearing glasses at all be better than getting a 20/40 undercorrection? Is there evidence that not wearing glasses at all is better for vision improvement than using an undercorrection? An undercorrection might actually work better for vision improvement, because one's eyes might adjust their focus better if there's a slight blur -- if one's vision is very blurred the eyes may just give up on trying to focus, but if there's a slight blur focus may be possible by relaxing the eye.

The other thing about not wearing glasses at all is that if one's eyes are quite different in visual acuity, the worse eye may become lazy. And going around with quite blurry vision, seems likely to cause eyestrain.

Also, why leave cylinders out? I've read around and haven't heard any reasons for that except that cylinders "distort vision". Any prescription of course distorts vision. I've seen some things on why using an astigmatism correction, even a small one, is good -- there was one study I saw which compared eyestrain in computer terminal users between people who had small amounts of astigmatism but used no astigmatism correction, and people whose small amounts of astigmatism was corrected.

There was less eyestrain for the people whose astigmatism was corrected. I think that astigmatism causes eyestrain because the image is never quite in focus. Horizontal lines may be in focus, and vertical lines may be in focus, but not at the same time. And I read, though I don't remember whether this was just a theory or not, that with slight astigmatism, one shifts focus back and forth to focus vertical and horizontal lines and to try to assemble a good image from this varying focus. Changing focus like that is tiring, which causes eyestrain.

Also, if one has a lot of astigmatism and doesn't get it corrected, one's eyes are quite likely to lose the ability to be corrected to 20/20, though they may get this ability back after wearing vision correction for a while. I'm not quite sure if this is because one's eyes lose the ability to maintain a constant focus with astigmatism, or if one's brain becomes "lazy" about processing images from the retina of an astigmatic eye, or both. Astigmatism means that the retina never, at any distance, receives an entirely sharp image, and one's brain may get "lazy" about processing images that are always blurred.

This applies more to large amounts of astigmatism, not small amounts like 0.5 D or 1.0 D. But still, astigmatism is a strain on the visual system.

I suppose that one's astigmatism might change if they're working on reducing myopia, but that isn't an argument for not using an astigmatism correction. I haven't seen evidence on cylinder corrections actually causing more astigmatism -- I'd wonder about that for very young children but I doubt it for anyone older.

> I have it on many sources that astigmatism under 1 diopter is not worth  
> correcting. Please see at the I SEE library, the article "Changes in  
> Corneal Astigmatism" by optometrist C.W. Parker  
>  
> [http://ezinfo.ucs.indiana.edu/~aeulenbe/i\\_see/parker.html](http://ezinfo.ucs.indiana.edu/~aeulenbe/i_see/parker.html)

This article, from 1931, mentions one case of varying astigmatism that he himself calls a "freak case" and says something about another case where he said someone accepted lower astigmatism correction. But, one case and one article isn't much to hinge opinions on. Even behavioral optometrists seem to avoid claims about being able to fix astigmatism, although some of them \*do\* work on myopia reduction.

- Prev by Date: [RE: Results of the eighth month](#)
- Next by Date: [Re: What model should we use for myopia?](#)
- Prev by thread: [Re: What model should we use for myopia?](#)
- Next by thread: [Re: High Myopia in 9th Grade Canadian](#)
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# Re: What model should we use for myopia?

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: What model should we use for myopia?
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Fri, 23 Aug 1996 17:04:19 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 04:30 PM 8/23/96, Peter Croyden wrote:

>I have three reasons for thinking that most myopia is caused  
>by simply wrong mental habits and not by emotional trauma.  
>  
>1) Bates doesn't mention it.

Oh yes he does -- all over the place! A health-related genius that he was, how could he have missed it? He hardly mentions anything else!

Bates calls it "mental strain." Janov calls it "Primal Pain." Bates intuited its existence and gave it a generic name. Janov discovered its existence and gave it a brand name.

>2) Whenever I experience flashes of better sight, it is not  
>accompanied by overwhelming feelings, but just feels good.

Doesn't surprise me Peter. You haven't dealt with dramatic changes in your vision yet. Some of my old posts might testify to my fairly frequently expressed happy-happy-joy-joy, go-get-it attitude of several months ago. I did get into feelings of all kinds, feel good or feel sad or feel angry, when my vision started to change, but I had no idea what was in store for me before hours of clear vision began. I now tend to believe that for high myopia, success with VT may be, at some critical point, not just emotionally drastic but outright life-threatening. (And I'm sure it's always the case with laser surgery btw.) It removes a MAJOR, fundamental defense mechanism. (And laser surgery removes it SUDDENLY. One is plunged into his own unconscious feelings without a warning and with no chance to understand and integrate them. That's why psychiatrists are beginning to admit perfect-sighted post-laser patients with acute psychosis!) Not removing it

will mean not improving -- not significantly anyway. Removing it means not only a lot better physical eyesight but, invariably, insights and understanding -- and deep terror that has to be dealt with. Why am I not speaking "for myself only?" Well I may be wrong, but presently, I don't see how anyone could have become seriously myopic for mild, innocuous reasons, and how anyone can get out of myopia by applying mild, innocuous measures. There's nothing special about my case to make it an exception. I think it's true for every case that energy expenditures either way must be equal, i.e., whatever went into making myopia has to go into breaking it. I've been looking for a way around it and there's none. We live in a goddamn symmetrical universe.

>3) My exposure to the Alexander Principle has shown me how deeply >ingrained bad habits can be, but how they can be changed by >thinking in the correct way.

I've read the book you recommend. I believe the physical part of the Alexander technique may constitute a step in the right direction (and so can yoga, and probably the neo-Reichian techniques, and probably Rolfing -- any good old body-inclusive stuff that is at least closer to reality than the talking/thinking/behavior-modifying "cures." But I doubt it will let anyone go all the way. As for thinking the correct way -- again, I agree it's a good start. But between a certain way of thinking and a certain way of physical functioning, there's a missing link, a broken connection. It's the MEANING. It's the original FEELING that has forced one to adapt a "bad habit" in the first place -- its totality, not just its representation on the thinking or physical level. Unless that broken link is restored the total normal function can't be restored.

>What do you think?

I think a marriage between Primal and Visual Therapies would be the greatest anti-myopic alliance in the world. I think Primal is the only therapy that doesn't deal in unrealities and wishful thinking, and the only one that is true Science (and I do capitalize, to differentiate from the kind of science I've been dissing so far in my posts), rather than a liberal art every other therapeutic practice has always been. I think Primal alone can't cure myopia because of the vision-specific technicalities they aren't familiar with (like Batesean methods for restoring healthy looking habits and what to do about glasses and the use of transitional lenses and so on). And I think VT alone can't cure (as in, CURE) myopia because it can't, by itself, get down to the root cause. I think I would be ready to cure every myope in the world (well, almost...) after taking a formal course of training with Dr. Janov. Any idea where I could apply for scholarships/grants/donations?

Elena

The rusty wire  
that holds the cork  
that keeps the anger in  
gives way  
and suddenly  
it's day again. (Roger Waters)

---

- **Follow-Ups:**

- [Re: What model should we use for myopia?](#)
  - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

- Prev by Date: [Re: High Myopia in 9th Grade Canadian](#)
- Next by Date: [Re: What model should we use for myopia?](#)
- Prev by thread: [What model should we use for myopia?](#)
- Next by thread: [Re: What model should we use for myopia?](#)
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# Re: What model should we use for myopia?

---

- *To:* [P.Croyden@sussex.ac.uk](mailto:P.Croyden@sussex.ac.uk) (Peter Croyden), [i-see@indiana.edu](mailto:i-see@indiana.edu)
  - *Subject:* Re: What model should we use for myopia?
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Bill Stender)
  - *Date:* Fri, 23 Aug 1996 18:25:59 +0900
  - *Sender:* [owner-i-see@indiana.edu](mailto:owner-i-see@indiana.edu)
- 

At 4:30 PM 8/23/96, Peter Croyden wrote:

>I have three reasons for thinking that most myopia is caused  
>by simply wrong mental habits and not by emotional trauma.

My experience and my belief is similar to yours in that i dont feel past trauma is a major source for my condition, though i have experienced a good deal of liberation from these meditations. Why does it have to be One model or another? Could not one person have an especially traumatic event which is hanging them up, while another has particularly stress producing habits of life, or a stress causing belief system, or another an excess of stressful visual conditions? The common denominator of all of the methods and theories is that the musculature is spastic and that this is an ingrained stress reaction.

Wouldn't a complete therapuetic approach be to systematically engage every method and gain whatever benefit it holds? The biggest surprise for me in getting involved in this VT is that the vision has become a small part of the whole job, my sensitivity to and effectiveness within the world is the bigger prize. I'm simply interested in ANYTHING and eager to get involved with it ALL.

>  
>The myopic me says "Where am I going wrong?"

just in looking for an oversimplification to a complex issue. Work more, think less i say!

-Bill

- **Follow-Ups:**

- [Re: What model should we use for myopia?](#)
  - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

- Prev by Date: [Re: What model should we use for myopia?](#)
- Next by Date: [Bates: the killer argument](#)
- Prev by thread: [Re: What model should we use for myopia?](#)
- Next by thread: [Re: What model should we use for myopia?](#)
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# Bates: the killer argument

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- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Bates: the killer argument
  - From: Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - Date: Sat, 24 Aug 1996 01:58:09 -0400
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Seers,

I know I'm currently into saying things that will appear quite far-fetched and unwarranted to many if not all. Like, successful VT may be life-threatening and laser surgery may cause psychosis. Well... at least I have a respected authority to back up these claims. William Bates, M.D., our mutual godfather, happened to suffer severe amnesia and possibly what-not while into his own vision improvement. He disappeared from his home and was accidentally discovered, about a year later, in a mental institution across the ocean, in England I believe, where he had been first admitted as a patient but rapidly promoted to doctor's assistant, working under a different name and with no clue in his memory as to who he really was. He had to re-learn his identity before resuming his successful practice in New York and writing his book and doing many other wonderful things.

This mysterious episode (I may have forgotten some details -- you can review the NY Times obituary on i\_see's home page to verify) is no longer any mystery to me.

Nobody represses good memories.

Elena

- 
- Prev by Date: [Re: What model should we use for myopia?](#)
  - Next by Date: [Re: High Myopia in 9th Grade Canadian](#)

- Prev by thread: [Re: Why leave cylinders out?](#)
- Next by thread: [FW: Why leave cylinders out?](#)
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# Re: High Myopia in 9th Grade Canadian

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- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu), [snowe@rain.org](mailto:snowe@rain.org)
  - Subject: Re: High Myopia in 9th Grade Canadian
  - From: [dennis@netcom.com](mailto:dennis@netcom.com) (Dennis Yelle)
  - Date: Sat, 24 Aug 1996 10:53:21 -0700
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

>Also, why leave cylinders out? I've read around and haven't heard any  
>reasons for that except that cylinders "distort vision".

Back in 1980 when I was 29 I got this:

```
R -6.50 -0.50 x 87
L -4.75 -1.25 x 137
+1.50
```

The doctor told me that "It might take some time to get used to them."

I never thought that I could see any better with them than I could see with my older glasses before I got the newer ones, but unfortunately, I wore them for 2 years before I went to a different doctor and got these:

```
R -5.50
L -4.50 -0.50 x 135
+1.25
```

These were MUCH easier to wear. For many years I thought that there was something bad in my glasses along with the good stuff that I needed. Finally I found out what it was, the damn extra cylinder. For me, and I assume others, the "flip over lens test" where the doctor keeps asking, "which is better, 1 <click> or 2?" simply does not

work, and leads the doctor to believe that I "want" more cylinder than I need.

Now I wear:

R -5.75  
L -3.50  
+1.25

and I have 20/25 in my left eye, 20/40 in my right.

I think unnecessary cylinder is evil.

- 
- **Follow-Ups:**
    - [Why leave cylinders out?](#)
      - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
  - Prev by Date: [Bates: the killer argument](#)
  - Next by Date: [Why leave cylinders out?](#)
  - Prev by thread: [Re: High Myopia in 9th Grade Canadian](#)
  - Next by thread: [Why leave cylinders out?](#)
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# Why leave cylinders out?

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Why leave cylinders out?
  - From: Mary Marlowe <[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)>
  - Date: Sat, 24 Aug 1996 19:09:45 -0400 (EDT)
  - In-Reply-To: <[199608241753.KAA27809@netcom21.netcom.com](mailto:199608241753.KAA27809@netcom21.netcom.com)>
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Is THAT what all that "Which is better, this one or this one?" was about!?!?! I never could decide, but being the obliging patient, I always picked one. I would try so hard to see a difference, too!

I have learned that my vision is more dynamic than any pair of lenses could be. It clears and blurs and clears again. The astigmatism comes and goes, too. It seems to me a mistake to put a static correction for astigmatism (especially considering the "which is better...?" thing) when I know I don't always "need" the same correction!

Mary

On Sat, 24 Aug 1996, Dennis Yelle wrote:

> Back in 1980 when I was 29 I got this:

>  
> R -6.50 -0.50 x 87  
> L -4.75 -1.25 x 137  
> +1.50

>  
> The doctor told me that "It might take some time to  
> get used to them."

>  
> I never thought that I could see any better with them than  
> I could see with my older glasses before I got the newer ones,  
> but unfortunately, I wore them for 2 years before I went to a  
> different doctor and got these:

>  
> R -5.50  
> L -4.50 -0.50 x 135

> +1.25  
>  
> These were MUCH easier to wear. For many years I thought  
> that there was something bad in my glasses along with the  
> good stuff that I needed. Finally I found out what it was,  
> the damn extra cylinder. For me, and I assume others,  
> the "flip over lens test" where the doctor keeps  
> asking, "which is better, 1 <click> or 2?" simply does not  
> work, and leads the doctor to believe that I "want"  
> more cylinder than I need.  
>  
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> L -3.50  
> +1.25  
>  
> and I have 20/25 in my left eye, 20/40 in my right.  
>  
> I think unnecessary cylinder is evil.  
>  
>

---

● **Follow-Ups:**

- [Re: Why leave cylinders out?](#)
  - *From:* warrior@juno.com (Lawrence A Guerrero)

● **References:**

- [Re: High Myopia in 9th Grade Canadian](#)
  - *From:* dennis@netcom.com (Dennis Yelle)

- Prev by Date: [Re: High Myopia in 9th Grade Canadian](#)
- Next by Date: [Re: Why leave cylinders out?](#)
- Prev by thread: [Re: High Myopia in 9th Grade Canadian](#)
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# Re: Why leave cylinders out?

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Why leave cylinders out?
  - *From:* [warrrior@juno.com](mailto:warrrior@juno.com) (Lawrence A Guerrero)
  - *Date:* Sun, 25 Aug 1996 19:20:18 EDT
  - *References:* <[Pine.3.89.9608241951.C9509-0100000@pbfreenet.seflin.lib.fl.us](mailto:Pine.3.89.9608241951.C9509-0100000@pbfreenet.seflin.lib.fl.us)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Bravo, Mary! You beat me to the punch! I always thought that the "this one or that one" game was a fine tuning for diopter value. Live and learn. Now when I go back to my doc for new glasses, I'll tell him that I'd rather not play.

- Larry

On Sat, 24 Aug 1996 19:09:45 -0400 (EDT) Mary Marlowe  
<[phishes@pbfreenet.seflin.lib.fl.us](mailto:phishes@pbfreenet.seflin.lib.fl.us)> writes:

>Is THAT what all that "Which is better, this one or this one?" was  
>about!?!?!?

>I never could decide, but being the obliging patient, I always picked  
>one. I would try so hard to see a difference, too!

>

>I have learned that my vision is more dynamic than any pair of lenses  
>could be. It clears and blurs and clears again. The astigmatism comes  
>and

>goes, too. It seems to me a mistake to put a static correction for  
>astigmatism (especially considering the "which is better...?" thing)  
>when I know I don't always "need" the same correction!

>

>Mary

>

- **References:**

- [Why leave cylinders out?](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Why leave cylinders out?](#)

- Next by Date: [RE: Results of the eighth month](#)

- Prev by thread: [Why leave cylinders out?](#)

- Next by thread: [Bates: the killer argument](#)

- Index(es):

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# RE: Results of the eighth month

---

- *To:* "I\_SEE" <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>, "Nick Halloway" <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Subject:* RE: Results of the eighth month
  - *From:* "George Tohme" <[PolySoft@msn.com](mailto:PolySoft@msn.com)>
  - *Date:* Mon, 26 Aug 96 08:24:56 UT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

>>Is this more noticeable at night? It is possible that the outer part of  
>>your cornea has a different curvature from the inner part which could  
>>produce double images.

it happens night and day. I think what you said about the curvature of the  
cornea is correct but why/when did it happen? is it because of VT? how could  
it be corrected?

Why does it go away when I put the glasses on? Does the cornea change shape?

george

- 
- Prev by Date: [Re: Why leave cylinders out?](#)
  - Next by Date: [Re: What model should we use for myopia?](#)
  - Prev by thread: [RE: Results of the eighth month](#)
  - Next by thread: [RE: Results of the eighth month](#)
  - Index(es):
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# Re: What model should we use for myopia?

---

- *To:* i\_see <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>, Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Subject:* Re: What model should we use for myopia?
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Mon, 26 Aug 96 14:06:00 PDT
  - *Encoding:* 17 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Elena wrote:

```
> That's why psychiatrists are beginning to admit perfect-sighted post-laser  
> patients with acute psychosis!
```

FASCINATING - ANY MORE INFORMATION?

Any idea where I could apply for scholarships/grants/donations?  
ANY INFORMATION ON THE EFFECT OF PRIMAL THERAPY ON EYESIGHT? I'M ONLY  
HALFWAY THROUGH "THE NEW PRIMAL SCREAM" SO PERHAPS IT GETS INTO THINGS LIKE  
THAT LATER ON....

CAROLINE

- 
- Prev by Date: [RE: Results of the eighth month](#)
  - Next by Date: [FW: Why leave cylinders out?](#)
  - Prev by thread: [Re: What model should we use for myopia?](#)
  - Next by thread: [Re: What model should we use for myopia?](#)
  - Index(es):
    - [Date](#)

Re: What model should we use for myopia?

- [Thread](#)

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## FW: Why leave cylinders out?

---

- *To:* I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* FW: Why leave cylinders out?
  - *From:* "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - *Date:* Mon, 26 Aug 96 14:46:00 PDT
  - *Encoding:* 23 TEXT
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Sorry, can someone explain a bit more about how this test is related to astigmatism?

Since astigmatism is related to seeing horizontal lines better or worse than vertical (and the rest of the degrees of the circle), how can an 'is this better?' test work? The tests that I've had haven't been one set of lines (eg vertical) compared with another (eg horizontal) - they've been a black circle on a green background compared with a black circle on a red background. Or is this a different test entirely?

Caroline

-----

From: Mary Marlowe

To: i\_see

Subject: Why leave cylinders out?

Date: Saturday, 24 August 1996 7:09PM

> For me, and I assume others,  
> the "flip over lens test" where the doctor keeps  
> asking, "which is better, 1 <click> or 2?" simply does not  
> work, and leads the doctor to believe that I "want"  
> more cylinder than I need.

- Prev by Date: [Re: What model should we use for myopia?](#)
- Next by Date: [Re: Palming](#)
- Prev by thread: [Bates: the killer argument](#)
- Next by thread: [Astigmatism in an 8-year-old](#)
- Index(es):
  - [Date](#)
  - [Thread](#)

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# Re: Palming

---

- To: I\_SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - Subject: Re: Palming
  - From: "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)>
  - Date: Mon, 26 Aug 96 11:36:00 PDT
  - Encoding: 17 TEXT
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I suppose it is too much to expect that Elena knows all about miners' eyesight??!!!

Caroline

-----

I believe there may be a connection here. Even though coal miners work with artificial light deep underground, much of their job is spent in semi-darkness. They must have a higher degree of night vision in order to remain productive in such an environment. You could probably add to that amateur (or even professional) optical astronomers who sit in vast darkness to snatch a look at their prey!

- Larry

- 
- Prev by Date: [FW: Why leave cylinders out?](#)
  - Next by Date: [Re: What model should we use for myopia?](#)
  - Prev by thread: [Re: Palming](#)
  - Next by thread: [Re: Palming](#)

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# Re: What model should we use for myopia?

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: What model should we use for myopia?
  - *From:* Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - *Date:* Mon, 26 Aug 1996 09:42:18 -0400
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

"Richards, Caroline" <[richardc@SYDNEY.BTAP.bt.com](mailto:richardc@SYDNEY.BTAP.bt.com)> wrote:

>Do you have a 'normal eyesight' side to your survey? Who are your control  
>people?

Caroline,

control groups are used in experiments I believe, not in surveys. I took a group of myopes but I didn't inject its members with a new experimental drug, or keep them on a special diet of carrot juice -- in which case I would need a control group of MYOPES again, to study the effects of the drug or the juice. A survey gathers information about a certain group (be it myopes or gardeners or voters) in order to find out possible statistical patterns, trends, etc., WITHIN the group. If I included normal-sighted people it would mean pre-centering the survey on the issues of birth (since all the questions about the patterns of wearing glasses and power of correction and age progression of myopia and circumstances of its development would be rendered meaningless). So it would have to be a different survey, where the factor that's being studied would have to be something common in members of THAT group -- birth factors, e.g. -- and if myopia were to show up in connection with some and not with others, then myopia itself would be a pattern discovered in THAT kind of survey. In mine, the common factor on which the survey was pre-centered was MYOPIA, and the pattern that showed up was the difference in abnormal birth statistics and overall traumatic experiences between low and moderate/high myopes.

>(And just out of interest, how big is the sample so far?).

Twenty from i\_see and seven from myopic acquaintances. A few responses had to be disregarded for lack of information on birth issues.

>That's why psychiatrists are beginning to admit perfect-sighted post-laser  
>patients with acute psychosis!  
>FASCINATING - ANY MORE INFORMATION?

I know of three cases, one from a friend who is a psychiatrist, one from e-mail correspondence with a member of a psychology-related group, one an acquaintance in Canada who attempted suicide. You must realize that although for the past fifteen months, I've been living and breathing the riddle of myopia and have turned myself into a one-woman research institution operating on a zero budget, my opportunities for large-scale research are somewhat limited. 99% of my efforts so far have taken place in my head, and whenever they seem to predict a trend, I try to check it out against the events in the outside world, assuming they may either support or disprove my findings, and getting by with as much support or refutation as will come my way. Presently, I trust what I get from this source enough to predict that the trend will continue; that the group especially at risk will be high myopes; and among those, especially the ones who had difficulty tolerating glasses, or somehow managed to NOT wear them full-time prior to the surgery. I also predict a percentage of neurological complications in some of these cases, in addition to the psychological and psychiatric ones. Proving or disproving it is a matter of medical statistics taking a look in this particular direction.

>  
>ANY INFORMATION ON THE EFFECT OF PRIMAL THERAPY ON EYESIGHT?

I mentioned that I got a "yes, in some cases" from the Primal institute when I wrote them with the question. I also read a number of Dr. Janov's patients' case histories (though I can't say in which book specifically since I've read five of them) and some of them mention vision improvement. In particular, one woman wrote that she'd been wearing glasses since her teens and her vision was getting steadily worse; in therapy, she lost her glasses at some point and was walking around with normal vision, but so busy with other things happening to her, that she managed not to notice it till two weeks later.

No specific Primal/Visual studies were conducted so far. The source of such studies is something I intend to become, if I manage to figure out the practical side of this quantum leap (the theoretical is, to me, at this point, a certainty beyond a reasonable doubt). I couldn't have predicted that things would come to this when I first e-mailed i\_see with an innocent bit of curiosity: "What is palming?" All I wanted was to try to stabilize my vision if I could and avoid getting a new upgrade for my glasses, something that was looming and distressing at that point fifteen months ago. And here I am, bent on getting training in order to become an "alternative alternative school of VT," of all things. Isn't vision improvement

fascinating.

Elena

---

Elena Berezetsky  
2 Reading Terrace  
Fair Lawn, NJ 07410

- 
- Prev by Date: [Re: Palming](#)
  - Next by Date: [Astigmatism in an 8-year-old](#)
  - Prev by thread: [Re: What model should we use for myopia?](#)
  - Next by thread: [Re: What model should we use for myopia?](#)
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# Astigmatism in an 8-year-old

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Astigmatism in an 8-year-old
  - *From:* "Owen Harrington" <[oharring@modicon.com](mailto:oharring@modicon.com)>
  - *Date:* Mon, 26 Aug 1996 17:12:59 -0500
  - *Comments:* Authenticated sender is <oharring@pobox>
  - *Organization:* modicon
  - *Priority:* normal
  - *Reply-to:* [oharring@modicon.com](mailto:oharring@modicon.com)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Hello all:

My eight year old son has recently failed his vision screening test at school. One optometrist has diagnosed his vision problem as four diopters of astigmatism; another said 2.5 diopters of astigmatism. Does anyone know of any eye exercises etc which might lesson this problem?

Thanks ,  
Owen

- 
- Prev by Date: [Re: What model should we use for myopia?](#)
  - Next by Date: [palming-darkness](#)
  - Prev by thread: [FW: Why leave cylinders out?](#)
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# palming-darkness

---

- *To:* [I\\_SEE@indiana.edu](mailto:I_SEE@indiana.edu)
  - *Subject:* palming-darkness
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Mon, 26 Aug 1996 23:10:28 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Seers,  
i wanted to add something to the palming discussion that i thought of while palming recently. This connects to my peripheral vision comments previously; the continuum of light as opposed to objects, the 'feeling' of the visual space, and seeing extra dimensions in the objects looked at.

The total darkness one tries to create while palming is a chance to see no-thing. The awareness of the blackness corresponds to the awareness of limitlessness and infinite possibility. This concept taken to its full extent opens up a new side of reality not commonly recognized. In my case of myopia, this opening has contributed to much new clarity. The subtle boundaries and definitions we recognize and agree and steer ourselves in respect of; physical laws, moral imperatives, personal abilities (including our vision limits), are given new perspective in the consideration of the limitless blackness.

When not palming, seeing the Space between the Things rather than the Things in a visual field, imagining the incredible confluence of events leading up to the moments we're viewing at any time, and the incredible unpredictability of Nature, stimulates a similar opening of awareness. This awareness is of a different order than the logical type, but very powerful and very valid and an excellent compliment rather than a threat to the logical. It needs to be experienced rather than looked at from any logical stance, the concept of no-thing excludes any definition by definition:>

I believe that developing this awareness is critical to vision because it has produced huge gains for me recently. After 28 years of wearing glasses, (this along with many other efforts, this thread is just the most noticeably stimulating) my Rx is -3.5/-4 but for over two weeks i've been

seeing 20/20 flashes constantly, with the rest of the time mostly at near-perfect vision. The past three days i've worn my specs for only one 15 minutes job late last night trying to fix something deep in my car engine under flashlight, i was fine for a while but was getting frustrated with the job and began to strain. No glasses today despite a busy work day and driving, two activities that often break me down.

-Bill

- - - - -  
Truth transcends theorumhood  
in any given formal system.  
- - - - -

Bills@vav-nun.com

- 
- Prev by Date: [Astigmatism in an 8-year-old](#)
  - Next by Date: [Not wearing glasses](#)
  - Prev by thread: [Astigmatism in an 8-year-old](#)
  - Next by thread: [Not wearing glasses](#)
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# Not wearing glasses

---

- *To:* [I\\_see@indiana.edu](mailto:I_see@indiana.edu)
  - *Subject:* Not wearing glasses
  - *From:* "Linda Lee" <[llee@island.net](mailto:llee@island.net)>
  - *Date:* Sun, 25 Aug 1996 17:26:25
  - *Priority:* normal
  - *Reply-to:* [llee@island.net](mailto:llee@island.net)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

In a recent conversation with a friend of mine, (also moderately myoped since teen years) i learned that we had similar experiences.

Both of us had refused to wear our glasses for a length of time, and both of us had the same results. After not wearing my glasses for 2 months, i had to go back to the optometrist for MUCH stronger glasses, (before -3, after -5 approx).

My friend had also refused for a few years and gave in finally when he couldn't see the blackboard. His new glasses were very much stronger also.

Does anyone have a theory for this? From what i have been reading lately, the theory goes that by taking off our glasses, our natural vision will improve, but that wasn't my experience, nor my friend's.

While it's true that neither of us performed any VT during the time, i'm wondering if it might be a bit irresponsible to tell kids just to stop wearing their glasses.

Does anyone else have similar experiences or explanations why i might have had such a rapid deterioration in a short period. As far as i can remember, there was no unusual stress for me that summer.

- Linda

- **Follow-Ups:**
  - [Re: Not wearing glasses](#)
    - *From:* "Herbert T. Black" <blackht@pacificu.edu>
  
- Prev by Date: [palming-darkness](#)
- Next by Date: [Re: Palming](#)
- Prev by thread: [palming-darkness](#)
- Next by thread: [Re: Not wearing glasses](#)
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# Re: Palming

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: Palming
  - From: Elena <[solusrex@soho.ios.com](mailto:solusrex@soho.ios.com)>
  - Date: Mon, 26 Aug 1996 14:18:13 -0400
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 11:36 AM 8/26/96 PDT, "Richards, Caroline" <[richardc@sydney.btap.bt.com](mailto:richardc@sydney.btap.bt.com)> wrote:

>  
>I suppose it is too much to expect that Elena knows all about miners'  
>eyesight??!!!  
>

Funny you should ask. It never occurred to me before that I do have two cents' worth of observations on this particular subject. Before coming to this country in 1989, I spent the first 32 years of my life mostly in a city that's one of the largest coal-mining centers in the world. The miners there (especially the older ones) have the kind of eyes you can't help noticing, because they have coal dust dislodged in the skin between their eyelashes, kind of like permanent make-up -- and heavy. I don't recall ever seeing a miner who was wearing glasses. (Contacts were not common -- I got mine sometime in the mid-eighties, and it was considered kind of fancy.) The city's population is over a million and its 40 or so mines were the No.1 employer of males.

Elena

- 
- Prev by Date: [Not wearing glasses](#)
  - Next by Date: [Eye Patching](#)
  - Prev by thread: [Re: Palming](#)

- Next by thread: [Re: Acupuncture](#)
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# Eye Patching

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Eye Patching
  - From: [pdf@freenet.edmonton.ab.ca](mailto:pdf@freenet.edmonton.ab.ca)
  - Date: Wed, 28 Aug 1996 16:38:37 -0600 (MDT)
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

I\_seers,

When using an eye patch, how do you determine if you should cover the weaker eye or the stronger eye ? It seems to me if you cover the stronger eye that it would most likely improve the vision of the weaker eye, however at the same time you would be covering the stronger eye, thus imitating palming, sort-of. Would it be better to relax the weaker eye by covering the it or exercising the weaker eye by covering the stronger eye. Can you do both, without being totally blind ?

I'm kind of caught in the middle.

Thanks in advance,

Peter

- 
- Prev by Date: [Re: Palming](#)
  - Next by Date: [Re: Not wearing glasses](#)
  - Prev by thread: [Re: Not wearing glasses](#)
  - Next by thread: [Eye Patching](#)
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## Re: Not wearing glasses

---

- *To:* caveat emptor <[phate@phish.nether.net](mailto:phate@phish.nether.net)>
  - *Subject:* Re: Not wearing glasses
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Wed, 28 Aug 1996 17:53:30 -0700 (PDT)
  - *Cc:* Linda Lee <[llee@island.net](mailto:llee@island.net)>, [I\\_see@indiana.edu](mailto:I_see@indiana.edu)
  - *In-Reply-To:* <[Pine.LNX.3.94.960827215458.24481A-100000@phish.nether.net](mailto:Pine.LNX.3.94.960827215458.24481A-100000@phish.nether.net)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Tue, 27 Aug 1996, caveat emptor wrote:

> You wrote this:

>

> > Linda;

> >

> > The current research seems to show that myopia may progress when there is  
> > an unusually high amount of BLUR. So if you use low plus lens for myopia  
> > reduction, that is okay. But if you have several D of myopia and take  
> > off your specs, that is too much blur. The emmetropization process (which  
> > is the body's natural way to keep vision at "20/20" only seems to work  
> > with mild amounts of blur.

> >

> > Herb Black

> >

> > PUCO class of 1998

> >

>

> So what you are saying is that high myopia cannot be "stabilized" by  
> taking off specs, it will only get worse. Thus the brain attempts to  
> restore 20/20 when the myopia is around < 1.75D?

>

> -eugene

>

>

I can't give an exact dioptric value, but yes, low amounts  
of blur (myopia) can be "interpreted" by the brain into a clear image.

According to some, even moderate to high amounts of myopia can be tolerated by the brain. Thus, the refractive error of the eye (ie, the elongated shape) may still be there, but the person can see 20/20 when "theoretically" they shouldn't be able to. What this means in practice is that an eye doc can use the retinoscope on a person and get a refractive error that would indicate the need for lenses to see clearly. But in cases of myopia reduction, the person can learn to see clearly anyway.

Herb Black

---

- **References:**

- [Re: Not wearing glasses](#)

- *From:* caveat emptor <phate@phish.nether.net>

- Prev by Date: [Eye Patching](#)

- Next by Date: [Re: Not wearing glasses](#)

- Prev by thread: [Re: Not wearing glasses](#)

- Next by thread: [Re: Not wearing glasses](#)

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# Re: Not wearing glasses

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Not wearing glasses
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Tue, 27 Aug 1996 16:09:55 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Herbert T. Black <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)> writes:

```
> The current research seems to show that myopia may progress when there is
> an unusually high amount of BLUR.  So if you use low plus lens for myopia
> reduction, that is okay.  But if you have several D of myopia and take
> off your specs, that is too much blur.  The emmetropization process (which
> is the body's natural way to keep vision at "20/20" only seems to work
> with mild amounts of blur.
```

Herb,

Is there any evidence of there being an emmetropization process with astigmatism? Is there any indication that it can be good for one's vision to undercorrect astigmatism? What I've heard is that no, one might undercorrect astigmatism in order to make glasses easier to wear, but one wouldn't expect small amounts of astigmatism to self-correct.

- 
- **Follow-Ups:**
    - [Re: Not wearing glasses](#)
      - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - Prev by Date: [Re: Not wearing glasses](#)

- Next by Date: [Re: Dr. Raphaelson on Astigmatism](#)
- Prev by thread: [Re: Not wearing glasses](#)
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# Re: Dr. Raphaelson on Astigmatism

---

- *To:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Subject:* Re: Dr. Raphaelson on Astigmatism
  - *From:* MeiTien <[a.wu@worldnet.att.net](mailto:a.wu@worldnet.att.net)>
  - *Date:* Thu, 29 Aug 1996 09:05:52 -0400
  - *CC:* I SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *References:* <[Pine.HPP.3.91.960827194015.2008D-100000@hamlet.ucs.indiana.edu](mailto:Pine.HPP.3.91.960827194015.2008D-100000@hamlet.ucs.indiana.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

How important is it for the plus lenses to have the right PD? ( I saw the ones in CVS listed 62 mm PD, and I know kids have less PD).

Relative plus or simply plus 1 lenses are good for kids who have moderate myopia?

Mei-Tien

---

- **References:**
  - [Dr. Raphaelson on Astigmatism](#)
    - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
- Prev by Date: [Re: Not wearing glasses](#)
- Next by Date: [Re: Not wearing glasses](#)
- Prev by thread: [Dr. Raphaelson on Astigmatism](#)
- Next by thread: [Increasing blur, decreasing myopia](#)
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# Re: Not wearing glasses

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Not wearing glasses
  - *From:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Date:* Tue, 27 Aug 1996 18:03:43 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Herbert T. Black <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)> writes:

> The current research seems to show that myopia may progress when there is  
> an unusually high amount of BLUR. So if you use low plus lens for myopia  
> reduction, that is okay. But if you have several D of myopia and take  
> off your specs, that is too much blur. The emmetropization process (which  
> is the body's natural way to keep vision at "20/20" only seems to work  
> with mild amounts of blur.

Herb,

Is there any evidence of there being an emmetropization process with astigmatism? Is there any indication that it can be good for one's vision to undercorrect astigmatism? What I've heard is that no, one might undercorrect astigmatism in order to make glasses easier to wear, but one wouldn't expect small amounts of astigmatism to self-correct.

- 
- Prev by Date: [Re: Dr. Raphaelson on Astigmatism](#)
  - Next by Date: [Dr. Raphaelson on Astigmatism](#)

- Prev by thread: [Re: Not wearing glasses](#)
- Next by thread: [Re: Not wearing glasses](#)
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# Dr. Raphaelson on Astigmatism

---

- *To:* I SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Dr. Raphaelson on Astigmatism
  - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Date:* Tue, 27 Aug 1996 20:09:21 -0500 (EST)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

The following article is from School Myopia: a Preventive and Remedy by Jacob Raphaelson, O.D., Copyright 1958.

It is just one of several sources that confirm my suspicion that astigmatism is just another product of eyestrain, and is curable by regularizing the tension of the extraocular muscles.

There are several conceivable ways of going about this. One way would be to assure that the eyes move freely in all possible directions, for example, by following lines in a maze. Another way is biofeedback. Dr. Raphaelson found that plus lenses with NO CYLINDER COMPONENT would actually cure astigmatism. Below he explains how...

-----  
WHAT ABOUT ASTIGMATISM?

I have been asked many times the following question: how can I give a pair of plus 1.00d spherical glasses to a child without examination and without finding out whether or not he has astigmatism? Let me tell you about this. I have been pondering this question to myself for many years. It was only a few years ago that I came to a conclusion. It is not only proper to give spherical plus glasses to a child who seems to have astigmatism, but it is, in reality, the best thing to do.

I came to this conclusion because I now believe that astigmatism, like myopia, is an unnatural development of the eye due to our near-vision environment. Astigmatism, like myopia, develops during school years because of the prolonged and intensive bending of the eyes during those

years, and also because natural hyper-sighted eyes are given no opportunity to relax and to stretch.

Let me quote you a report by Dr. E. W. Adams, O. D., to the Optometric Research Institute. He says: "We have been surprised to find that the percentage of pupils with astigmatism increases during the successive years." He reports also that in the first and second grades very little astigmatism is found, but after these two beginning grades each successive grade up to about the sixth increases the percentage of astigmatism; after the sixth the percentage remains about the same. Dr. Adams also reports that from their research they have the feeling that myopia is increasing.

This report was the result of a survey and a thorough examination by highly capable optometrists with suitable testing equipment. In the years of 1935 and 1936, 6,560 pupils were examined in eight public schools in Detroit, Michigan.

This report is not the only basis for my conclusion about astigmatism. I have many other basic proofs from my own experiences and observations. I also have reports by other optometrists which concur with my conclusion. A pair of plus 1.00 glasses for a child for near work is much safer and more beneficial than a minus 0.50 or even plus 0.50 cylinder glasses.

#### NOTES

Nearly ninety per cent of astigmatic eyes are of the low grade type, that is they are fitted with cylindrical lenses of less than one diopter (1.00d) either plus or minus. In most cases, the wearing of plus spherical glasses would reduce or cure the astigmatism and eliminate the need for cylindrical lenses.

My advice to parents would be to have their children wear a pair of plus one (+1.00D) spherical glasses for at least one year before they allow their children to be fitted with cylindrical glasses.

---

#### ● Follow-Ups:

- [Re: Dr. Raphaelson on Astigmatism](#)
  - *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [Re: Not wearing glasses](#)
- Next by Date: [Re: Not wearing glasses](#)
- Prev by thread: [RE: Eye Patching](#)
- Next by thread: [Re: Dr. Raphaelson on Astigmatism](#)
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# Re: Not wearing glasses

---

- *To:* [llee@island.net](mailto:llee@island.net), [I\\_see@indiana.edu](mailto:I_see@indiana.edu)
  - *Subject:* Re: Not wearing glasses
  - *From:* [Bills@vav-nun.com](mailto:Bills@vav-nun.com) (Fr. ALSO)
  - *Date:* Tue, 27 Aug 1996 12:10:52 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 17:27 8/25/96, Linda Lee wrote:

>

> After not wearing my glasses for 2  
>months, i had to go back to the optometrist for MUCH stronger  
>glasses, (before -3, after -5 approx).

>...From what i have been reading  
>lately, the theory goes that by taking off our glasses, our natural  
>vision will improve, but that wasn't my experience, nor my friend's.

>Does anyone else have similar experiences or explanations why i might  
>have had such a rapid deterioration in a short period.

I broke my glasses once about 8 or 9 years ago and thought i would make this my instigation to finally rid myself of glasses. I forced myself to deal with evrythng without them and didnt do well at all. After 2 weeks I finally went and got new glasses and fealt a failure (i dont remember the new Rx, i never have kept good record of that, but it wasnt much stronger than the old one). My theory for your experience is that TRYING to see and the angst produced by being unable to causes a great strain. Currently i am not wearing glasses much at all but i have a policy of \*whenever\* i find myself NOT seeing well and WANTING to, I put them on immediately. sometimes you just need to retreat. Vision occurs best with NO EFFORT. Also, i doubt if the new vision will occur without the therapy, it's a personal discovery that cant be just read about.

-Bill

- - - - -

Truth transcends theorumhood

in any given formal system.

-----  
Bills@vav-nun.com

- 
- Prev by Date: [Dr. Raphaelson on Astigmatism](#)
  - Next by Date: [Increasing blur, decreasing myopia](#)
  - Prev by thread: [Re: Not wearing glasses](#)
  - Next by thread: [Re: Not wearing glasses](#)
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# Increasing blur, decreasing myopia

---

- *To:* I SEE <[i\\_see@indiana.edu](mailto:i_see@indiana.edu)>
  - *Subject:* Increasing blur, decreasing myopia
  - *From:* Alex Eulenberg <[aeulenbe@indiana.edu](mailto:aeulenbe@indiana.edu)>
  - *Date:* Wed, 28 Aug 1996 09:22:18 -0500 (EST)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Herbert T. Black <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)> writes:

```
> The current research seems to show that myopia may progress when there is
> an unusually high amount of BLUR.  So if you use low plus lens for myopia
> reduction, that is okay.  But if you have several D of myopia and take
> off your specs, that is too much blur.  The emmetropization process (which
> is the body's natural way to keep vision at "20/20" only seems to work
> with mild amounts of blur.
```

As far as I know, all current research on blur-induced myopia has been done on animals, chicks and shrews primarily. And the blur in this case is usually some kind of frosty lens, NOT an undercorrection or "reverse prescription." In other words, no amount of focusing can improve the vision. It is not the kind of blur that can coax one into being less myopic, like the blur myopes see when they take off their minus lenses.

It is true that myopia is observed to increase when they give the chicks super-high-power plus lenses, say 8 diopters. In this case, it would be to the chick's advantage to become more farsighted but instead it becomes more nearsighted. There are two theories to explain this. The first is that the action of accommodation cannot overcome the blur and therefore the eye "grows" more myopic in response because the visual development system interprets the blur as a sign of farsightedness. The other one is that the blur is so great that the animal doesn't know what to do about it. It tries to overcome it by focusing for near instead of the reverse, and brings about axial elongation by the action of the accommodating muscles.

But no one--NO ONE--has done an experiment where half the people diagnosed

with a diopter of myopia are given full corrections and the other half are given plus lenses. NO ONE has done an experiment where, say, 100 people with 3 diopters of myopia are forced to go without their glasses for a month. The research on blur-induced myopia cannot be applied to vision therapy.

How much blur is TOO MUCH blur? I don't know, but it is my steadfast belief that extremely large amounts of blur--say, that provided by a 3 or 4 diopter undercorrection--can be very beneficial in treating myopia. The important thing is that you are conscious of your ability to change focus, that you can imagine yourself seeing better. The presence of blur in itself does not cause you to eliminate it. But large amounts of blur can be great as biofeedback. When things are just a little bit blurry, then you can get by. Up the challenge--increase the blur--and if you have a taste for sharpness, your eyes will want to refocus. You may have to help them, though...

I have just recently had amazing results by wearing 3 diopters (one +1 lens on top of a +2 lens) and doing Bates's "swing" exercise, which is swinging your head back and forth with your eyes open, watching things go forth and back, not fixing your eyes on any one object, but just letting them all pass by. I am normally about a diopter myopic, so this amounts to a +4 "add". If you wear a 4 diopter prescription, then the equivalent would be to just take your glasses off. The results for me when I took the glasses off were an amazing increase in clarity and reduction in those mysterious astigmatic ghost images. Plus, my eyes felt a bit more "snappy"--hard to describe

--Alex

- 
- Prev by Date: [Re: Not wearing glasses](#)
  - Next by Date: [RE: Results of the eighth month](#)
  - Prev by thread: [Re: Dr. Raphaelson on Astigmatism](#)
  - Next by thread: [Bilberries, blueberries, berries-berries-berries](#)
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# RE: Results of the eighth month

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* RE: Results of the eighth month
  - *From:* [stefansi@ctrvax.Vanderbilt.Edu](mailto:stefansi@ctrvax.Vanderbilt.Edu) (Stefan Stefanov)
  - *Date:* Tue, 27 Aug 1996 20:22:54 -0500 (CDT)
  - *Date-warning:* Date header was inserted by ctrvax.Vanderbilt.Edu
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

>On Mon, 26 Aug 1996, George Tohme wrote:

>

>> it happens night and day. I think what you said about the curvature of the  
>> cornea is correct but why/when did it happen? is it because of VT? how could  
>> it be corrected?

>

>I don't know, and the guess about different curvature on different parts  
>of your cornea is just a guess. You might want to post on sci.med.vision  
>asking for suggestions as to how to find out what it is. Maybe an  
>optometrist could figure out if they auto-refracted you?

Just a quick note on this one (as a fairly regular s.m.v. poster). The cornea is aspheric to begin with, so it has different curvatures at different points. To find out whether the cornea is abnormally shaped one needs corneal topography, not autorefractation. I hear that corneal topography, previously reserved to medical and PRK/LASIK centers, is now making its way into optometrists' offices. A cost I have seen quoted is \$25 for this service. George will have to look for an OD with a corneal topographer (mapper), as there are not many around at this point, at least in the US. If you bump into terms like corneal mapping or videokeratography, they all refer to the same thing. You'll get a neat looking map, usually color-coded, with areas colored according to power.

On another note, I got really moved and inspired by Bill's recent post "palming-darkness". I have something interesting to report too, but will do that after I complete the 'experimentation stage' in about a week.

Best,

Stefan

- Prev by Date: [Increasing blur, decreasing myopia](#)
- Next by Date: [Re: Not wearing glasses](#)
- Prev by thread: [RE: Results of the eighth month](#)
- Next by thread: [RE: Results of the eighth month](#)
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  - [Thread](#)

[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

## Re: Not wearing glasses

---

- *To:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Subject:* Re: Not wearing glasses
  - *From:* caveat emptor <[phate@phish.nether.net](mailto:phate@phish.nether.net)>
  - *Date:* Tue, 27 Aug 1996 21:56:40 -0400 (EDT)
  - *cc:* Linda Lee <[llee@island.net](mailto:llee@island.net)>, [I\\_see@indiana.edu](mailto:I_see@indiana.edu)
  - *In-Reply-To:* <[Pine.SUN.3.91.960827122724.13667A-100000@tabitha.pacificu.edu](mailto:Pine.SUN.3.91.960827122724.13667A-100000@tabitha.pacificu.edu)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

You wrote this:

```
> Linda;
>
> The current research seems to show that myopia may progress when there is
> an unusually high amount of BLUR.  So if you use low plus lens for myopia
> reduction, that is okay.  But if you have several D of myopia and take
> off your specs, that is too much blur.  The emmetropization process (which
> is the body's natural way to keep vision at "20/20" only seems to work
> with mild amounts of blur.
>
> Herb Black
>
> PUCO class of 1998
>
```

So what you are saying is that high myopia cannot be "stabilized" by taking off specs, it will only get worse. Thus the brain attempts to restore 20/20 when the myopia is around < 1.75D?

-eugene

- **Follow-Ups:**

- [Re: Not wearing glasses](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- **References:**

- [Re: Not wearing glasses](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [RE: Results of the eighth month](#)

- Next by Date: [Re: What model should we use for myopia?](#)

- Prev by thread: [Re: Not wearing glasses](#)

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## Re: What model should we use for myopia?

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: What model should we use for myopia?
  - *From:* [P.Croyden@sussex.ac.uk](mailto:P.Croyden@sussex.ac.uk) (Peter Croyden)
  - *Date:* Thu, 29 Aug 1996 15:32:14 +0100 (BST)
  - *In-Reply-To:* <[199608232104.RAA19097@haven.ios.com](mailto:199608232104.RAA19097@haven.ios.com)> from "Elena" at Aug 23, 96 05:04:19 pm
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Elena wrote:

> At 04:30 PM 8/23/96, Peter Croyden wrote:

>

> >I have three reasons for thinking that most myopia is caused  
> >by simply wrong mental habits and not by emotional trauma.

> >

> >1) Bates doesn't mention it.

>

> Oh yes he does -- all over the place! A health-related genius that he was,  
> how could he have missed it? He hardly mentions anything else!

>

> Bates calls it "mental strain." Janov calls it "Primal Pain." Bates  
> intuited its existence and gave it a generic name. Janov discovered its  
> existence and gave it a brand name.

Oh dear, I have to disagree! (and this was such a friendly list :-)  
Bates does talk all the time about "mental strain", but implies that  
it can frequently be relieved, not by feeling an original pain, but by  
one of his exercises. My hope is that the following quote from his  
book "Better Eyesight Without Glasses" will come true.

"In some cases five, ten or fifteen minutes is sufficient, and  
I believe the time is coming when it will be possible to relieve  
everyone quickly. It is only a question of accumulating more  
facts and presenting these facts in such a way that they may  
be grasped quickly."

I was sceptical when I first read this, but I'm beginning to think  
it will come true.

<snip>  
> >What do you think?  
>  
> I think a marriage between Primal and Visual Therapies would be the greatest  
> anti-myopic alliance in the world.  
I do agree that a multi-pronged approach is needed.

<snip>  
> ... I think I would be ready to cure every myope in the  
> world (well, almost...) after taking a formal course of training with Dr.  
> Janov. Any idea where I could apply for scholarships/grants/donations?  
>  
> Elena

When I've won our National Lottery, you can apply to me as long as I'm  
the first to be treated. I haven't yet bought a ticket this week as I  
read that you have a greater chance of dying than winning when you buy  
it at the beginning of the week.

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK

E-mail: P.Croyden@sussex.ac.uk

Tel: +44 (0) 1273 606755 x2964

FAX: +44 (0) 1273 271956

---

● **References:**

- [Re: What model should we use for myopia?](#)
  - *From:* Elena <solusrex@soho.ios.com>

● Prev by Date: [Re: Not wearing glasses](#)

● Next by Date: [Re: Not wearing glasses](#)

● Prev by thread: [Re: What model should we use for myopia?](#)

● Next by thread: [Re: What model should we use for myopia?](#)

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# Re: Not wearing glasses

---

- *To:* Nick Halloway <[snowe@rain.org](mailto:snowe@rain.org)>
  - *Subject:* Re: Not wearing glasses
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Wed, 28 Aug 1996 17:46:37 -0700 (PDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[Pine.SUN.3.94.960827160927.15591A-100000@coyote.rain.org](mailto:Pine.SUN.3.94.960827160927.15591A-100000@coyote.rain.org)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Tue, 27 Aug 1996, Nick Halloway wrote:

> Herb,  
> Is there any evidence of there being an emmetropization process with  
> astigmatism? Is there any indication that it can be good for one's  
> vision to undercorrect astigmatism? What I've heard is that no,  
> one might undercorrect astigmatism in order to make glasses easier to  
> wear, but one wouldn't expect small amounts of astigmatism to  
> self-correct.  
>  
>

Nick;

It depends on the age of the person with astigmatism. With young children, many think its best to either not correct the astigmatism or to undercorrect it because it will often self-correct with time. With adults, I have heard nothing like that. Some people think the astigmatism of young adult years comes from the action and pressure of the upper lid squeezing the eye and thus causing the usual axis 180 cylinder. Older folks then tend to have their axes change direction closer to 90 degrees with the relaxing of the upper lid pressure with age.

Herb Black

- **References:**

- [Re: Not wearing glasses](#)

- *From:* Nick Halloway <snowe@rain.org>

- Prev by Date: [Re: What model should we use for myopia?](#)

- Next by Date: [Re: Not wearing glasses](#)

- Prev by thread: [Re: Not wearing glasses](#)

- Next by thread: [Re: Not wearing glasses](#)

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# Re: Not wearing glasses

---

- *To:* Owen Harrington <[oharring@modicon.com](mailto:oharring@modicon.com)>
  - *Subject:* Re: Not wearing glasses
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Wed, 28 Aug 1996 18:06:52 -0700 (PDT)
  - *Cc:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *In-Reply-To:* <[199608282157.RAA25274@ds16.modicon.com](mailto:199608282157.RAA25274@ds16.modicon.com)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Wed, 28 Aug 1996, Owen Harrington wrote:

> This is a question that I have been pondering for the last three  
> years now. About three years ago, I stopped wearing glasses or  
> corrective lenses except to drive. This was prompted by reading a  
> book on Vision Improvement by Janet Goodrich. With an Rx of -5.75Rt,  
> -5.25Lf, my vision was fairly blurry. After three years, my vision  
> has improved to about -4.00Rt, -3.5 Lt for 20/20; but it has been a  
> slow and at some times imperceptable process. The question that always  
> bugged me was : Do the eyes require a certain amount of clarity in order to  
> attempt to focus? Would my progress be faster with an undercorrection of  
> one or two diopters? You have indicated that this is the case, but my aversion  
> to wearing minus lenses of any strength is almost too strong to  
> overcome.

>  
>  
>

Congratulations on the eyesight improvement! I wish I could answer your question, but I do not have the experience yet to know. I would recommend contacting someone who has more knowledge in this area, perhaps Dr. Kaplan on this list?

---

## • References:

- [Re: Not wearing glasses](#)
  - *From:* "Owen Harrington" <oharring@modicon.com>
- Prev by Date: [Re: Not wearing glasses](#)
- Next by Date: [Re: Not wearing glasses](#)
- Prev by thread: [Re: Not wearing glasses](#)
- Next by thread: [Eye Patching](#)
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# Re: Not wearing glasses

---

- *To:* [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - *Subject:* Re: Not wearing glasses
  - *From:* Tara Banfield <[terror@eskimo.com](mailto:terror@eskimo.com)>
  - *Date:* Tue, 27 Aug 1996 11:59:32 -0700 (PDT)
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

At 05:26 PM 8/25/96, you wrote:

>In a recent conversation with a friend of mine, (also moderately  
>myoped since teen years) i learned that we had similar experiences.

>  
>Both of us had refused to wear our glasses for a length of time, and  
>both of us had the same results. After not wearing my glasses for 2  
>months, i had to go back to the optometrist for MUCH stronger  
>glasses, (before -3, after -5 approx).  
(...)

>Does anyone else have similar experiences or explanations why i might  
>have had such a rapid deterioration in a short period. As far as i  
>can remember, there was no unusual stress for me that summer.

>  
>- Linda

Interesting! I had an utterly different sort of experience about 10 years ago when I was doing restaurant work in California and decided to leave my glasses off. I spent my time walking, swimming and working, and when I came back to Tacoma to see my eye doctor, he said that he couldn't understand why my eyesight had stayed so stable, and something to the effect of "it shouldn't have happened". What?! Anyhow, I suppose there must be quite an assortment of factors....hard to say! The longer I'm plugged into this list, the more convinced I become that the path to clear vision is frustratingly different for each and every person, and requires a large commitment to see results. We have to figure out every little detail for every little step. What a job! :)

-Tara

- Prev by Date: [Re: Not wearing glasses](#)
- Next by Date: [Re: Not wearing glasses](#)
- Prev by thread: [Re: Not wearing glasses](#)
- Next by thread: [Re: Not wearing glasses](#)
- Index(es):
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# Re: Not wearing glasses

---

- *To:* Linda Lee <[llee@island.net](mailto:llee@island.net)>
  - *Subject:* Re: Not wearing glasses
  - *From:* "Herbert T. Black" <[blackht@pacificu.edu](mailto:blackht@pacificu.edu)>
  - *Date:* Tue, 27 Aug 1996 12:30:29 -0700 (PDT)
  - *Cc:* [I\\_see@indiana.edu](mailto:I_see@indiana.edu)
  - *In-Reply-To:* <[199608270026.RAA16548@norm.island.net](mailto:199608270026.RAA16548@norm.island.net)>
  - *Sender:* [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

On Sun, 25 Aug 1996, Linda Lee wrote:

> In a recent conversation with a friend of mine, (also moderately  
> myoped since teen years) i learned that we had similar experiences.  
>  
> Both of us had refused to wear our glasses for a length of time, and  
> both of us had the same results. After not wearing my glasses for 2  
> months, i had to go back to the optometrist for MUCH stronger  
> glasses, (before -3, after -5 approx).  
>  
> My friend had also refused for a few years and gave in finally when  
> he couldn't see the blackboard. His new glasses were very much  
> stronger also.  
>  
> Does anyone have a theory for this? From what i have been reading  
> lately, the theory goes that by taking off our glasses, our natural  
> vision will improve, but that wasn't my experience, nor my friend's.  
>  
> While it's true that neither of us performed any VT during the time,  
> i'm wondering if it might be a bit irresponsible to tell kids just to  
> stop wearing their glasses.  
>  
> Does anyone else have similar experiences or explanations why i might  
> have had such a rapid deterioration in a short period. As far as i

> can remember, there was no unusual stress for me that summer.  
>  
> - Linda  
>  
>  
Linda;

The current research seems to show that myopia may progress when there is an unusually high amount of BLUR. So if you use low plus lens for myopia reduction, that is okay. But if you have several D of myopia and take off your specs, that is too much blur. The emmetropization process (which is the body's natural way to keep vision at "20/20" only seems to work with mild amounts of blur.

Herb Black

PUCO class of 1998

---

● **Follow-Ups:**

- [Re: Not wearing glasses](#)
  - *From:* caveat emptor <phate@phish.nether.net>

● **References:**

- [Not wearing glasses](#)
  - *From:* "Linda Lee" <llee@island.net>

- Prev by Date: [Re: Not wearing glasses](#)
- Next by Date: [Re: What model should we use for myopia?](#)
- Prev by thread: [Not wearing glasses](#)
- Next by thread: [Re: Not wearing glasses](#)
- Index(es):
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# Re: What model should we use for myopia?

---

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
  - Subject: Re: What model should we use for myopia?
  - From: [P.Croyden@sussex.ac.uk](mailto:P.Croyden@sussex.ac.uk) (Peter Croyden)
  - Date: Thu, 29 Aug 1996 09:33:37 +0100 (BST)
  - In-Reply-To: <[v02140b03ae42f058f8f8@\[153.37.98.57\]](mailto:v02140b03ae42f058f8f8@[153.37.98.57])> from "Bill Stender" at Aug 23, 96 06:25:59 pm
  - Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)
- 

Bill Stender wrote:

<snip>

```
> ... The biggest surprise for me in
> getting involved in this VT is that the vision has become a small part of
> the whole job, my sensitivity to and effectiveness within the world is the
> bigger prize. I'm simply interested in ANYTHING and eager to get involved
> with it ALL.
```

Me too. As an example, I found that my peripheral vision had been very limited, but as it improved I became better at "seeing" the wider view in non visual parts of my life.

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK  
E-mail: [P.Croyden@sussex.ac.uk](mailto:P.Croyden@sussex.ac.uk)  
Tel: +44 (0) 1273 606755 x2964      FAX: +44 (0) 1273 271956

- 
- References:
    - [Re: What model should we use for myopia?](#)
      - From: [BillS@vav-nun.com](mailto:BillS@vav-nun.com) (Bill Stender)
  - Prev by Date: [Re: Not wearing glasses](#)

- Next by Date: [Bilberries, blueberries, berries-berries-berries](#)
- Prev by thread: [Re: What model should we use for myopia?](#)
- Next by thread: [Re: What model should we use for myopia?](#)
- Index(es):
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# Bilberries, blueberries, berries-berries-berries

- To: [i\\_see@indiana.edu](mailto:i_see@indiana.edu)
- Subject: Bilberries, blueberries, berries-berries-berries
- From: Tara Banfield <[terror@eskimo.com](mailto:terror@eskimo.com)>
- Date: Tue, 27 Aug 1996 13:08:29 -0700 (PDT)
- Sender: [owner-i\\_see@indiana.edu](mailto:owner-i_see@indiana.edu)

Hi all -

I was just now hanging out in rec.food.cooking and stumbled across this posting. I thought it might be of interest to someone, so I'm passing it along.

-Tara

~~~~~

>Xref: eskimo rec.food.cooking:228408
>Path:
eskimo!news.sprintlink.net!news-stk-3.sprintlink.net!news-res.gsl.net!news.gsl.net!portc01.blue.aol.com!chi-news.cic.net!newspump.sol.net!nntp04.primenet.com!nntp.primenet.com!howland.erols.net!newsxfer2.itd.umich.edu!agate!info.ucla.edu!news.bc.net!news.sfu.ca!jfreemont
>From: jfreemont@sfu.ca (Jean Fremont)
>Newsgroups: rec.food.cooking
>Subject: Blueberry Month Recipes on Web Sites
>Date: 27 Aug 1996 04:58:05 GMT
>Organization: Simon Fraser University
>Lines: 101
>Message-ID: <4vtv8t\$h7v@morgoth.sfu.ca>
>NNTP-Posting-Host: fraser.sfu.ca
>Keywords: blueberries, anthocyanins, antioxidants, functional foods,
>X-Newsreader: TIN [version 1.2 PL2]
>
>
>*****
>
>
>
> <http://www.worldexport.com/bcblue>
> <http://www.netc.net.au/~trublue>

>

>The Lieutenant-Governor of British Columbia (the Queen's representative) has proclaimed August to be Blueberry Month in British Columbia. Blueberries, a fruit native to North America grown commercially in many states and provinces, are truly fit for a queen. What's more - they are good for her too.

>

>The blue in blueberries comes from the anthocyanin pigment. Anthocyanins are called phytochemicals - phyto from the Greek word for plant - or nutraceuticals because they act as antioxidants protecting body cells against undesirable oxidative changes. Anthocyanosides prevent free radical damage with antioxidant and free radical scavaging action.

>

>The North American blueberry is related to the European bilberry (*Vaccinium myrtillus*). Bilberries have a very high anthocyanin content because the pigment is in both the skin and the flesh. In the North American blueberry, the pigment is only found in the skin. For that reason, small berries have proportionally more anthocyanin because the proportion of skin to flesh is higher than in large berries. Because wild (lowbush) berries are generally smaller than cultivated (highbush) berries, the anthocyanin content of the lowbush berries is generally higher.

>

>Bilberries have been used in folk medicine in Europe for centuries and extracts of bilberry (sometimes mixed with blueberry extract) are sold in health food stores in Europe and North America. Scientists are now actively investigating the health benefits of the anthocyanin pigment in bilberries and blueberries. Promising research areas for the use of extracts from these plants are in ophthalmological applications, diabetes and inflammatory joint disease.

>

>Dr. Willi Kalt, a plant physiologist from the Kentville Agricultural Research Station in Nova Scotia, who is studying the anthocyanin content of blueberries provided the following comparison:

>

> Anthocyanin Content of Some Small Fruits
> in mg per 100 g fresh weight

>

>Cranberry	60	Currant, black	250
>Currant, red	15	Grape, Merlot fruit	120
>Raspberry, red	40	Raspberry, black	300
>Strawberry	45	Blueberries- wild lowbush	200
>Blueberries- highbush	100	Bilberries	450
>Partridgeberry/Lingonberry	130	Blackberries	200

>

>

>Blueberries belong to the genus *Vaccinium* as do cranberries.

>This may be the reason the blueberries are the only fruit with a
>preventive action against urinary tract infections similar to
>that of cranberries.

>
>Judging by the tonnage of berries grown every year by some of the
>large volume producers - New Jersey, Michigan, British Columbia,
>Maine and Nova Scotia - a lot of commoners enjoy those true blues too.
>Washington, Oregon, Georgia, New Brunswick, Prince Edward Islnd,
>Newfoundland, Ontario and Quebec also produce fine berries.
>They are even grown now in Arkansas, Florida and Mississippi.
>In winter, fine dining establishments and specialty markets in
>the Northern Hemisphere feature fresh blueberries from Australia,
>New Zealand and Chile for those who just can't do without them.

>
>August is the height of the canning and preserving season in
>North America and now is the time to head out to a U-Pick if
>you live in a berry producing state or to load up your freezer
>with fresh berries from the grocery store. If you buy in bulk,
>a 30 pound box for instance, you can often negotiate a good price
>at your local produce market.

>
>I am passing on an address for a home page with
>recipes developed by delta nutrition systems of Vancouver
>for the British Columbia Blueberry Council's "Savour the Flavour"
>("Savor the Flavor" south of 49) recipe booklet.

>
>Simply point your browser to

> <http://www.worldexport.com/bcblue>

>
>and click on the photographs of the dishes that pique your
>appetite. You can print out the recipes complete with pictures to
>add to your collection.

>
>For more blueberry recipes and blueberry health information from
>the British Columbia Blueberry Council, head Down Under to
>this page in Australia:

> <http://www.netc.net.au/~trublue>

>*****
>8888888888*****888888

- Prev by Date: [Re: What model should we use for myopia?](#)
- Next by Date: [RE: Results of the eighth month](#)
- Prev by thread: [Increasing blur, decreasing myopia](#)
- Next by thread: [Palming theory](#)
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RE: Results of the eighth month

- *To:* "I_SEE" <i_see@indiana.edu>, "Stefan Stefanov" <stefansi@ctrvax.Vanderbilt.Edu>
 - *Subject:* RE: Results of the eighth month
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Thu, 29 Aug 96 08:49:16 UT
 - *Sender:* owner-i_see@indiana.edu
-

Stefan,

I just came back from a corneal topography with an optometrist who uses orthokeratology.

The result as far as I could understand (since he was the kinda 'know-it-all' optometrist) there is some 'extra' curvature at the top and bottom of the cornea the way I expected to be i.e. it's just like it's squeezed by vertical up and down pressure. This confirms my theory about the double images that I'm getting.

What to do next next? I guess I'm looking for some suggestions on how to exercise a horizontal pressure to minimise the curvature sort of what OK is supposed to do.

george

-
- Prev by Date: [Bilberries, blueberries, berries-berries-berries](#)
 - Next by Date: [Palming theory](#)
 - Prev by thread: [RE: Results of the eighth month](#)
 - Next by thread: [resource help](#)
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Palming theory

- To: i_see@indiana.edu
 - Subject: Palming theory
 - From: pdf@freenet.edmonton.ab.ca
 - Date: Wed, 28 Aug 1996 16:58:15 -0600 (MDT)
 - Sender: owner-i_see@indiana.edu
-

I_seers

For me, when i do palming and see images in my mind they are rather blurry. Sometimes although the images may become clearer for brief periods of time. I wondering if this may have something to do with me being high in myopia. Do other high myopes experience the same ? Do lower myopes experience more sharpness in the images they picture in their mind then the higher myopes during palming ? If this would be the case it would lead me to believe that myopia has a lot more to do with the brain as oppose to the eyes then i first thought. Maybe when we would see images in our mind become clearer it would show that the effectiveness in our palming would be increasing. As well if this is the case, maybe this would be another way to test the effectiveness of palming, by images becoming sharper in our minds then they usually are, it's sort of like clear flashes but only in our imagination.

What are your comments on this theory ?

Thanks in advance

Peter

-
- Prev by Date: [RE: Results of the eighth month](#)
 - Next by Date: [Re: Not wearing glasses](#)
 - Prev by thread: [Bilberries, blueberries, berries-berries-berries](#)

- Next by thread: [Re: Palming theory](#)
- Index(es):
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Re: Not wearing glasses

- *To:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Subject:* Re: Not wearing glasses
 - *From:* "Owen Harrington" <oharring@modicon.com>
 - *Date:* Wed, 28 Aug 1996 17:56:41 -0500
 - *CC:* i_see@indiana.edu
 - *Comments:* Authenticated sender is <oharring@pobox>
 - *Organization:* modicon
 - *Priority:* normal
 - *Reply-to:* oharring@modicon.com
 - *Sender:* owner-i_see@indiana.edu
-

On 27Aug96, Herbert Black wrote:

```
> The current research seems to show that myopia may progress when there is
> an unusually high amount of BLUR. So if you use low plus lens for myopia
> reduction, that is okay. But if you have several D of myopia and take
> off your specs, that is too much blur. The emmetropization process (which
> is the body's natural way to keep vision at "20/20" only seems to work
> with mild amounts of blur.
```

This is a question that I have been pondering for the last three years now. About three years ago, I stopped wearing glasses or corrective lenses except to drive. This was prompted by reading a book on Vision Improvement by Janet Goodrich. With an Rx of -5.75Rt, -5.25Lf, my vision was fairly blurry. After three years, my vision has improved to about -4.00Rt, -3.5 Lt for 20/20; but it has been a slow and at some times imperceptable process. The question that always bugged me was : Do the eyes require a certain amount of clarity in order to attempt to focus? Would my progress be faster with an undercorrection of one or two diopters? You have indicated that this is the case, but my aversion to wearing minus lenses of any strength is almost too strong to overcome.

- **Follow-Ups:**

- [Re: Not wearing glasses](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [Palming theory](#)

- Next by Date: [Eye Patching](#)

- Prev by thread: [Re: Not wearing glasses](#)

- Next by thread: [Re: Not wearing glasses](#)

- Index(es):

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- [Thread](#)

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Eye Patching

- To: i_see@indiana.edu
 - Subject: Eye Patching
 - From: pdf@freenet.edmonton.ab.ca
 - Date: Thu, 29 Aug 1996 09:13:12 -0600 (MDT)
 - Sender: owner-i_see@indiana.edu
-

I_seers,

When using an eye patch, how do you determine if you should cover the weaker eye or the stronger eye ? It seems to me if you cover the stronger eye that it would most likely improve the vision of the weaker eye, however at the same time you would be covering the stronger eye, thus imitating palming, sort-of. Would it be better to relax the weaker eye by covering the it or exercising the weaker eye by covering the stronger eye. Can you do both, without being totally blind ?

I'm kind of caught in the middle.

Thanks in advance,

Peter

-
- Prev by Date: [Re: Not wearing glasses](#)
 - Next by Date: [Re: Palming theory](#)
 - Prev by thread: [Eye Patching](#)
 - Next by thread: [RE: Eye Patching](#)
 - Index(es):

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Re: Palming theory

- *To:* i_see@indiana.edu
 - *Subject:* Re: Palming theory
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Thu, 29 Aug 1996 11:13:56 -0500
 - *Sender:* owner-i_see@indiana.edu
-

>For me, when i do palming and see images in my mind they are rather
>blurry. Sometimes although the images may become clearer for brief
>periods of time. I wondering if this may have something to do with me
>being high in myopia. Do other high myopes experience the same ? Do lower
>myopes experience more sharpness in the images they picture in their
>mind then the higher myopes during palming ?

I usually experience inner visions as sharp and clear
(I have a high level of myopia). If they are fuzzy,
then they are usually an energy swirl or something where
I would not expect a crisp, worldly image. How about when you
visualize something when not palming? Are your dream
images clear? Maybe I don't understand your description.

I wear 20/20 correction sometimes just to experience the
unsurpassable beauty of the world. I wonder, though, if
putting on the glasses is simply a way to evoke a habitual
response of ordering the world a certain way.

Mark

- Prev by Date: [Eye Patching](#)
- Next by Date: [Re: Palming theory](#)
- Prev by thread: [Palming theory](#)
- Next by thread: [Re: Palming theory](#)
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Re: Palming theory

- *To:* pdf@freenet.edmonton.ab.ca, i_see@indiana.edu
 - *Subject:* Re: Palming theory
 - *From:* "KGH" <choracsek@wwdc.com>
 - *Date:* Fri, 30 Aug 1996 00:50:55 +0000
 - *Comments:* Authenticated sender is <choracsek@WWDC.COM>
 - *Priority:* normal
 - *Sender:* owner-i_see@indiana.edu
-

On 28 Aug 96 at 16:58, pdf@freenet.edmonton.ab.ca wrote:

> For me, when i do palming and see images in my mind they are rather
> blurry. Sometimes although the images may become clearer for brief
> periods of time. I wondering if this may have something to do with me
> being high in myopia. Do other high myopes experience the same ? Do lower
> myopes experience more sharpness in the images they picture in their
> mind then the higher myopes during palming ? If this would be the case it
> would lead me to believe that myopia has a lot more to do with the brain
> as oppose to the eyes then i first thought. Maybe when we would see images in
> our mind become clearer it would show that the effectiveness in our palming
> would be increasing. As well if this is the case, maybe this would be another
> way to test the effectiveness of palming, by images becoming sharper in
> our minds then they usually are, it's sort of like clear flashes but
> only in our imagination.

>
> What are your comments on this theory ?

>
> Thanks in advance

>
> Peter

>
I'm afraid that I will have to present myself as a counter-example to your theory. I find that the images in my mind are always of crystal clarity. The only time there is a blur is if I am remembering a scene which occurred when I wasn't wearing any corrective lenses. I currently have approximately 6 diopters of myopia in each eye and have been myopic for nearly 30 years.

-
- **Follow-Ups:**
 - [Re: Palming theory](#)
 - *From:* warrior@juno.com (Lawrence A Guerrero)

 - Prev by Date: [Re: Palming theory](#)
 - Next by Date: [Re : Acupuncture](#)
 - Prev by thread: [Re: Palming theory](#)
 - Next by thread: [Re: Palming theory](#)
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Re : Acupuncture

- To: i_see@indiana.edu
- Subject: Re : Acupuncture
- From: p9205755@student.anu.edu.au (Al)
- Date: Fri, 30 Aug 1996 11:35:35 +1000
- Sender: owner-i_see@indiana.edu

Hi All,

I looked up where I saw the thing about acupressure...

it was in Dr Liberman's book 'Take off your glasses and see'

pages 26 and 27 show " EYE EXERCISES from the People's Republic of China"

there are four exercises to do twice each day involving pressing against certain points on the face.

He says that the Chinese have actually reversed the increase in Myopia.

The exercises were endnoted to : Hazel Dawkins, Ellis Edelman and Constantine Forkiotis ' Suddenly Successful: How Behavioral Optometry Helps you Overcome Learning, Health and Behavior Problems' p 85

Alistair Phillips

```
 , _/          _/          _/
<o/ /         /          /
# |          |          |
< \ |          |          |
 /          /          /
 /          a.phillips@student.anu.edu.au /          =%@ /
```

- Prev by Date: [Re: Palming theory](#)
- Next by Date: [Re: What model should we use for myopia?](#)
- Prev by thread: [RE: Palming theory](#)
- Next by thread: [Re : Acupuncture](#)
- Index(es):
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Re: What model should we use for myopia?

- *To:* i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Thu, 29 Aug 1996 17:19:32 -0400
 - *Sender:* owner-i_see@indiana.edu
-

At 03:32 PM 8/29/96 +0100, P.Croyden@sussex.ac.uk (Peter Croyden) wrote:

>Bates does talk all the time about "mental strain", but implies that
>it can frequently be relieved, not by feeling an original pain, but by
>one of his exercises.

True, one of his exercises RELIEVED my own myopia the very first time I tried it. I'm not talking relief though, I'm talking cure. Bates himself CURED his vision. Why did no member of this list succeed to this extent by following in his footsteps? So many motivated people, so many valuable approaches, so many encouraging cases of improvement... but no cure?

Hypothesis: Bates's exercises work to their full potential only under certain specific circumstances and only on one condition: when they lead right into a direct feeling contact with the original pain, the one that was the reason behind visual system's original defensive response and its subsequent chronic defensive functioning. The pain (emotional or physical or both) may be so catastrophic that, once stripped of its original defense, the body and the mind will desperately seek a new defense in order to shut the feeling away from consciousness again. THAT'S WHY BATES HIMSELF GOT AMNESIA IN THE PROCESS OF IMPROVING HIS OWN VISION. He came up with his intuitive idea of "mental strain" (something rather vague and not terribly threatening from the sound of it) on the intellectual level and, while staying on THAT level ONLY, was free to slice it any way he wanted -- call it "fear of not seeing" or "anxiety" or "too much effort." But when up against a full blast of total three-level consciousness of the original feeling, he himself was powerless to handle it. The memory his exercises brought him into contact with was so agonizing that the only way to defend against it was to sacrifice his WHOLE memory to total amnesia. It was just a NEW defensive tactic of a mind stripped of its OLD, visual defense -- and driven desperate by a catastrophic feeling as a direct result of it.

Amnesia is the best way to make sure that something "never happened."

> My hope is that the following quote from his
>book "Better Eyesight Without Glasses" will come true.

>
> "In some cases five, ten or fifteen minutes is sufficient, and
> I believe the time is coming when it will be possible to relieve
> everyone quickly. It is only a question of accumulating more
> facts and presenting these facts in such a way that they may
> be grasped quickly."

>
>I was sceptical when I first read this, but I'm beginning to think
>it will come true.

Let me borrow Larry's favorite line here: Hmmmmmm...

The great man himself was a believer in the magic bullet... even though he
should have known better, after his magic bullet went right through his brain!

>When I've won our National Lottery, you can apply to me as long as I'm
>the first to be treated.

Agreed -- go get that ticket. For now, I don't see a way to make things
come true by just wanting them to, but the next best way -- to make things
come true by knowing precisely how to work on their coming true -- is just a
lottery ticket away :-)

Elena

- **Follow-Ups:**

- [Re: What model should we use for myopia?](#)
 - *From:* warrior@juno.com (Lawrence A Guerrera)

- Prev by Date: [Re : Acupuncture](#)

- Next by Date: [Re : Acupuncture](#)

- Prev by thread: [Re: What model should we use for myopia?](#)

- Next by thread: [Re: What model should we use for myopia?](#)

- Index(es):

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Re : Acupuncture

- To: i_see@indiana.edu
 - Subject: Re : Acupuncture
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Fri, 30 Aug 1996 10:58:43 -0500
 - Sender: owner-i_see@indiana.edu
-

From: p9205755@student.anu.edu.au (Al)

>I looked up where I saw the thing about acupressure...
>it was in Dr Liberman's book 'Take off your glasses and see'
>pages 26 and 27 show " EYE EXERCISES from the People's Republic of China"
>there are four exercises to do twice each day involving pressing against
>certain points on the face.

I've found these helpful in releasing facial tension.
I try to do them at least once a day.

Mark

-
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Re: Palming theory

- *To:* i_see@indiana.edu
 - *Subject:* Re: Palming theory
 - *From:* warrrior@juno.com (Lawrence A Guerrero)
 - *Date:* Fri, 30 Aug 1996 18:21:21 EDT
 - *References:* <199608300553.AAA16185@zap.wwdc.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 30 Aug 1996 00:50:55 +0000 "KGH" <choracsek@wwdc.com> writes:
>On 28 Aug 96 at 16:58, pdf@freenet.edmonton.ab.ca wrote:
>
>> For me, when i do palming and see images in my mind they are rather
<< snippity snip snip >

>I'm afraid that I will have to present myself as a counter-example
>to your theory. I find that the images in my mind are
>always of crystal clarity. The only time there is a blur is if I
>am remembering a scene which occurred when I wasn't wearing any
>corrective lenses. I currently have approximately 6 diopters of
>myopia
>in each eye and have been myopic for nearly 30 years.

>
> KGH

Another counter-example. The images I get are of neither crystal clarity nor uncorrected blur. They seem to fall somewhere in between where I can see the image, it is clear to me what the image is, but yet it is not the type of crystal clear image that I would expect. Funny though, no matter what the image or the "blur" factor, I always know what it is.

Damn, if real life was that way, no more glasses!

- Larry

- **References:**

- [Re: Palming theory](#)

- *From:* "KGH" <choracsek@wwdc.com>

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Re: What model should we use for myopia?

- *To:* i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* warrrior@juno.com (Lawrence A Guerrero)
 - *Date:* Fri, 30 Aug 1996 19:19:13 EDT
 - *References:* <199608292119.RAA26702@haven.ios.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 29 Aug 1996 17:19:32 -0400 Elena <solusrex@soho.ios.com> writes:

<snip>

```
>Hypothesis: Bates's exercises work to their full potential only under
>certain specific circumstances and only on one condition: when they
>lead
>right into a direct feeling contact with the original pain, the one
>that was
>the reason behind visual system's original defensive response and its
>subsequent chronic defensive functioning. The pain (emotional or
>physical
>or both) may be so catastrophic that, once stripped of its original
>defense,
>the body and the mind will desperately seek a new defense in order to
>shut
>the feeling away from consciousness again. THAT'S WHY BATES HIMSELF
>GOT
>AMNESIA IN THE PROCESS OF IMPROVING HIS OWN VISION. He came up with
>his
>intuitive idea of "mental strain" (something rather vague and not
>terribly
>threatening from the sound of it) on the intellectual level and, while
>staying on THAT level ONLY, was free to slice it any way he wanted --
```


Re: What model should we use for myopia?

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Re: What model should we use for myopia?

- *To:* i_see@indiana.edu, warrior@juno.com
 - *Subject:* Re: What model should we use for myopia?
 - *From:* dennis@netcom.com (Dennis Yelle)
 - *Date:* Fri, 30 Aug 1996 18:08:57 -0700
 - *Sender:* owner-i_see@indiana.edu
-

>Elena, you have succeeded in scaring the bejeezus out of me! Is it
>possible that in order to effect a cure, we may have to sacrifice a
>part of ourselves in the process??? Is that REALLY necessary???

Yes, you have to give up the part of yourself that
"knows" that you cannot see clearly things that are 20 feet away.

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Re: What model should we use for myopia?

- *To:* i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Fri, 30 Aug 1996 22:07:04 -0400 (EDT)
 - *In-Reply-To:* <19960830.191943.8279.1.warrior@juno.com>
 - *Reply-To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Sender:* owner-i_see@indiana.edu
-

We don't need to sacrifice a part of ourselves, we need to REGAIN some things. I might need to get rid of some things that are not really me, such as faulty beliefs, mistaken perspectives, automatic assumptions I have picked up along the way. I am learning to question things that I have long taken as fact (it helps to spend time with children: they ask why all the time). It is scary to think that I might have to become someone else to "get better" (ask anyone who has been through a 12 step program about that). That is not how it works. This is not electro-shock therapy.

Mary

On Fri, 30 Aug 1996, Lawrence A Guerrera wrote:

```
<snip>
> Elena, you have succeeded in scaring the bejeezus out of me! Is it
> possible that in order to effect a cure, we may have to sacrifice a
> part of ourselves in the process??? Is that REALLY necessary???
>
> >Let me borrow Larry's favorite line here: Hmrrrrrr...
>                                     ^^^^^^^^^^
```

> Didn't realize it until you wrote it.
> Very flattered. Thank you.
>
> - Larry
>

● **References:**

- [Re: What model should we use for myopia?](#)
 - *From:* warrior@juno.com (Lawrence A Guerrero)

- Prev by Date: [Re: What model should we use for myopia?](#)
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Re: What model should we use for myopia?

- To: i_see@indiana.edu
 - Subject: Re: What model should we use for myopia?
 - From: "KGH" <choracsek@wwdc.com>
 - Date: Sat, 31 Aug 1996 04:42:17 +0000
 - Comments: Authenticated sender is <choracsek@WWDC.COM>
 - Priority: normal
 - Sender: owner-i_see@indiana.edu
-

On 29 Aug 96 at 17:19, Elena wrote:

<snip>

```
>The pain (emotional or physical
> or both) may be so catastrophic that, once stripped of its original defense,
> the body and the mind will desperately seek a new defense in order to shut
> the feeling away from consciousness again. THAT'S WHY BATES HIMSELF GOT
> AMNESIA IN THE PROCESS OF IMPROVING HIS OWN VISION.
```

>

<snip>

This statement is, perhaps, overdramatic, since it cannot be verified. The biography does not mention if his amnesia occurred before, during, or after he cured his vision. Also, it is nowhere mentioned if he received psychiatric help following his memory difficulties. This means that we have no way of determining what was going on in his life at that time. Amnesia of the sort that Dr. Bates suffered is still not a well understood phenomenon. While there may be some validity to your conclusion, I don't think it is deserving of the strong emphasis that you have given it.

KGH

-
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Re: What model should we use for myopia?

- *To:* i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Sat, 31 Aug 1996 15:45:15 -0400
 - *Sender:* owner-i_see@indiana.edu
-

At 07:19 PM 8/30/96 EDT, warrior@juno.com (Lawrence A Guerrera) wrote:

>Is it
>possible that in order to effect a cure, we may have to sacrifice a
>part of ourselves in the process??? Is that REALLY necessary???

Yes. The part that has to be sacrificed is our defenses. The magnitude of the "sacrifice" will be in direct proportion to the original amount of refractive error. (It doesn't mean high myopes have more defenses overall, as people: a low myope -- or a perfect-sighted hypertension sufferer or alcoholic or worcaholic or whatever -- may just be someone who utilizes a larger VARIETY of defenses -- i.e., myopia plus stiff muscles plus a stiff, impenetrable armor of beliefs, for one -- whereas it is also possible, like in my case, to have more homogenous defensive responses, when everything sort of gets absorbed by a single major defense, myopia -- my body's preferred method of warding off whatever it felt I couldn't deal with and had to defend against.) And "sacrifice" is an appropriate term because a defense is NOT something easy to give away. It ain't charity unless it hurts.

What gets sacrificed when one loses defenses is the unreal self. I don't mean anything symbolic by the "unreal self," I mean the part of us that developed in response to the early manipulative intrusions on our reality. An example: when I discovered I had to investigate my childhood for what I might not know, I was looking through some old photographs and found a few that showed me, at the age of about three, invariably holding things in my LEFT hand. Holy sh...t, and I've always thought of myself as emphatically right-handed! It never even crossed my mind that I might be anything else. So I started questioning my parents. My mother didn't remember anything; my father said, "Oh yes, you did want to do things with your left hand but of

course we taught you the proper way."

Of course. So now I know the reason behind my contra-lateral (right hand/left eye) dominance, something PHYSICAL but brought about by PSYCHOLOGICAL pressure. Now which "self" is real for purposes of this one tiny distinction -- the left-handed, laterally dominant me or the right-handed, cross-dominant me? Which brain organization is real, incidentally? Obviously there's an alternative -- and none of my favorite fuzzy ways around it will work -- I have to choose one out of two! So which one is the real self? One has to be chosen, the other one sacrificed. What do you think?

It's only one little example, nothing major. Each and every one of us consists of myriads of such "realities" that are really unreal and were absorbed into "self" by pushing out bits and pieces of the REAL self. Bits and pieces till there's nothing left of the original, master-plan, undistorted us but a system of defenses. Is it worth it losing it? Is it worth it to be real?

Elena

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RE: Palming theory

- *To:* i_see <i_see@indiana.edu>, pdf <pdf@freenet.edmonton.ab.ca>
 - *Subject:* RE: Palming theory
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 30 Aug 96 09:10:00 PDT
 - *Encoding:* 20 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Peter

I thought that the idea of palming was that you weren't to imagine/see anything other than blackness. I'm a low myope and I see speckles of grey or red sometimes, but no images. Are your images unbidden, or do you deliberately bring them up?

Caroline

For me, when i do palming and see images in my mind they are rather blurry. Sometimes although the images may become clearer for brief periods of time. I wondering if this may have something to do with me being high in myopia. Do other high myopes experience the same ? Do lower myopes experience more sharpness in the images they picture in their mind then the higher myopes during palming ?

Peter

-
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RE: Eye Patching

- *To:* pdf <pdf@freenet.edmonton.ab.ca>
 - *Subject:* RE: Eye Patching
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 30 Aug 96 09:34:00 PDT
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 47 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Peter

My question too. I was going to ask it last week and then forgot. The only information I have is that my behavioural optometrist originally told me to patch my eyes equally (they are 3/4 D different from each other).

However, I have often wondered whether to give my weaker eye more unpatched time than my stronger, because I've heard that your weaker eye will never 'bother' to improve too much while the stronger one is there to take care of things.

When I told him that I found palming difficult but often managed to cover just one eye whilst on the phone at work, he said that that was good, but it wasn't palming, it was effectively patching. (Is this because the covered eye is moving as the uncovered one is, even though it can't see anything?). Hence your "thus imitating palming, sort-of" would seem to be incorrect.

>From that I concluded that both eyes need to be covered for palming. (Why? Is it because it is more of a brain and relaxation thing than an eye thing?).

If anyone else has an answer about patching the stronger eye more than the weaker I'd be fascinated to know.

(NB I don't actually know why I was told to patch my eyes, but I believe it was more to do with increasing peripheral vision, which is apparently required before 'normal' vision improves(??) My optometrist also told me

one of the most important things about patching was allowing the feelings to come out - eg frustration when you misjudge distances!)

Caroline

When using an eye patch, how do you determine if you should cover the weaker eye or the stronger eye ? It seems to me if you cover the stronger eye that it would most likely improve the vision of the weaker eye, however at the same time you would be covering the stronger eye, thus imitating palming, sort-of. Would it be better to relax the weaker eye by covering the it or exercising the weaker eye by covering the stronger eye. Can you do both, without being totally blind ?

I'm kind of caught in the middle.

Thanks in advance,

Peter

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- [Thanks](#), *helen.gillett*
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- [Baby Mode](#), *furmark*
- [Re: Baby Mode](#), *L. Wright" (by way of Bills@vav-nun.com (Fr. ALSO))*
- [Re: Baby Mode](#), *katerina_x_voracek*

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 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
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 - *From:* Stefan Stefanov <stefansi@usa.net>
- [William Bates: The man, the myth](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Re: To Varun](#)
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 - *From:* Elena <solusrex@soho.ios.com>
- [Eye exercise: merry go round](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [RE: Results of the eighth month](#)
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
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 - *From:* Bills@vav-nun.com (Fr. ALSO)
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 - *From:* Bills@vav-nun.com (Bill Stender)
- [Palming and Visualization](#)
 - *From:* "Linda Lee" <llee@island.net>
- [Contacts and Glasses](#)
 - *From:* "George Tohme" <PolySoft@msn.com>
- [Re: correcting vision through exercise -Reply](#)

- *From:* Theodore Green <vmgreen@vetmed.missouri.edu>
- **Re: Doubts**
 - *From:* katerina_x_voracek@amoco.com
- **Re: Doubts**
 - *From:* MeiTien <a.wu@worldnet.att.net>
- **Re: Doubts**
 - *From:* Nick Halloway <snowe@rain.org>
- **Re: Doubts**
 - *From:* BillS@vav-nun.com (Fr. ALSO)
- **Re: correcting vision through exercise**
 - *From:* JRalls7959@aol.com
- **floaters**
 - *From:* freelynn@exit109.com
- **Re: Doubts**
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
- **Re: My experience without glasses**
 - *From:* katerina_x_voracek@amoco.com
- **Re: floaters**
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- **Re: Doubts**
 - *From:* MeiTien <a.wu@worldnet.att.net>
- **Thanks**
 - *From:* helen.gillett@unn.ac.uk
- **Re: Doubts**
 - *From:* katerina_x_voracek@amoco.com
- **My personal experience**
 - *From:* Robert John Symes <rsx@Cs.Nott.AC.UK>
- **Re: Doubts**
 - *From:* "Art Blake" <art@blakesys.com>
- **My case, updated**
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- **Clear flashes: clearer in the weaker eye!**
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>

- [Plus lenses for myopia](#)
 - *From:* Nick Halloway <snowe@rain.org>
- [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* warrior@juno.com (Lawrence A Guerrero)
- [Clear Flashes](#)
 - *From:* p9205755@student.anu.edu.au (Al)
- [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* pdf@freenet.edmonton.ab.ca
- [RE: Clear Flashes](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [Re: Clear Flashes](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)
- [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
- [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* warrior@juno.com (Lawrence A Guerrero)
- [Astigmatism](#)
 - *From:* pdf@freenet.edmonton.ab.ca
- [Re: Astigmatism](#)
 - *From:* dennis@netcom.com (Dennis Yelle)
- [Re: Clear Flashes](#)
 - *From:* p9205755@student.anu.edu.au (Al)
- [anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: anyone tried hypnosis?](#)
 - *From:* MeiTien <a.wu@worldnet.att.net>
- [Re: anyone tried hypnosis?](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)
- [Re: anyone tried hypnosis?](#)
 - *From:* Mark.N.Hopgood@indiana.edu
- [RE: anyone tried hypnosis?](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [Re: Multiple personalities](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: Plus lenses for myopia](#)
 - *From:* Massimiliano <mstolfa@rtmol.stt.it>
- [Re: anyone tried hypnosis?](#)

- *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [**Re: anyone tried hypnosis?**](#)
 - *From:* mat@tekbases.metrice.com (Marco A. Terry)
- [**Difficulties with plus glasses**](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [**Strain due to plus lenses**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Re: Plus lenses for myopia**](#)
 - *From:* JRalls7959@aol.com
- [**Re: anyone tried hypnosis?**](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
- [**Re: Focussing and its relation to Myopia**](#)
 - *From:* Kip Bryan <kipb@world.std.com>
- [**RE: Strain due to plus lenses**](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [**Relaxing the eye's extrinsic muscles**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Re: Difficulties with plus glasses**](#)
 - *From:* Kip Bryan <kipb@world.std.com>
- [**Re: RE: Strain due to plus lenses**](#)
 - *From:* Stefan Stefanov <stefansi@usa.net>
- [**Re: Clear Flashes of a Snake!**](#)
 - *From:* JulPS@aol.com
- [**Mary Worth...are you there!?????**](#)
 - *From:* JulPS@aol.com
- [**Re: Focussing and its relation to Myopia**](#)
 - *From:* pdf@freenet.edmonton.ab.ca
- [**Re: anyone tried hypnosis?**](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [**Baby Mode**](#)
 - *From:* "L. Wright" <wrightla@zeta.org.au>
- [**SEVERE MYOPIA IN CHILD !!**](#)
 - *From:* Iapetos@matrix.kapatel.gr
- [**relaxation**](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [**Re: Baby Mode**](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [**Re: Baby Mode**](#)
 - *From:* Stefan Stefanov <stefansi@usa.net>
- [**Re: Baby Mode**](#)
 - *From:* BillS@vav-nun.com (Fr. ALSO)

- [Re: relaxation](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [Re: relaxation](#)
 - *From:* croberts@caprica.com (Chris Robertson)
- [Re: relaxation](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)
- [Re: Difficulties with plus glasses](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [Re: relaxation](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [Baby Mode](#)
 - *From:* furmark@pipeline.com
- [Re: "Baby Mode" vision](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [presbyopia](#)
 - *From:* freelynn@exit109.com
- [Re: "Baby Mode" vision](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)
- [astigmatism](#)
 - *From:* mcoevoet@vub.ac.be (Coevoet Marc)
- [tibetan option](#)
 - *From:* JRalls7959@aol.com
- [Baby mode to pictures](#)
 - *From:* pdf@freenet.edmonton.ab.ca
- [difficulies improving theory](#)
 - *From:* pdf@freenet.edmonton.ab.ca
- [Re: difficulties improving theory](#)
 - *From:* Kip Bryan <kipb@world.std.com>
- [Re: tibetan option](#)
 - *From:* jofelix@attmail.com (Jorge Felix)
- [Re: Baby Mode](#)
 - *From:* "L. Wright" <zerobase@speednet.com.au> (by way of Bills@vav-nun.com (Fr. ALSO))
- [cataracts](#)
 - *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>
- [Re: cataracts](#)
 - *From:* Stefan Stefanov <stefansi@usa.net>
- [Re: Baby Mode](#)
 - *From:* katerina_x_voracek@amoco.com
- [Re: Baby Mode](#)
 - *From:* "Art Blake" <art@blakesys.com>

Mail converted by [MHonArc](#) 2.2.0

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Re: What model should we use for myopia?

- *To:* Elena <solusrex@soho.ios.com>, i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sat, 31 Aug 1996 22:44:35 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

Elena,
While i can relate to your statement of 'non vs. real self' I think the concept requires deeper analysis. The concept of a 'Real' self and a 'false' self is a classic dichotomy which aint necessarily so. Consider that any concept of Self is a false creation by virtue of it being a concept. This creation is a static snapshot of an aspect of Self which fails to contain the infinity we are, and also fails to properly express the fact of the constant change which is essential to a living thing.

Therefore the so-called 'True' self, while more favorable than the 'false' one is still not the whole enchilada and just as likely to create blocks to full awareness. the mind unceasingly refines it's snapshots, but they all end up in dusty albums. Better to abolish the practice of deciding what is one's 'true' way of being and focus on what feels good.

I know you have spoken eloquently on the importance of feeling, but the concept of a 'true' self has implications i wanted to point out. I liken this to the notion that there is a 'reality' that we can eventually fully understand, and since we are coterminous with that same reality, this will never occur (or maybe when we die, i'm not sure about this last point).

this is not to belittle the discoveries of our past tendencies and the way the changes we have adopted over the years have shaped our present structure, just to put a perspective on the information and again, to avoid the notion of a RIGHT way to be. (other than DOING what we DESIRE at all times:)

At 15:45 8/31/96, Elena wrote several things, including this:

...

>It's only one little example, nothing major. Each and every one of us

>consists of myriads of such "realities" that are really unreal and were
>absorbed into "self" by pushing out bits and pieces of the REAL self. Bits
>and pieces till there's nothing left of the original, master-plan,
>undistorted us but a system of defenses. Is it worth it losing it? Is it
>worth it to be real?

>
>Elena

-Bill

***Time is NOT Money, the Customer is NOT always Right, Gain does NOT
require Pain*** <Bills@vav-nun.com>

-
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definitions

- *To:* I_SEE@indiana.edu
 - *Subject:* definitions
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sat, 31 Aug 1996 22:52:38 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

my recent reply to Elena reminded me of a poem i wrote last week as it expresses the notion somewhat:

~~~  
the dark is still not black enough,  
a veil will never lift for the looker.  
being blackness, irridescence  
fills the void with a light  
alive and coming from nowhere.  
no ancient fountain  
nor shrouded mountain.  
timeless, sourceless, the star  
defies the sharpest sword.

~~~  
Fr. ALSO

-
- Prev by Date: [Re: What model should we use for myopia?](#)
 - Next by Date: [Re: What model should we use for myopia?](#)
 - Prev by thread: [Re: What model should we use for myopia?](#)
 - Next by thread: [Intro: Varun Verma](#)

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Re: What model should we use for myopia?

- To: i_see@indiana.edu
 - Subject: Re: What model should we use for myopia?
 - From: Elena <solusrex@soho.ios.com>
 - Date: Sun, 1 Sep 1996 00:13:37 -0400
 - Sender: owner-i_see@indiana.edu
-

At 04:42 AM 8/31/96 +0000, "KGH" <choracsek@wwdc.com> wrote:

>

>This statement is, perhaps, overdramatic, since it cannot be verified. The
>biography does not mention if his amnesia occurred before, during, or
>after he cured his vision.

Rather than believe that a balanced individual with no history of mental disturbances will suddenly lose his identity just for no reason, out of the blue, I think I can glean a causality. My theory of the nature of refractive errors as defensive mechanisms seems to offer a good working hypothesis of what, why, and how could have happened, and I view the fact that Bates DID start working on his vision improvement at some point as supportive circumstantial evidence. If I knew he started doing drugs I would suspect drugs. If I knew he suffered a blow to his head I would suspect the blow to his head.

Last but not least: I improved my own vision significantly and I have the kind of "inside information" about the process that makes it easy for me to understand its possible twists and turns in others. I'm aware of the fact that this statement is even weaker than "circumstantial," but this I can't help, it's the nature of the beast: whatever I say will be just something I say unless/until someone has similar experiences. (Unless of course this person is stricken by amnesia and forgets them on the spot! :-)

>Also, it is nowhere mentioned if he
>received psychiatric help following his memory difficulties.

It was in a mental institution that he was eventually found after his disappearance, and unlike Bates, his doctor didn't have amnesia and did give information about his being first accepted there as a patient. If my own

memory serves, there's two documents on the i_see home page, one an obituary and the other one a biography, and one of them mentions this fact.

Whether he received any help there is again open to speculation, but as a matter of common sense, I tend to think that someone who doesn't know who the hell he is and how the hell he got across the ocean and what for can be defined as a person in a little bit of trouble and in need of some kind of help.

>Amnesia of the sort that Dr. Bates suffered is
>still not a well understood phenomenon.

It wasn't then but it is now. It's been linked to PTSD.

Elena

-
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Intro: Varun Verma

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Intro: Varun Verma
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 1 Sep 1996 01:01:25 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Here is the introductory post by Varun Verma that I believe never got sent.

--Alex

----- Forwarded message -----
Date: Thu, 29 Aug 1996 22:11:35 -0700 (PDT)
From: Varun Verma <varun@angeles.com>
To: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: Your post was accidentally unsent

Just came back from India, so could not respond to your e-mail. Please go ahead and resend it

Varun

According to Alex Eulenberg:

>
> Varun,
>
> I must apologize. It appears that I simply forgot to approve your post
> sent to I_SEE. This is why you never got any response! Would you like to
> resend it now?

>
> --Alex

> ----- Forwarded message -----
> Date: Sun, 23 Jun 1996 18:30:04 -0500 (EST)
> From: owner-i_see@indiana.edu
> To: i_see-approval@indiana.edu
> Subject: BOUNCE i_see: Approval required
> From: Varun Verma <varun@angeles.com>
> Message-Id: <199606232329.QAA01093@rose.angeles.com>
> Subject: i_see@indiana.edu

> To: i_see@indiana.edu
> Date: Sun, 23 Jun 1996 16:29:56 -0700 (PDT)
> X-Mailer: ELM [version 2.4 PL24 ME3]
> MIME-Version: 1.0
> Content-Type: text/plain; charset=US-ASCII
> Content-Transfer-Encoding: 7bit
>
> Hi Everyone:
>
> This is my first post on the I_SEE mailing list. My name is Varun Verma, and I
> am an Electrical Engineer by profession. I started my vision programme about 11
> months ago (last August). I have been following this list since but have not
> been posting my own progress and programme.
>
> When I started, my eyes were -3.5 (L) and -4.25 (R). Now they stand at about
> -1.5 and -2.25D respectively. I started with Bates' book and other "vision
> without glasses" books. But they did not help me much and I realized (in
> striking parallel to Elena's approach) that my vision is a product of my
> own attitudes and thoughts. My article in sci.med.vision "My 10 point program
> to improve vision" has been long forgotten and I stopped posting any more
> articles. And now I felt like writing more.
>
> I rejected western concept of myopia (I am from India) and turned
> towards eastern concept of self-healing (deep rooted in ancient Hindu
> tradition -- also the source of Yoga). I learnt that I and my organs
> (including my eyes) are a product my own awareness and so first action
> is to break into my current mind-set and myopic habits. I realized I
> have to be a different person if I have to overcome my myopia. And
> this combined with my own daily drill of relaxing my eyes and training
> myself to look into distance with faith and aplomb has given me best
> results. The ideas are abstract but powerful (and parallel to
> Elena's). It involves a lot of self-realization and has spiritual
> aspect. It gives me more control over my vision and ability to
> generate clear flashes at will (including in nights).
>
> I would like to share a lot of ideas with Elena not only because she
> is the most successful but also her approach is similar (if not same) to
> mine.
>
> Thanks and all the best:
> Varun
>
>
>

- Prev by Date: [Re: What model should we use for myopia?](#)
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Re: RE: Results of the eighth month

- *To:* George Tohme <PolySoft@msn.com>
 - *Subject:* Re: RE: Results of the eighth month
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Sun, 1 Sep 1996 02:17:56 -0500 ()
 - *cc:* I_SEE <i_see@indiana.edu>
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 29 Aug 1996 08:49:16 +0000 (UT) George Tohme
<PolySoft@msn.com> wrote:

> I just came back from a corneal topography with an optometrist who uses
> orthokeratology.

>
> The result as far as I could understand (since he was the kinda 'know-it-all'
> optometrist) there is some 'extra' curvature at the top and bottom of the
> cornea the way I expected to be i.e. it's just like it's squeezed by vertical
> up and down pressure. This confirms my theory about the double images that I'm
> getting.

>
> What to do next next? I guess I'm looking for some suggestions on how to
> exercise a horizontal pressure to minimise the curvature sort of what OK is
> supposed to do.

Sorry for being late in responding. While I am not a cornea specialist, my understanding is that the cornea is *naturally* steeper in the central superior and inferior regions, the pressure exercised by the eyelids being the main factor put forward to explain this. With age as the eyelids become more "flabby" (I don't like thinking about that), this topology changes and in fact the cornea becomes steeper nasally and temporally (against-the-rule corneal astigmatism). So, if this extra curvature in the top and bottom regions is the only "abnormality" that was noticed, I think that it is pretty normal, assuming you are below 50. I for one have it, and prevalence of with-the-rule astigmatism less than or equal to .75 D is about 70%, if I remember right. This should not be a cause of noticeable double images, I personally don't have them.

I don't recommend wearing astigmatic correction for with-the-rule astigmatism below 1.0 D. I used to but gave it up six months ago. I still have the corneal astigmatism, though, but my brain filters it out pretty well.

So what could be the cause of the double images you are getting if not abnormal topology? Frankly, I don't know. Do you have them all the time, under all kinds of lighting conditions, emotional states, etc.? This is not to scare you, your case may have **absolutely** nothing to do with this, but consider the possibility of some optical neural problems or amblyopia (I think 'lazy eye' is the popular term), or ask around about other causes of deficiencies in stereopsis.

Stefan

-
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 - Next by Date: [William Bates: The man, the myth](#)
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William Bates: The man, the myth

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* William Bates: The man, the myth
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 1 Sep 1996 14:44:45 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Did Bates need to lose his memory in order to regain his eyesight?

I don't think so, Elena.

Bates actually did mysteriously disappear in 1902. According to newspaper reports, he left a note for his wife saying he had to take a trip with an old college friend, Dr. Fourche, a name his wife was not familiar with. In 1902, he was already a successful eye doctor, and according to the reports in the newspaper, was working on a book. There was absolutely no mention in the papers of Bates's attempts to cure defective eyesight without glasses. For a month there were rumors of Bates being seen at Charing Cross hospital, rumors that the hospital denied. His wife went to London in search of him. She reported to the newspapers that she found him at the hospital, that he had become very sickly looking, and that he had no idea who he was. A day later, according to Mrs. Bates, he disappeared again. It kind of makes you wonder who was doing the hallucinating.

Still, I have never heard a logical explanation of what happened to Bates in the Fall of 1902. There also were conflicting reports (the New York Times obituary says one thing, the Cyclopedia of American Biography says another) as to whether his wife died before he returned, or whether she lived into the late 1920s.

In any event, journal articles by Bates claim that he first discovered the principle that poor distant vision is caused by a strain to see at the distance in 1903, and that at that time he was in Grand Forks, North Dakota. He also says in his book that it was not until after he had done his experiments on the eyes of animals--published around 1915--that

he managed to cure himself of his presbyopia:

The first patient that I cured of presbyopia was myself. Having demonstrated by means of experiments on the eyes of animals that the lens is not a factor in accommodation, I knew that presbyopia must be remediable. But I realized that I could not look for any very general acceptance of the revolutionary conclusions I had reached as long as I wore glasses myself for a condition supposed to be due to the loss of the accommodative power of the lens. (Better Eyesight Without Glasses, p. 138)

So it seems to me pretty clear that if Bates did lose his memory as a result of his vision improvement, it was not during his famous disappearance.

Elena, or anyone else living in New York... go down to the New York Medical Library (or whatever it's called... it's right by Central Park) and look in the card catalog file they have on Bates. You can read the newspaper clippings there, I believe. I went there myself and saw the card they had, but did not request the materials as I had already uncovered much by reading microfilmed versions back here in Indiana.

--Alex

-
- Prev by Date: [Re: RE: Results of the eighth month](#)
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Re: To Varun

- *To:* mistresshm@earthlink.net
 - *Subject:* Re: To Varun
 - *From:* Varun Verma <varun@angeles.com>
 - *Date:* Sun, 1 Sep 1996 15:06:17 -0700 (PDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <3228EEF4.51AA@earthlink.net> from "hopemccarthy" at Sep 1, 96 02:03:32 am
 - *Sender:* owner-i_see@indiana.edu
-

According to hopemccarthy:

>
> Varun,
>
> I am glad to hear of your success with your vision improvement. I am very
> interested in your more spiritual /mind body technique.
>

Hi Hope,

Thanks for reading my post ..

In materialistic approach of solving problems we are given a piece of material as the solution to every problem. Glasses are the material solution to myopia. But this approach completely ignores that human beings are basically spiritual beings. Therefore most material solutions are not permanent and satisfactory solutions. A more holistic approach is needed in solving the problems which goes to the root of the problem rather than being a "slap-in" solution.

> I have just joined the list. I did some Bates exercises a couple years back but
> with only minor success. Then I tried a more spiritual /mind body approach,
> and have had many flashes of completely clear vision in a short time.

Bates exercises are physical and are not a complete solution of the problem on their own. First a complete change in mind-set, attitude, thoughts and habits is needed and then these relaxation exercises be performed from a more holistic point of view rather than as a five minute daily drill.

> Hope
>

- Prev by Date: [William Bates: The man, the myth](#)
- Next by Date: [Re: What model should we use for myopia?](#)
- Prev by thread: [William Bates: The man, the myth](#)
- Next by thread: [Eye exercise: merry go round](#)
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Re: What model should we use for myopia?

- To: i_see@indiana.edu
 - Subject: Re: What model should we use for myopia?
 - From: Elena <solusrex@soho.ios.com>
 - Date: Sun, 1 Sep 1996 13:58:24 -0400
 - Sender: owner-i_see@indiana.edu
-

At 10:44 PM 8/31/96 -0700, Bills@vav-nun.com (Fr. ALSO) wrote:

>Elena,

>While i can relate to your statement of 'non vs. real self' I think the
>concept requires deeper analysis. The concept of a 'Real' self and a
>'false' self is a classic dichotomy which aint necessarily so. Consider
>that any concept of Self is a false creation by virtue of it being a
>concept. This creation is a static snapshot of an aspect of Self which
>fails to contain the infinity we are, and also fails to properly express
>the fact of the constant change which is essential to a living thing.

Bill,

I have a problem with skipping steps, is all. I don't mind being an
"infinity" and I don't disagree with the assumption that a "deeper analysis"
might eventually reveal that a distinction between my left eye and my right
eye and my left hand and my right hand is a false distinction, but I'm not
there yet. I'm in "this here life," for now, and that's where I intend to
operate before I venture into any "more real realities." However humble and
subordinate, I like my realities complete, I don't discard them until I'm
sure I understand them. Life, IMHO, is big enough and real enough and
misunderstood enough to warrant further exploration before going anywhere
beyond.

>

>Therefore the so-called 'True' self, while more favorable than the 'false'
>one is still not the whole enchilada and just as likely to create blocks to
>full awareness.

I would lend any "fully aware" individual a more attentive ear if his
awareness stretched as far as to accept the incredible idea that he,
personally, ever had a birth and an early childhood and an early personal

history. That his own this-here life EXISTED and was filled with feelings that had total power over his being and thus SHAPED him in a certain way long before the point where his conscious memories and conceptualizing abilities and "awareness" began. If this part is discarded and disregarded, the only thing his awareness will ever produce will be any number of increasingly elaborate replications of his basic, fundamental ignorance. If, on the other hand, this period of "becoming" is fully absorbed into his consciousness, he won't have any problem with true/false self distinctions: they will be laid bare in full view. Then we'll speak our common life-specific language of feelings, rather than jingle the small change of intellectual/religious/philosophic concepts. Those are a dime a dozen -- and a poor compensation for what we've been robbed of.

>the mind unceasingly refines it's snapshots, but they all
>end up in dusty albums. Better to abolish the practice of deciding what is
>one's 'true' way of being and focus on what feels good.

Things "feel good" for a variety of reasons. They say the manic phase of the MDP feels incredibly good; a shot of cocaine that interrupts withdrawal symptoms in an addict feels good; some people are of the opinion that killing other people feels good; finding faith -- any kind of faith that mitigates the otherwise unbearable here-now -- feels good. I don't mind feeling good myself and I certainly don't begrudge anyone his feeling good. What I'm driving at is, feeling good is no indicator of experiencing a "true way of being." It may be limited to a very superficial level, while the deeper level of reality is being ravaged by feeling horrible. Reminds me of an old limerick:

There once was a young man named Sidney,
by drinking he ruined his kidney.
It shivered and shrank
while he sat there and drank,
but he'd had a good time at it, didn't he?

>
>I know you have spoken eloquently on the importance of feeling, but the
>concept of a 'true' self has implications i wanted to point out. I liken
>this to the notion that there is a 'reality' that we can eventually fully
>understand, and since we are coterminous with that same reality, this will
>never occur (or maybe when we die, i'm not sure about this last point).

>
>this is not to belittle the discoveries of our past tendencies and the way
>the changes we have adopted over the years have shaped our present
>structure, just to put a perspective on the information and again, to avoid
>the notion of a RIGHT way to be. (other than DOING what we DESIRE at all
>times:)

>

There IS a right way to be. We are naturally perfect. I know what lies underneath all the "improvements" superimposed on our true nature from day one, beyond all our attempts to shield ourselves against the assault of those "improvements," beyond all our defensive functioning that is really malfunctioning out of necessity -- and I know it is perfect -- there are no monsters there at all, just a perfect, gentle creature scared into hiding. To scare our true nature into hiding is the WRONG way to be, even though it's long been a way of life for the whole species. A long history of being wrong doesn't make wrong a respectable variant of the norm, anymore than the existence of hundreds of millions of myopes makes myopia a "variant of the norm." Wrong is wrong.

Not trying to improve on nature would be the right way to be. Not trying to be what we aren't would be the right way to be. Letting our children be what they need to be, not what WE need them to be, would give them back the right way to be. And we would have to start very early. Beyond day one, it may already be too late.

Elena

-
- Prev by Date: [Re: To Varun](#)
 - Next by Date: [Eye exercise: merry go round](#)
 - Prev by thread: [Re: What model should we use for myopia?](#)
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Eye exercise: merry go round

- *To:* I SEE <i-see@indiana.edu>
 - *Subject:* Eye exercise: merry go round
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 1 Sep 1996 21:21:28 -0500 (EST)
 - *Sender:* owner-i-see@indiana.edu
-

Here's something that seemed to help me loosen up my eye muscles.

Take a yardsick and hold it at arm's length, pointing outward. (Make sure you have a lot of room!) now look at the end of the yardstick, like you're aiming a gun. Slowly swing right and left, keeping your focus on the end of the stick. Don't let yourself get dizzy, but do watch the scenery roll by. This is good for loosening up those eye muscles.

--Alex

-
- Prev by Date: [Re: What model should we use for myopia?](#)
 - Next by Date: [RE: Results of the eighth month](#)
 - Prev by thread: [Re: To Varun](#)
 - Next by thread: [Palming and Visualization](#)
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RE: Results of the eighth month

- *To:* i_see@indiana.edu
 - *Subject:* RE: Results of the eighth month
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Mon, 2 Sep 1996 11:09:05 -0500 (CDT)
 - *In-Reply-To:* <UPMAIL07.199608291153540335@msn.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 29 Aug 1996, George Tohme wrote:

> Stefan,

>

> I just came back from a corneal topography with an optometrist who uses
> orthokeratology.

>

> The result as far as I could understand (since he was the kinda 'know-it-all'
> optometrist) there is some 'extra' curvature at the top and bottom of the
> cornea the way I expected to be i.e. it's just like it's squeezed by vertical
> up and down pressure. This confirms my theory about the double images that I'm
> getting.

>

> What to do next next? I guess I'm looking for some suggestions on how to
> exercise a horizontal pressure to minimise the curvature sort of what OK is
> supposed to do.

>

> george

>

>

I am a patient undergoing OK/PCM for the last year and a half. The double images that you describe is a common problem during the molding process. It is not a problem when the molds are on. I chose PCM because I did not want surgery, and VT took too long.

My cost was \$1900 and each mold is \$80. All doctor visits are included in the initial cost. I always insist that when the molds are replaced that they are replaced in pairs.

I am happy with it. If I wasn't doing PCM, I would be wearing contacts.

Rob Barnett

- Prev by Date: [Eye exercise: merry go round](#)
- Next by Date: [Re: What model should we use for myopia?](#)
- Prev by thread: [Re: RE: Results of the eighth month](#)
- Next by thread: [William Bates: The man, the myth](#)
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Re: What model should we use for myopia?

- *To:* Elena <solusrex@soho.ios.com>, i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Mon, 2 Sep 1996 08:40:15 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

At 13:58 9/1/96, Elena wrote:

>At 10:44 PM 8/31/96 -0700, Bills@vav-nun.com (Fr. ALSO) wrote:

>>Elena,

>>While i can relate to your statement of 'non vs. real self' I think the
>>concept requires deeper analysis. The concept of a 'Real' self and a
>>'false' self is a classic dichotomy which aint necessarily so. Consider
>>that any concept of Self is a false creation by virtue of it being a
>>concept. This creation is a static snapshot of an aspect of Self which
>>fails to contain the infinity we are, and also fails to properly express
>>the fact of the constant change which is essential to a living thing.

>

>Bill,

>

>I have a problem with skipping steps, is all. I don't mind being an
>"infinity" and I don't disagree with the assumption that a "deeper analysis"
>might eventually reveal that a distinction between my left eye and my right
>eye and my left hand and my right hand is a false distinction, but I'm not
>there yet. I'm in "this here life," for now, and that's where I intend to
>operate before I venture into any "more real realities." However humble and
>subordinate, I like my realities complete, I don't discard them until I'm
>sure I understand them. Life, IMHO, is big enough and real enough and
>misunderstood enough to warrant further exploration before going anywhere
>beyond.

Yet the distinction i am questioning is 'False Self and Real Self' This
distinction has pitfalls and doesnt share the same status of reality that
the right and left hand do.

>>

>>Therefore the so-called 'True' self, while more favorable than the 'false'
>>one is still not the whole enchilada and just as likely to create blocks to

>>full awareness.

>

>I would lend any "fully aware" individual a more attentive ear if his
>awareness stretched as far as to accept the incredible idea that he,
>personally, ever had a birth and an early childhood and an early personal
>history. That his own this-here life EXISTED and was filled with feelings
>that had total power over his being and thus SHAPED him in a certain way
>long before the point where his conscious memories and conceptualizing
>abilities and "awareness" began. If this part is discarded and disregarded,
>the only thing his awareness will ever produce will be any number of
>increasingly elaborate replications of his basic, fundamental ignorance.
>If, on the other hand, this period of "becoming" is fully absorbed into his
>consciousness, he won't have any problem with true/false self distinctions:
>they will be laid bare in full view. Then we'll speak our common
>life-specific language of feelings, rather than jingle the small change of
>intellectual/religious/philosophic concepts. Those are a dime a dozen --
>and a poor compensation for what we've been robbed of.

Perhaps this communication breakdown occurs BEYOND the point of early
childhood memories, at a point where creation occurs, where LIFE occurs. I
am involved with that reality and it is not small change for me. Please
address the specific points rather than attack my qualifications for
speaking. I actually do know where your words issue from, and i also see
that paradigm's limits. Because you don't see it does not mean it does not
exist. (myopia alert)

>>the mind unceasingly refines it's snapshots, but they all
>>end up in dusty albums. Better to abolish the practice of deciding what is
>>one's 'true' way of being and focus on what feels good.

>

>Things "feel good" for a variety of reasons. They say the manic phase of
>the MDP feels incredibly good; a shot of cocaine that interrupts withdrawal
>symptoms in an addict feels good; some people are of the opinion that
>killing other people feels good; finding faith -- any kind of faith that
>mitigates the otherwise unbearable here-now -- feels good. I don't mind
>feeling good myself and I certainly don't begrudge anyone his feeling good.
>What I'm driving at is, feeling good is no indicator of experiencing a "true
>way of being." It may be limited to a very superficial level, while the
>deeper level of reality is being ravaged by feeling horrible. Reminds me of
>an old limerick:

>

>There once was a young man named Sidney,
>by drinking he ruined his kidney.
>It shivered and shrank
>while he sat there and drank,
>but he'd had a good time at it, didn't he?

We must resist the impulse to project our PERSONAL values upon another. Did

you see -Leaving Las Vegas- ? This to me was an incredible study of 'live and let live' among other things, (love and let love) Was Cage Wrong?

You are rating the Worth of pleasure and i say it cannot stick, it is all a personal value system and has no Absolute value. It doesnt matter how many people you can find to agree with you, the value is still relative and not absolute as long as *one person* disagrees. This is very important.

>>

>>I know you have spoken eloquently on the importance of feeling, but the >>concept of a 'true' self has implications i wanted to point out. I liken >>this to the notion that there is a 'reality' that we can eventually fully >>understand, and since we are coterminous with that same reality, this will >>never occur (or maybe when we die, i'm not sure about this last point).

>>

>>this is not to belittle the discoveries of our past tendencies and the way >>the changes we have adopted over the years have shaped our present >>structure, just to put a perspective on the information and again, to avoid >>the notion of a RIGHT way to be. (other than DOING what we DESIRE at all >>times:)

>>

>

>There IS a right way to be. We are naturally perfect. I know what lies >underneath all the "improvements" superimposed on our true nature from day >one, beyond all our attempts to shield ourselves against the assault of >those "improvements," beyond all our defensive functioning that is really >malfunctioning out of necessity -- and I know it is perfect -- there are no >monsters there at all, just a perfect, gentle creature scared into hiding. >To scare our true nature into hiding is the WRONG way to be, even though >it's long been a way of life for the whole species. A long history of being >wrong doesn't make wrong a respectable variant of the norm, anymore than the >existence of hundreds of millions of myopes makes myopia a "variant of the >norm." Wrong is wrong.

My original point was a point of order, namely, that there is a problem with black/white characterization of existance. It is a legacy we've inherited and the leaping beyond this way of thinking is very liberating and not a direct criticism of your model of myopia-causation. BUT, I assert that the creature 'hiding' has more control than you suggest. this creature is not a victim of this awful world, it is a co-aggressor as well and has an agenda which only coincides with any model incidentally.

>

>Not trying to improve on nature would be the right way to be. Not trying to >be what we aren't would be the right way to be. Letting our children be >what they need to be, not what WE need them to be, would give them back the >right way to be. And we would have to start very early. Beyond day one, it >may already be too late.

The hopelessness of this paragraph suggsts its flaw; firstly, Nature has no

independent scheme-it accepts all variation. Second, the 'difficulty' of Life is a-priori a facet of Nature and therefore must be considered a *Positive* thing. It must be integrated along with the rest. Looking outside of ourselves is a mistake i think.

Never less than stimulating Elena!

-Bill

-
- Prev by Date: [RE: Results of the eighth month](#)
 - Next by Date: [Re: What model should we use for myopia?](#)
 - Prev by thread: [Re: What model should we use for myopia?](#)
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Re: What model should we use for myopia?

- *To:* i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Mon, 2 Sep 1996 13:22:04 -0400
 - *Sender:* owner-i_see@indiana.edu
-

At 08:40 AM 9/2/96 -0700, BillsS@vav-nun.com (Fr. ALSO) wrote:

>

>Perhaps this communication breakdown occurs BEYOND the point of early
>childhood memories, at a point where creation occurs, where LIFE occurs.

Perhaps. Still I'm very suspicious of going beyond PRIOR to going THERE. After we've investigated everything THERE, if we still don't know enough and aren't satisfied with what we've learned, well only AFTER that would I consider going beyond. Not before, and not instead of. I wouldn't risk passing by the what-really-happened -- what is, as is -- for any later interpretations. No matter where I get if I jump over it, if in order to get there I have to negate the importance of a part of my own life, a part of my own history, I don't care to be there. How do we determine where the important part begins? How do we know, when we ignore our early history and concentrate on our "later self," that we haven't thrown away the baby along with the bathwater? That everything we later look for doesn't amount to just looking for that baby that was accidentally thrown out of the picture?..

>am involved with that reality and it is not small change for me. Please
>address the specific points rather than attack my qualifications for
>speaking.

Sorry, I didn't realize it sounded a bit harsh. I don't question your qualifications for speaking of course, and I'm most definitely NOT in the attacking mood.

Elena

- Prev by Date: [Re: What model should we use for myopia?](#)
- Next by Date: [Re: What model should we use for myopia?](#)
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Re: What model should we use for myopia?

- *To:* Elena <solusrex@soho.ios.com>, i_see@indiana.edu
 - *Subject:* Re: What model should we use for myopia?
 - *From:* Bills@vav-nun.com (Bill Stender)
 - *Date:* Mon, 2 Sep 1996 15:20:45 +0900
 - *Sender:* owner-i_see@indiana.edu
-

At 1:22 PM 9/2/96, Elena wrote:

>At 08:40 AM 9/2/96 -0700, Bills@vav-nun.com (Fr. ALSO) wrote:

>>

>>Perhaps this communication breakdown occurs BEYOND the point of early
>>childhood memories, at a point where creation occurs, where LIFE occurs.

>

> Perhaps. Still I'm very suspicious of going beyond PRIOR to going THERE.

>After we've investigated everything THERE, if we still don't know enough and

>aren't satisfied with what we've learned, well only AFTER that would I

>consider going beyond. Not before, and not instead of.

I am quite in agreement with the benefit of remembering every moment of our life, this is a fundamental and powerful and essential thing. I simply wanted to call attention to the use of the term 'True' self. One may get into direct contact with past memories only by being totally open to the emotions that are stored with that memory, and open to the change to one's Ego this will cause. The concept of NO true self can help open that door because it removes the prejudice and the shock. It also is more logical to view the totality of a being as beyond comprehension. Whether religious or philosophical, it is a more comprehensive and effective paradigm than pure materialism.

-Bill

- Prev by Date: [Re: What model should we use for myopia?](#)
- Next by Date: [Palming and Visualization](#)
- Prev by thread: [Re: What model should we use for myopia?](#)
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Palming and Visualization

- *To:* I_see@indiana.edu
 - *Subject:* Palming and Visualization
 - *From:* "Linda Lee" <llee@island.net>
 - *Date:* Sun, 1 Sep 1996 21:39:39
 - *Priority:* normal
 - *Reply-to:* llee@island.net
 - *Sender:* owner-i_see@indiana.edu
-

hello, i-seers

i've been feeling a little gloomy as i read the recent postings about internal images being blurry or clear. I have to confess that i have no internal images in my head at all.

When i close my eyes and look inside, all i see is black. I have read in a few VT books how visualizations are important to recovering vision and i have been following suggestions for the past 4 years, but still no luck. I have good dream memory but can't tell if they are visual or not since i can't recall images.

The best way i can describe my internal view is that it's like an airplane that flies behind a cloud. I know it's there, but i can't see it. If i imagine a house that i lived in as a child, for example, i don't get so much as a vague outline to 'look at', and yet i 'know' what it looks like and could describe it though i don't hear or see it. I also have a lot of trouble recognizing faces, particularly if one aspect has changed, such as dyed hair, or a new beard. And i'm not comfortable when old friends sport new appearances.

Just for the record, i have polled my family - hey, do you all have pictures inside your heads? And everybody did 'cept me. Also, my audio memory is excellent.

My own theory is that, as a child i was surrounded by lots of violence that i usually hid in my room to avoid. I'm guessing that my visual imaginings of the carnage beyond the walls was too frightening to comprehend so i shut down the mechanism. Is this possible? I don't ever remember having pictures inside, but i was born into violence.

Any ideas on reversing this closure? I've been releasing emotional trauma for some time now, so i don't feel that i have any unfinished business there. I keep expecting my visuals to just show up, but so far they haven't. Is there anyone else out there who has successfully recovered their inner vision - blurry or otherwise. And how important is this aspect of vision?

Poor me.

- Linda

-
- Prev by Date: [Re: What model should we use for myopia?](#)
 - Next by Date: [Contacts and Glasses](#)
 - Prev by thread: [Eye exercise: merry go round](#)
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Contacts and Glasses

- *To:* "I_SEE" <i_see@indiana.edu>
 - *Subject:* Contacts and Glasses
 - *From:* "George Tohme" <PolySoft@msn.com>
 - *Date:* Tue, 3 Sep 96 23:12:33 UT
 - *Sender:* owner-i_see@indiana.edu
-

Hello ISEEers,

this is an open question to get some feedback about wearing contacts AND glasses at the same time for different kind of work. The options are:

- 1) Contacts (-1.00, -1.00) for computer work and glasses on top (-1.00, -1.00) for distance work
- 2) Contacts (-2.00, -2.00) for distance work and plus glasses of (+1.00, +1.00) on top for near work

Does anyone prefer one to the other?

thanks
george

-
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Re: correcting vision through exercise - Reply

- *To:* I_see@indiana.edu
 - *Subject:* Re: correcting vision through exercise -Reply
 - *From:* Theodore Green <vmgreen@vetmed.missouri.edu>
 - *Date:* Thu, 05 Sep 1996 15:40:21 -0600
 - *Sender:* owner-i_see@indiana.edu
-

I_seers,

Julie said:

>From these clear flashes I get, I gather that my eyes have everything they need structurally to see 20/20. But for some reason, all the factors can't get coordinated except for those brief moments.

I don't think we know what the mechanism is for palming's usefulness.<

I've wondered too about the efficacy of palming, and also of blinking. IMHO palming seems to do two things, relaxing the muscles of the eye and quieting the visual centers of the brain, and secondly it seems to act as a trigger for the eyes to refocus at the moment the eyes are reopened. Blinking seems to me to do only the latter, that is, tell the eyes to refocus. Always after palming, my acuity is best immediately after reopening my eyes. And blinking seems to stimulate the same effect. For example, at night if I awake and attempt to read the LED on my digital clock across the room, if the display is fuzzy a blink or two (or more) will eventually result in a clear image. Any thoughts?

Ted Green

- Prev by Date: [Contacts and Glasses](#)
- Next by Date: [Re: Doubts](#)
- Prev by thread: [Contacts and Glasses](#)
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Re: Doubts

- *To:* helen.gillett@unn.ac.uk, i_see@indiana.edu
 - *Subject:* Re: Doubts
 - *From:* katerina_x_voracek@amoco.com
 - *Date:* Fri, 6 Sep 96 12:56:48 -0600
 - *Sender:* owner-i_see@indiana.edu
-

Item Subject: Doubts

Hi Mark,

I will try to answer your questions based on my own experience:

1. I am extremely high myop and have been working on improving my eyesight for past 3 years. I was very sceptical at first. Having no choice (I was loosing my vision at a rapid speed), having an optometrist, who was collapsing under the pressure of not knowing what to do about it, being falsely diagnosed with MS, diabetes (both have failing vision as one of symptoms) and being recommended prescription near to binoculars power by our "optometry specialist", I made a decision. I began with Huxley and progressed through Bates and Dr Kaplan - here in Canada. Although I have not been "cured", I was able to improve my eyesight by almost 7 dioptres. I achieved that by applying the visual therapy (consisting of wide variety of physical and mental exercises) together with relaxation exercises (meditation, tai chi, resting (closing) my eyes after long day in front of a computer for half an hour, etc., etc.) and altered nutrition. I could not afford regular behavioural optometrist sessions, worth \$ 55.- Can. each.

Taking that in consideration, with your low power prescription, you have a marvellous chance to return back to 20/20 vision. In high myopic like myself - I don't think, a complete "cure" is evident for many reasons (i.e. age, power of eye ware and length of time I am wearing it, type of type of work I must continue to financially support my family, personal mental composition and previous life experiences history).

2. Although the term "bad habits" may be an analogy for an instinctive response to a variety of stimulants one meets in life,

whatever the stimulants are, they are real. And it seems to me it all boils down to modifying one's attitude towards life in general. It means to "putting your heart" into your seeing, learning to feel and sense and see rather than "look", it means to want to adopt a new way of seeing - living awareness. That is what it meant for me in order to make the progress, I made. There is vast amount of literature available on the subject. Just yesterday there was a note in this list, containing review of three very inspiring books, some of them I myself have also read and have on my night table for a daily inspiration.

So back to the base of your second question: I think, it depends on an individual if you have to stick with the exercises or if you just stop. In my case, I know I have to continue - I take it as part of my daily hygiene. You - on the other hand - considering your low power - may learn a new seeing habits during your VT and when reaching 20/20 vision, these habits will become "the way of being and seeing". The correct and effective way of using your optical parts of your body will become subconscious. You may not need to continue daily exercises. I don't think, there is a clear answer to this one.

3. The answer to this question probably resides in the unfortunate 20th century epidemy of the "quick fix" syndrome, wanting everything and wanting it yesterday. It also will have something to do with the endangered optical industry and the commercial value, that goes with it.

VT is not a quick fix and it certainly is not a lucrative business. The patient must do it all. Although supplements, good nutrition and behavioural optometrists sessions are definitely a contributing component of the therapy, they will not improve your sight alone. You must want to see yourself - and consequently do something about it - yourself!

I hope, this helps a bit.

Katerina

Reply Separator

Subject: Doubts
Author: owner-i.see (owner-i_see@indiana.edu) at unix,sh
Date: 9/6/96 6:46 AM

Hi,

I have some doubts i'd just like to clear up. After reading Huxley's book and Bates' book on 'Natural Vision Therapy' i have obviously become very interested in the possibility of healing my eyesight (-1.75 and -1.5).

It just all seems a tricky thing to believe in. Probably more so here in the UK where very few people have heard of it. I have contacted one vision trainer in London and i asked 'is it possible to return to normal vision?' and i was never given a direct answer. I was told that it depended it i 'believed' or not and whether i would pay a rather hefty hourly fee for personal sessions.

I was hoping someone might be able to help me by answering a couple of questions, such as:

- 1) What clear evidence is there of people permanently returning to 'normal' eyesight? - how many people really are being 'cured' ?
- 2) If the cause of poor eyesight is 'bad habits' then if the eyesight is cured; could you then stop the vision exercises, or should you stick with them?
- 3) Even if NVT works for some people, how come it's not on the front of the headlines on the news? So many millions of people simply think 'bad eyesight? better get some lenses'. Is it really the glasses and contact lens industry which is keeping all this quiet?

I do believe that the suggested exercises work, but i am just really curious to find out how successful NVT is. It doesn't help when most people think you're slightly mad when you mention alternatives to lenses... it's just incredible in this day and age that something like this may (?) work yet it is not recommended by most doctors and eye specialists.

Sorry for being a doubting Thomas...

Thanks for any advice,

Mark Frost

p.s. could you mail me on this number please

● **Follow-Ups:**

○ [Re: Doubts](#)

■ *From:* MeiTien <a.wu@worldnet.att.net>

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Re: Doubts

- *To:* katerina_x_voracek@amoco.com
 - *Subject:* Re: Doubts
 - *From:* MeiTien <a.wu@worldnet.att.net>
 - *Date:* Sat, 07 Sep 1996 11:13:03 -0400
 - *CC:* helen.gillett@unn.ac.uk, i_see@indiana.edu
 - *References:* <199609061919.OAA12467@miagra.ucs.indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

katerina_x_voracek@amoco.com wrote:

>
> Item Subject: Doubts

>
> Hi Mark,

> I will try to answer your questions based on my own experience:

> 1. I am extremely high myop and have been working on improving my
> eyesight for past 3 years. I was very sceptical at first. Having no
> choice (I was loosing my vision at a rapid speed), having an
> optometrist, who was collapsing under the pressure of not knowing
> what to do about it, being falsely diagnosed with MS, diabetes
> (both have failing vision as one of symptoms) and being recommended
> prescription near to binoculars power by our "optometry
> specialist", I made a decision. I began with Huxley and progressed
> through Bates and Dr Kaplan - here in Canada. Although I have not
> been "cured", I was able to improve my eyesight by almost 7
> dioptres. I achieved that by applying the visual therapy
> (consisting of wide variety of physical and mental exercises)
> together with relaxation exercises (meditation, tai chi, resting
> (closing) my eyes after long day in front of a computer for half an
> hour, etc., etc.) and altered nutrition. I could not afford regular
> behavioural optometrist sessions, worth \$ 55.- Can. each.

> Taking that in consideration, with your low power prescription,
> you have a marvellous chance to return back to 20/20 vision. In
> high myopic like myself - I don't think, a complete "cure" is

> evident for many reasons (i.e. age, power of eye ware and length of
> time I am wearing it, type of type of work I must continue to
> financially support my family, personal mental composition and
> previous life experiences history).

>
> 2. Although the term "bad habits" may be an analogy for an
> instinctive response to a variety of stimulants one meets in life,
> whatever the stimulants are, they are real. And it seems to me it
> all boils down to modifying one's attitude towards life in general.
> It means to "putting your heart" into your seeing, learning to feel
> and sense and see rather than "look", it means to want to adopt a
> new way of seeing - living awareness. That is what it meant for me
> in order to make the progress, I made. There is vast amount of
> literature available on the subject. Just yesterday there was a
> note in this list, containing review of three very inspiring books,
> some of them I myself have also read and have on my night table for
> a daily inspiration.

>
> So back to the base of your second question: I think, it depends on
> an individual if you have to stick with the exercises or if you
> just stop. In my case, I know I have to continue - I take it as
> part of my daily hygiene. You - on the other hand - considering
> your low power - may learn a new seeing habits during your VT and
> when reaching 20/20 vision, these habits will become "the way of
> being and seeing". The correct and effective way of using your
> optical parts of your body will become subconscious. You may not
> need to continue daily exercises. I don't think, there is a clear
> answer to this one.

>
> 3. The answer to this question probably resides in the
> unfortunate 20th century epidemy of the "quick fix" syndrome,
> wanting everything and wanting it yesterday. It also will have
> something to do with the endangered optical industry and the
> commercial value, that goes with it.

>
> VT is not a quick fix and it certainly is not a lucrative business.
> The patient must do it all. Although supplements, good nutrition
> and behavioural optometrists sessions are definitely a contributing
> component of the therapy, they will not improve your sight alone.
> You must want to see yourself - and consequently do something about
> it - yourself!

>
> I hope, this helps a bit.

>
> Katerina

> Hi, Katerina,

This helps a lot!! I showed your mail to my daughter, who has -5 at age of 10. She was really inspired by your mail, she did palming before she went to bed and noticed a clear flash lasted longer then before. This morning the first thing she did was eye exercise and palming.

She has read about Bates method. Is this good enough? You went through three books, which one helped you the most? I had trouble finding the book from Huxley from my library.

Mei-Tien

- **Follow-Ups:**

- [Re: Doubts](#)

- *From:* katerina_x_voracek@amoco.com

- **References:**

- [Re: Doubts](#)

- *From:* katerina_x_voracek@amoco.com

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Re: Doubts

- *To:* I_SEE@indiana.edu
 - *Subject:* Re: Doubts
 - *From:* Nick Halloway <snowe@rain.org>
 - *Date:* Fri, 6 Sep 1996 19:48:19 -0700 (PDT)
 - *In-Reply-To:* <960906134631.20201ace@fawdon.unn.ac.uk>
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 6 Sep 1996 helen.gillett@unn.ac.uk wrote:

> I have some doubts i'd just like to clear up. After reading Huxley's book
> and Bates' book on 'Natural Vision Therapy' i have obviously become very
> interested in the possibility of healing my eyesight (-1.75 and -1.5).

>
> It just all seems a tricky thing to believe in. Probably more so here in the
> UK where very few people have heard of it. I have contacted one vision
> trainer in London and i asked 'is it possible to return to normal vision?'
> and i was never given a direct answer. I was told that it depended it i
> 'believed' or not and whether i would pay a rather hefty hourly fee for
> personal sessions.

I've wondered some of the same things. How come when you look at mainstream optometric/ ophthalmological journals, there is almost nothing about reducing myopia with vision therapy? I looked a lot at abstracts on Medline. I think it's done more in foreign countries -- Poland, Russia, Japan. There is a lot on environmental influences on myopia but very little on reducing it once it's there.

And, given all the different people who think minus lenses may be bad for one's vision in some cases, have there ever been studies done, say, of primates wearing lenses in adulthood to see if they get more myopic than primates that don't wear lenses? If not, why not? It's a major public health care issue, surely we can do better than endless experiments with chickens. I would think if an experiment showed that corrective lenses deteriorate the vision of nearsighted primates, it would be pretty convincing that this may happen in people.

Or how about epidemiological studies? Have there ever been studies where the time that people wore glasses was measured over a long period of time, and this was compared to increase in myopia to see if there's a correlation? Couldn't one settle the issue by a few well-done studies?

Wouldn't this be a major health care disaster if massive amounts of myopia are really being created by the optometrists who supposedly are "treating" myopia with lenses?

Is there a big Conspiracy of optometrists *not* to find out if their treatments are harmful?

There is also a subjective effect where wearing glasses may seem to deteriorate one's unaided vision simply by contrast -- one takes off the glasses and things look very blurry by contrast. People get dependent on glasses. Does this just mean they get used to seeing clearly and don't want to see blurrily, or is there really some effect of glasses worsening vision?

My take on it so far is like this:

- Different people may have myopia for different reasons and some people will respond to vision therapy and others won't.
- Vision therapy for many other reasons beside myopia reduction isn't controversial.
- Trying to reduce myopia on your own is often a lot of work and can be very expensive if you get vision therapy -- a lot of people would probably rather just get the surgery. And with plus lenses etc. one may not necessarily be able to get more than a diopter or so improvement -- a lot of people wouldn't think it's worth it.
- I'm sure there is a lot of snake oil involved -- a lot of behavioral optometrists trying to sell expensive therapy to people -- and often, a couple pairs of glasses rather than just one. This doesn't mean behavioral optometry is snake oil in general but it seems open to exploitation -- unscrupulous people selling vague feel-good "cures" that are really just placebos. This may also just be a feature of an emerging field. Behavioral optometrists may also be more careful than other optometrists, and notice things other optometrists don't. It's probably a mixture. One wonders about the optometrists that just work you up with a quick prescription, too. Behavioral optometry is probably a mixture of good stuff and bad.

Supposing you can reduce myopia by doing all close work with plus lenses that are as strong as you can deal with? What is meant by, "is such an effect permanent"? If one makes a habit of doing the close work

with plus lenses, then whatever effect one had would be permanent. If one went back to doing a lot of near focussing, one might get more myopic. One's ongoing life habits influence one's vision.

Does someone myopic who's working on their vision by using undercorrections or plus lenses mean they'll live in blur forever? If they don't ever get to 20/20, are they going to live in blurry vision forever? For a myopic person to see 20/20 they probably need a full correction. If a full correction is believed to be harmful to vision and one were too myopic to be able to get back to 20/20, is blur the alternative to accepting something that may be harmful?

I seem to have fixed about half a diopter of myopia. I wear 1.25 D plus lenses and use my computer terminal about a meter away, so optically it's about .25 D farther than infinity. So I'm practicing seeing at distance whenever I use the computer. When I go around the rest of the time, I don't have any myopia.

-
- **Follow-Ups:**
 - [Re: Doubts](#)
 - *From:* "Art Blake" <art@blakesys.com>
 - Prev by Date: [Re: Doubts](#)
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Re: Doubts

- *To:* I_SEE@indiana.edu
 - *Subject:* Re: Doubts
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sat, 7 Sep 1996 13:17:37 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

>helen.gillett@unn.ac.uk wrote:

>

>> 3) Even if NVT works for some people, how come it's not on the front of the
>> headlines on the news? So many millions of people simply think 'bad
>> eyesight? better get some lenses'. Is it really the glasses and contact
>> lens industry which is keeping allthis quiet?

not a conspiracy, just inertia, and glasses *are* much easier. The industry
is certainly not motivated to get everyone to change to helping themselves.

>> I do believe that the suggested exercises work, but i am just really
>> curious to find out how successful NVT is.

I was in this doubtful position too, now i'm way past that as i have
discovered more than i ever imagined--way beyond simple visual acuity :>

>> it's just incredible in this day and age that something like this may
>>(?) work
>> yet it is not recommended by most doctors and eye specialists.

as mentioned, this is not a quick fix, which means work and
patience--everyone fights these battles with varying success. Any
alternative medicine is routinely sniffed at by the establishment MD's. I
find it incredible that in this day and age, chiropracty is still not
covered by many insurance systems. I find it incredible that we are still
invading foreign countries to secure oil supplies. I find it incredible
that people are willing to kill gays, blacks, foreigners, etc. because
they're different. But that's the state of things today--we have made much
progress as a society, still a long way to go.

Examine the feeling of being 'stupid' it's full of good meditation. Doubt

about any plan in life can be fatal to the fulfillment of it, but it cant just be ignored, it must be respected and its roots understood.

-Bill

Time is NOT Money, the Customer is NOT always Right, Gain does NOT require Pain <Bills@vav-nun.com>

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Re: correcting vision through exercise

- *To:* mjones@auscsmp.sps.mot.com, I_SEE@indiana.edu
 - *Subject:* Re: correcting vision through exercise
 - *From:* JRalls7959@aol.com
 - *Date:* Sun, 8 Sep 1996 13:58:00 -0400
 - *Sender:* owner-i_see@indiana.edu
-

I don't see why crystals should be any more dangerous than accupuncture needles. There's several chapters in the book we are going through. I've read the general overview and the chapter on the root chakra and the stones that help that area. The book cautions that if you don't do this right you can make things worse instead of better, but clear quartz crystal seems like a multivitamin or over-the-counter medication, fairly mild and if general instructions are followed, hard to screw up on. I don't remember a thing about electronics but I've run into two electronics teachers on sci.med.vision who may know a bit about how to use crystals to manipulate an energy field. All I know is compressing tourmaline produces a current and there are crystals in watches. The chakra points are referred to as different colors or tones. It sounds like different frequencies of some sort of energy. Using the crystals seems to be like tuning a piano or using a filter to polarize light. I still say that laser surgery sounds like real danger and RK!!!!!!!!!!

julie

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- Prev by thread: [Re: correcting vision through exercise -Reply](#)
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floaters

- To: i_see@indiana.edu
 - Subject: floaters
 - From: freelynn@exit109.com
 - Date: Sun, 8 Sep 1996 15:33:03 -0400 (EDT)
 - Sender: owner-i_see@indiana.edu
-

seers,
you might find this interesting from a homepathic list:

Date: Sat, 7 Sep 1996 22:06:52 GMT
To: marylou@primenet.com
Subject: Re: Floater Question
From: ekondrot@usa.pipeline.com (Edward C. Kondrot, MD)
Cc: homeopathy@lyghtforce.com
X-PipeUser: ekondrot
X-PipeHub: usa.pipeline.com
X-PipeGCOS: (Edward C. Kondrot, MD)
X-Info: Evaluation version at server.lyghtforce.com
Sender: null@lyghtforce.com
X-ListMember: freelynn@exit109.com [homeopathy@lyghtforce.com]

>On behalf of a friend (who is treating with a homeopath), do you know of any remedies that have >worked for severe (large enough to sometimes obstruct the vision) with no retinal damage >(tearings, detachments, etc.) floaters? This person has chronic myopia (in the 11 diopter range).

>She is currently on Argent nit. and you are the first the homeo- pathic ophthamologist we have >found.

Dear Mary,

Here are some rubrics you might want to look at in Kent for floaters.

VISION - SPOTS

VISION - SPOTS - floating

VISION - COLORS before the eyes - black - spots - floating (muscae volitantes)

VISION - COLORS before the eyes - black - spots

VISION - COLORS before the eyes - gray - spots

What is the color of the floater?

Any concomitant(existing or occurring with the floaters) symptoms?

What is peculiar about the floater or vision?

What other symptoms developed during the floater?

I would carefully investigate the above questions to determine the right homeopathic remedy.

Arg-n. is often used for floaters. You may want to see if there is any response from this remedy before considering another.

Sincerely, Ed

--

Edward Kondrot, MD

Homeopathic Ophthalmology

239 4th Ave.

Pittsburgh, PA 15222

(412) 281-0447

ekondrot@usa.pipeline.com

To leave this list, email <homeopathy-request@lyghtforce.com>
with the body text: help homeopathy

-
- **Follow-Ups:**
 - [Re: floaters](#)

■ *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Re: correcting vision through exercise](#)
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Re: Doubts

- To: I_SEE@indiana.edu
 - Subject: Re: Doubts
 - From: P.Croyden@sussex.ac.uk (Peter Croyden)
 - Date: Mon, 9 Sep 1996 11:59:32 +0100 (BST)
 - In-Reply-To: <960906134631.20201ace@fawdon.unn.ac.uk> from "helen.gillett@unn.ac.uk" at Sep 6, 96 01:46:31 pm
 - Sender: owner-i_see@indiana.edu
-

helen.gillett@unn.ac.uk (Mark) wrote:

> It just all seems a tricky thing to believe in.
Yes, but it's even trickier to believe in the standard theory for errors in refraction. e.g. how does the standard theory account for rapid changes in myopia?

<snip>

> 1) What clear evidence is there of people permanently returning to 'normal' eyesight? - how many people really are being 'cured' ?

Not much. This is a chicken and egg problem. Until more people (or another Bates) refine the current methods, we won't get more success and therefore won't get more people encouraged to try it.

> 2) If the cause of poor eyesight is 'bad habits' then if the eyesight is cured; could you then stop the vision exercises, or should you stick with them?

You should be doing "vision exercises" all the time. i.e. using your eyes in a relaxed way.

> 3) Even if NVT works for some people, how come it's not on the front of the headlines on the news? So many millions of people simply think 'bad eyesight? better get some lenses'. Is it really the glasses and contact lens industry which is keeping all this quiet?

I think not. The methods and approaches of Visual Therapy are just not good enough - yet. I read somewhere that Bates thought his methods so obvious and effective that although he had assistants, he didn't bother to pass his methods on formally, so they got muddled. I'm sure we've lost some of the fine details, which may turn out to be

important. e.g. Bates says that shutting the eyes for "... a longer or shorter time..." gives rest, but how long? 10 seconds or 10 minutes?

<snip>

> Sorry for being a doubting Thomas...
Nothing wrong with that.

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk
Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

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Re: My experience without glasses

- *To:* pdf@freenet.edmonton.ab.ca
 - *Subject:* Re: My experience without glasses
 - *From:* katerina_x_voracek@amoco.com
 - *Date:* Mon, 9 Sep 96 08:52:31 -0600
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <Pine.A32.3.91.960906175713.56002A-100000@freenet.edmonton.ab.c>
 - *Sender:* owner-i_see@indiana.edu
-

Good for you Peter - I totally agree with you - Katerina

Reply Separator

Subject: My experience without glasses
Author: owner-i.see (owner-i_see@indiana.edu) at unix,mime
Date: 9/6/96 6:29 PM

I_seers

I had an interesting experience today. In gym class, we were played football. Since i have been doing this VT stuff i decided to try playing without my glasses. I have been prescribed around -7 or so with cylinders, but have chosen not to replace my current lenses which are -5.5 each eye.

I enjoyed playing without my glasses, my eyes felt more alive, it made me feel more energy inside. At the end of the class, i had totally forgotten about my glasses. Not wearing those glasses was fun. It was a new challenge.

Some people say that you should wear reduced lenses and some say that you shouldn't wear glasses at all. I say you should wear reduced lenses when you are doing work indoors. But you should take them off when you do activities outdoors, especially when it is sunny.

I would like to say one thing that i have noticed ever since i have been doing this VT stuff. I don't know if my vision improved, because i only get an eye exam every year, but my eyes in general feel great, they feel alive and energetic. I don't get red

sore itchy eyes anymore. Although i still stare a little.

Since i'm still young (14) i guess i have a little bit of an advantage, but i would advise anyone to spend at least an hour or as much time as they can a day to do some sort of an activity (eg. soccer, football, tennis etc...)""OUTDOORS"" without wearing glasses. You will probably forget for awhile that you even need glasses, and that i think is a good thing.

The only disadvantage i have is that we get a lot of snow here in Edmonton (Canada), which prevents me from doing gym outside without my glasses, but i have decided to do more skiing and skating.

I have even decided to do my Taek won don without glasses now.

I don't see the point in wearing regular glasses or reduced glasses outside at all, except when you could be putting your life or the life of others in danger.

Try it,

Peter

-
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Re: floaters

- *To:* freelynn@exit109.com
 - *Subject:* Re: floaters
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 9 Sep 1996 10:39:41 -0400 (EDT)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <199609081933.PAA02247@hiway1.exit109.com>
 - *Sender:* owner-i_see@indiana.edu
-

This is great! I was just going to try Arg. Nit.! I was unable to find a source Sunday, but will probably be able to locate it today. And the reason I was drawn to this remedy had nothing to do with vision (homeopathy is so holistic, I have found symptoms that were previously unnoticed disappear along with the once being treated, so this makes sense).

Thanks for the information - it is much appreciated.

Mary

On Sun, 8 Sep 1996 freelynn@exit109.com wrote:

> Here are some rubrics you might want to look at in Kent for floaters.

> VISION - SPOTS

> VISION - SPOTS - floating

> VISION - COLORS before the eyes - black - spots - floating (muscae volitantes)

> VISION - COLORS before the eyes - black - spots

> VISION - COLORS before the eyes - gray - spots

>

> What is the color of the floater?

> Any concomitant(existing or occurring with the floaters) symptoms?

> What is peculiar about the floater or vision?

> What other symptoms developed during the floater?

>

> I would carefully investigate the above questions to determine the right homeopathic remedy.

>

> Arg-n. is often used for floaters. You may want to see if there is any

> response from this remedy before considering another.
>
> Sincerely, Ed
> --
> Edward Kondrot, MD
> Homeopathic Ophthalmology
> 239 4th Ave.
> Pittsburgh, PA 15222
> (412) 281-0447
> ekondrot@usa.pipeline.com
>
> -----
> To leave this list, email <homeopathy-request@lyghtforce.com>
> with the body text: help homeopathy
> -----

● **References:**

- [floaters](#)
 - *From:* freelynn@exit109.com
- Prev by Date: [Re: My experience without glasses](#)
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Re: Doubts

- *To:* katerina_x_voracek@amoco.com
- *Subject:* Re: Doubts
- *From:* MeiTien <a.wu@worldnet.att.net>
- *Date:* Mon, 09 Sep 1996 15:55:14 -0400
- *CC:* helen.gillett@unn.ac.uk, i_see@indiana.edu
- *References:* <199609091447.AA07628@interlock.amoco.com>
- *Sender:* owner-i_see@indiana.edu

katerina_x_voracek@amoco.com wrote:

>

>

> There is not one specific book, that I can single out. I found that
> combination of different ideas, philosophies - and constant reading
> and exploring was giving me energy to proceed. I read them all. I
> found the two books of Dr Robert-Michael Kaplan the most
> instructive. The first one - used to be called Seeing beyond 20/20 -
> now it is called - I think - "Seeing without glasses" offers a
> certain structure to the program. The second book "The Power Behind
> Your eyes" seems to me building an important "combo" - somehow one
> book complemented the other.

>

> Dr Liebermans thoughts are also very inspiring.

>

> Different ideas work for different people. A dear friend of mine
> told me once: "You have a talent to make a hobby out of your
> misery." Once I heard a successful blind pianist saying: "You must
> become a bit of a fanatic about things in order to succeed." Both
> these statements were a confirmation to me that - no matter how you
> go about it, what you read, whom you listen to - just do it, and do
> it all and look for the fun and enjoyment in it and put your heart
> into it. There will come a moment, that you yourself will find the
> idea, that works for you - out of the vast source of information,
> available out there for you to choose from. One must find the
> passion within to go about succeeding in whatever one wants to
> succeed.

>

> To order these books go to
> <http://www.sunshine.net/www/0/sn0011/default.html> page - it is a
> good start.
>
> I wish to your daughter to find the passion and the fun, that goes
> with it - on the way to improve her eyesight.
> Best wishes Katerina
>
> _____ Reply Separator Katerina,

I guess I am quite like you, search for better vision seems to become my hobby..I have read all the books I can find in my local library. I did not see a few, they might have been out or misplaced.

I guess I need to be more organized as to what methods to follow. Palming and swing are easy so we have started that. Have your tried the audio tapes by Kaplan?

BTW, my daughter's eyesight has improved a bit after the summer, but her right eye seems to drift a little. She lost her previous glasses and she was wearing a real old glass for the summer. We are now getting her a new pair of bifocals.

I will look up the web site for the books.
Thanks...
Mei-Tien

● **References:**

- [Re: Doubts](#)
 - *From:* katerina_x_voracek@amoco.com
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Thanks

- *To:* I_SEE@indiana.edu
 - *Subject:* Thanks
 - *From:* helen.gillett@unn.ac.uk
 - *Date:* Mon, 9 Sep 1996 16:33:13 +0100 (BST)
 - *Sender:* owner-i_see@indiana.edu
-

Thanks for the replies to my 'doubting Thomas' message... hopefully i shall get myself motivated and try some of NVT out... i think my own belief in it is half the problem.

Unfortunately i have recently graduated and have lost my internet account, so i'm just using friend's at the mo. But if anyone knows of success story's in the UK i'd be happy to hear them, and i'll send you details of mine (whatever the outcome)... i should be on this number for the next few weeks...

Thanks again,

Mark Frost

-
- Prev by Date: [Re: Doubts](#)
 - Next by Date: [Re: Doubts](#)
 - Prev by thread: [Re: My experience without glasses](#)
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Re: Doubts

- *To:* a.wu@worldnet.att.net
 - *Subject:* Re: Doubts
 - *From:* katerina_x_voracek@amoco.com
 - *Date:* Mon, 9 Sep 96 08:46:20 -0600
 - *Cc:* helen.gillett@unn.ac.uk, i_see@indiana.edu
 - *In-Reply-To:* <323190FF.5B74@worldnet.att.net>
 - *Sender:* owner-i_see@indiana.edu
-

There is not one specific book, that I can single out. I found that combination of different ideas, philosophies - and constant reading and exploring was giving me energy to proceed. I read them all. I found the two books of Dr Robert-Michael Kaplan the most instructive. The first one - used to be called Seeing beyond 20/20 - now it is called - I think - "Seeing without glasses" offers a certain structure to the program. The second book "The Power Behind Your eyes" seems to me building an important "combo" - somehow one book complemented the other.

Dr Liebermans thoughts are also very inspiring.

Different ideas work for different people. A dear friend of mine told me once: "You have a talent to make a hobby out of your misery." Once I heard a successful blind pianist saying: "You must become a bit of a fanatic about things in order to succeed." Both these statements were a confirmation to me that - no matter how you go about it, what you read, whom you listen to - just do it, and do it all and look for the fun and enjoyment in it and put your heart into it. There will come a moment, that you yourself will find the idea, that works for you - out of the vast source of information, available out there for you to choose from. One must find the passion within to go about succeeding in whatever one wants to succeed.

To order these books go to <http://www.sunshine.net/www/0/sn0011/default.html> page - it is a good start.

I wish to your daughter to find the passion and the fun, that goes with it - on the way to improve her eyesight.

Best wishes Katerina

Reply Separator

Subject: Re: Doubts

Author: a.wu (a.wu@worldnet.att.net) at unix,mime

Date: 9/7/96 9:13 AM

katerina_x_voracek@amoco.com wrote:

>
> Item Subject: Doubts

>
> Hi Mark,

>
> I will try to answer your questions based on my own experience:

>
> 1. I am extremely high myop and have been working on improving my
> eyesight for past 3 years. I was very sceptical at first. Having no
> choice (I was loosing my vision at a rapid speed), having an
> optometrist, who was collapsing under the pressure of not knowing
> what to do about it, being falsely diagnosed with MS, diabetes
> (both have failing vision as one of symptoms) and being recommended
> prescription near to binoculars power by our "optometry
> specialist", I made a decision. I began with Huxley and progressed
> through Bates and Dr Kaplan - here in Canada. Although I have not
> been "cured", I was able to improve my eyesight by almost 7
> dioptrres. I achieved that by applying the visual therapy
> (consisting of wide variety of physical and mental exercises)
> together with relaxation exercises (meditation, tai chi, resting
> (closing) my eyes after long day in front of a computer for half an
> hour, etc., etc.) and altered nutrition. I could not afford regular
> behavioural optometrist sessions, worth \$ 55.- Can. each.

>
> Taking that in consideration, with your low power prescription,
> you have a marvellous chance to return back to 20/20 vision. In
> high myopic like myself - I don't think, a complete "cure" is
> evident for many reasons (i.e. age, power of eye ware and length of
> time I am wearing it, type of type of work I must continue to
> financially support my family, personal mental composition and
> previous life experiences history).

>
> 2. Although the term "bad habits" may be an analogy for an
> instinctive response to a variety of stimulants one meets in life,
> whatever the stimulants are, they are real. And it seems to me it
> all boils down to modifying one's attitude towards life in general.
> It means to "putting your heart" into your seeing, learning to feel
> and sense and see rather than "look", it means to want to adopt a
> new way of seeing - living awareness. That is what it meant for me

> in order to make the progress, I made. There is vast amount of
> literature available on the subject. Just yesterday there was a
> note in this list, containing review of three very inspiring books,
> some of them I myself have also read and have on my night table for
> a daily inspiration.

> So back to the base of your second question: I think, it depends on
> an individual if you have to stick with the exercises or if you
> just stop. In my case, I know I have to continue - I take it as
> part of my daily hygiene. You - on the other hand - considering
> your low power - may learn a new seeing habits during your VT and
> when reaching 20/20 vision, these habits will become "the way of
> being and seeing". The correct and effective way of using your
> optical parts of your body will become subconscious. You may not
> need to continue daily exercises. I don't think, there is a clear
> answer to this one.

> 3. The answer to this question probably resides in the
> unfortunate 20th century epidemic of the "quick fix" syndrome,
> wanting everything and wanting it yesterday. It also will have
> something to do with the endangered optical industry and the
> commercial value, that goes with it.

> VT is not a quick fix and it certainly is not a lucrative business.
> The patient must do it all. Although supplements, good nutrition
> and behavioural optometrists sessions are definitely a contributing
> component of the therapy, they will not improve your sight alone.
> You must want to see yourself - and consequently do something about
> it - yourself!

> I hope, this helps a bit.

> Katerina

> Hi, Katerina,

This helps a lot!! I showed your mail to my daughter, who has -5 at age of 10. She was really inspired by your mail, she did palming before she went to bed and noticed a clear flash lasted longer then before. This morning the first thing she did was eye exercise and palming.

She has read about Bates method. Is this good enough? You went through three books, which one helped you the most? I had trouble finding the book from Huxley from my library.

Mei-Tien

- **Follow-Ups:**

- [Re: Doubts](#)
 - *From:* MeiTien <a.wu@worldnet.att.net>

- **References:**

- [Re: Doubts](#)
 - *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [Thanks](#)

- Next by Date: [My personal experience](#)

- Prev by thread: [Re: Doubts](#)

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My personal experience

- *To:* i_see@indiana.edu
 - *Subject:* My personal experience
 - *From:* Robert John Symes <rsx@Cs.Nott.AC.UK>
 - *Date:* Mon, 9 Sep 96 17:44:58 BST
 - *cc:* rsx@Cs.Nott.AC.UK
 - *Sender:* owner-i_see@indiana.edu
-

Hi there,

I've been reading the list off and on for a few months and thought it was about time that I contributed with my own experience of eyesight improvement.

I'm a twenty-one year old student and I'd been wearing glasses for four or five years with a prescription of -1.25 L and -0.75 R which increased a couple of years later to -1.75 L and -1.25 R. About six months ago I discovered the Bates method and read 'Better Eyesight Without Glasses'. Intrigued, I immediately discarded my glasses, my previous understanding being that it was best to wear my glasses as much as possible to avoid further deterioration. I started palming regularly and consciously trying to avoid strain by blinking often and not 'trying to see' (If it's possible to try to avoid trying to see!)

Well, I didn't actually get my eyes tested during this period but I'm certain thatt they improved a great deal during this period. There were a couple of memorable sunny afternoons where I was able to read signs which required what must have been approaching 20-20 vision. I'm not sure however, whether the improvement was partly psychological since I had such enthusiasm towards improving my sight and believed 100% that I would. (I was certain that within a few months I'd be back to 20-20). I started watching television without the glasses and found little discomfort in doing so.

Unfortunately I did not have the self-discipline required to keep up the exercises and slipped back in to using the glasses (the weaker prescription though). My vision since then has returned to just a little better than it was before I encountered VT, but I'm sure thatt the knowledge which I have gained from the book will help me to avoid further deterioration and perhaps improvement in the future.

I was wondering if anyone on this list has themselves, or knows anyone who, has actually achieved 20-20 vision using these techniques. There seems to re improvement has been made, although I have yet to come across a report of a return to

perfect vision. Also, has anyone had a similar experience to me, where their eyesight has deteriorated once they stopped doing VT.

Well, thanks for listening to me ramble on and congratulations on a very educational mailing list.

Rob.

-
- Prev by Date: [Re: Doubts](#)
 - Next by Date: [Re: Doubts](#)
 - Prev by thread: [Thanks](#)
 - Next by thread: [My case, updated](#)
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Re: Doubts

- *To:* i_see@indiana.edu
 - *Subject:* Re: Doubts
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Wed, 11 Sep 1996 12:53:40 -0400
 - *Organization:* Blake Systems, Inc.
 - *References:* <Pine.SUN.3.94.960906185519.6058A-100000@coyote.rain.org>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Nick Halloway wrote:

>

> I seem to have fixed about half a diopter of myopia. I wear 1.25 D
> plus lenses and use my computer terminal about a meter away, so
> optically it's about .25 D farther than infinity. So I'm
> practicing seeing at distance whenever I use the computer. When I go
> around the rest of the time, I don't have any myopia.

Could you explain this a little better?

First of all how bad is your myopia?

Second, why are you wearing plus lenses at the computer? Is it to simulate distance vision.. thus reducing strain on your eyes?

Third, how do you calculate what plus lens to wear and what distance to be from the computer ?

I am wearing -4.5 contacts most of the time and seeing about 20/40 with them in. I can work pretty well from the computer at about 1 meter. I am thinking of getting glasses at this reduced prescription so that I can take them off more readily as my eyes tend to feel better with no correction.

thanks

--
Art Blake -> art@blakesys.com

- **Follow-Ups:**
 - [Plus lenses for myopia](#)
 - *From:* Nick Halloway <snowe@rain.org>

- **References:**
 - [Re: Doubts](#)
 - *From:* Nick Halloway <snowe@rain.org>

- Prev by Date: [My personal experience](#)
- Next by Date: [My case, updated](#)
- Prev by thread: [Re: Doubts](#)
- Next by thread: [Plus lenses for myopia](#)
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 - [Thread](#)

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My case, updated

- *To:* i_see@indiana.edu
 - *Subject:* My case, updated
 - *From:* Theodore Green <vmgreen@vetmed.missouri.edu>
 - *Date:* Wed, 11 Sep 1996 15:00:01 -0600
 - *Sender:* owner-i_see@indiana.edu
-

Hello I_seers,

I visited my O.D. yesterday for a progress evaluation, etc and so I'll fill you all in on the results. I feel fortunate to have an open minded O.D. to work with on my VT. He is functioning primarily to document my progress and as a very interested observer.

My last visit was in March of this year. At that time I discarded my contact lens and had two pair of eyeglasses made; one at 20/30 for driving and a second pair at 20/50 for occasional use. The prescription for the 20/30 lenses was R -4.25 -.50x80 and L -3.75 -.50x15. The 20/50 lenses are R -3.50 -.50x80 and L -3.00 -.50x15.

At my examination yesterday the 20/30 lenses were enabling me to read the chart at 20/15 and the 20/50 lenses at 20/30. This represented a reduction of -0.75 diopter in each eye over the last six months. And there was a reduction of the astigmatism in my right eye from -0.50 to -0.25 with a change in axis. There was another interesting (and welcome) change as well. At the time of my March exam I was diagnosed as a glaucoma suspect, with pressures of 21mm and 20mm, and with slight loss of peripheral vision in my right eye. Yesterday the pressures were 19mm and 18mm, and the visual fields test indicated that the peripheral vision in my right eye had been restored to normal. I don't understand how this came about, but I'll take it! A reduction of myopia perhaps? The bulk of the time since March I have gone w/o corrective lenses. I wore the 20/30 lenses only for about one hour a day, and the same or less for the 20/50 lenses. Since the 20/30s now overcorrect and the 20/50s correct to 20/30, I'll stop using the stronger prescription entirely. The bulk of my

VT efforts have simply been focussing exercises involving reading my eye chart, clock face, etc. several times daily. And of course my mental attitude about my vision. And when I work at the computer or read (hours daily) I keep the print at the furthest reasonable distance. Since March that distance has increased from about 10 inches to about 18 inches now. My next appointment will be in March '97 when hopefully there will be more to report. Regards,

Ted Green

-
- Prev by Date: [Re: Doubts](#)
 - Next by Date: [Book Recommendations](#)
 - Prev by thread: [My personal experience](#)
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Book Recommendations

- *To:* i_see@indiana.edu
 - *Subject:* Book Recommendations
 - *From:* katerina_x_voracek@amoco.com
 - *Date:* Wed, 11 Sep 96 08:19:13 -0600
 - *Sender:* owner-i_see@indiana.edu
-

There is not one specific book, that I can single out. I found that combination of different ideas, philosophies - and constant reading and exploring was giving me energy to proceed. I read them all. I found the two books of Dr Robert-Michael Kaplan the most instructive. The first one - used to be called Seeing beyond 20/20 - now it is called - I think - "Seeing without glasses" offers a certain structure to the program. The second book "The Power Behind Your eyes" seems to me building an important "combo" - somehow one book complemented the other.

Dr Liebermans thoughts are also very inspiring.

Different ideas work for different people. A dear friend of mine told me once: "You have a talent to make a hobby out of your misery." Once I heard a successful blind pianist saying: "You must become a bit of a fanatic about things in order to succeed." Both these statements were a confirmation to me that - no matter how you go about it, what you read, whom you listen to - just do it, and do it all and look for the fun and enjoyment in it and put your heart into it. There will come a moment, that you yourself will find the idea, that works for you - out of the vast source of information, available out there for you to choose from. One must find the passion within to go about succeeding in whatever one wants to succeed.

To order these books go to <http://www.sunshine.net/www/0/sn0011/default.html> page - it is a good start.

Katerina

- Prev by Date: [My case, updated](#)
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a paradigm is born

- *To:* i_see@indiana.edu
 - *Subject:* a paradigm is born
 - *From:* Elena <solusrex@soho.ios.com>
 - *Date:* Thu, 12 Sep 1996 07:30:21 -0400
 - *Sender:* owner-i_see@indiana.edu
-

Seers,

I'm in the process of making good on my intentions and exploring what I presently see as the maximum efficiency approach, both for me personally and as a "new paradigm of myopia," the one that has practically forced itself on my understanding. Anyone who is interested in any further developments and in being contacted, please e-mail me your mailing address and/or phone number, since I might not have e-mail capabilities for a while. If possible please do it today -- I'm leaving for LA early tomorrow.

As an update for the newcomers: my starting point 15 months ago was at -8.0D of myopia and about -1.5 of astigmatism. Currently, I'm seeing 20/40 or 20/20 more than half the time, with stability not achieved. Subjectively/emotionally, I'm experiencing this as a spooky crisis of unprecedented magnitude. This about sums up my update for the moment.

Best of luck and maximum clarity to everyone.

Elena

-
- Prev by Date: [Book Recommendations](#)
 - Next by Date: [Focussing and its relation to Myopia](#)
 - Prev by thread: [Book Recommendations](#)
 - Next by thread: [Focussing and its relation to Myopia](#)

a paradigm is born

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Focussing and its relation to Myopia

- To: i_see@indiana.edu
 - Subject: Focussing and its relation to Myopia
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Thu, 12 Sep 1996 03:00:53 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 12:53 PM 9/11/96 -0400, Art Blake wrote:

>Nick Halloway wrote:

>>

>> I seem to have fixed about half a diopter of myopia. I wear 1.25 D
>> plus lenses and use my computer terminal about a meter away, so
>> optically it's about .25 D farther than infinity. So I'm
>> practicing seeing at distance whenever I use the computer. When I go
>> around the rest of the time, I don't have any myopia.

>

>Could you explain this a little better?

I'm sure Nick will answer, but I can't resist offering my thoughts also...

DISTANCE AND DIOPTERS

Diopters are inverse meters. When you're focussed at infinity, that's normally called zero diopters of accommodation, because $1/\text{infinity}$ is zero. Focussing at 1 meter is 1 Diopter of accommodation, 1/2 meter is 2 Diopters of accommodation, etc.

If you wear a plus 1.25 D lens, that makes your eyes focussed 1.25 D "further" (less accommodation) than whatever you would be at without the lens. So, if you looked at something $1/1.25\text{D}$ (0.8 meters) away while wearing 1.25 D plus lenses, your eyes would have 0 diopters of accommodation, or be focussed at infinity.

VERGENCE (LOOKING INWARD)

All this ignores the

vergence that's going on, where your eyes are each looking inward a bit to see the closer thing. The inward vergence is measured in prism diopters, where 1 prism diopter (or 1[^]) is a 1% slope or 1 cm at 1 meter. You could wear prisms, too, to make the vergence of seeing the 0.8 meter object feel like infinity, too. Some people can't immediately tolerate plus lenses because normally accommodation is linked to vergence, and you're changing that relationship. Same with wearing new minus lenses, of course.

BACK TO NICK

If Nick is looking at something 1 meter away (which would be 1 D of accommodation without lenses), but wearing plus 1.25 D lenses, he's effectively using MINUS 0.25 D of accommodation. I.e., he's "looking beyond infinity."

>First of all how bad is your myopia?

>From Nick's message, I'd say he used to be -0.50 D, but now he's 0.00 D.

>Second, why are you wearing plus lenses at the computer? Is it to
>simulate distance vision.. thus reducing strain on your eyes?

This doesn't apply to Nick, apparently, but:

PRESBYOPIA

As people age, the total range of their accommodation powers diminish. (This is Presbyopia.)

One formula is "your diopters of accommodation possible = 15 - 0.25 times your age." If you're 4 years old, you have 14 D of accommodation. If you're 60 or older, you have zero. (There is only one distance at which you can see clearly.) Many 45+ year olds MUST wear plus lenses to see the screen comfortably, or else keep the screen far away and use big fonts.

People just "entering the Presbyopic age" find more comfort in wearing plus lenses for close work because accommodation gets harder and the lenses make it easier. (My own suspicion is that doing so accelerates presbyopia...)

PRACTICE FAR FOCUS

In Nick's case, I think he's trying to use his focussed work time as an opportunity to also exercise his far focus. My own suspicion is that it's lack of far focus that causes myopia progression, and

NOT the amount of near work. Those chicks that get myopia from lenses get 5% as much myopia with only a 130-minute break each day from the lenses. Vision researchers Frank Schaeffel and Howard Howland propose "that one should attempt to recover precise accommodation to stop myopia progression." (Vision Research 35:1137, 1995) Also, "The authors state that if, for instance, 1 hr of daily distant vision with relaxed accommodation [i.e., focussed at infinity -kip] were sufficient to suppress the development of myopia in humans, concerns about negative lenses augmenting myopia would be relieved."

In Total Vision, optometrist Richard Kavner (1978) says that, when reading, you should look up periodically and focus on a distant small object, and keep doing so until you can see it as clearly as you could before you started reading.

William Bates suggests that kids (and adults) would benefit from a few minutes each day looking at an eye chart at 20 feet and reading the smallest line of type they can. (in Better Eyesight Without Glasses)

>Third, how do you calculate what plus lens to wear and what distance >to be from the computer ?

COMPUTERS AND PLUS LENSES

You pick the distance from the computer so you're comfortable with the size of type, and pick the plus lens based upon the accommodation you want when you look at that distance. (1 divided by distance from screen in meters = plus lenses required so you're focussed at infinity. Add 0.25 D if you want to be like Nick. All of this is RELATIVE to whatever lenses you're normally wearing for distance vision.)

WHERE REAL "REST" IS

Incidentally, the conventional view is that your ciliary muscle (that controls your lens' shape) is relaxed for distance vision and contracted for near vision. I'm not sure what "relaxed" means, but when a normal vision person is asleep or in a dark room, his eyes go to a "tonic level of accommodation" (TA) or "dark focus." This dark focus is usually between 1 and 2 meters. I.e., it's NOT at infinity. The muscles must be stimulated (innervated) to see near, and innervated to see far. Your autonomic nervous system (which controls your focussing) is divided into the sympathetic (active when we are excited) and the parasympathetic (most active when we are at rest or digesting food) nervous systems. There are separate chemicals that nerve endings secrete in each case. Near focus seems to be controlled by parasympathetic, and

far focus by sympathetic. Indeed, far focus can be affected by interfering with sympathetic chemistry in the ciliary (in the eye, anyway).

NEAR/FAR vs NEAR/RELAXED

The point of all this is not to think of eye focus as ON for near and OFF for far, but instead to think of it as TWO different stimuli, and their balance determines your dark focus. With this view, one might suggest that you can improve your myopia NOT by worrying about your near focus/parasympathetic, but by exercising your far focus/sympathetic system. (Note that after you look at something far away, your dark focus is temporarily farther away too (on the order of minutes).)

I.e., those studies which compute "diopter hours" of kids by counting the hours of TV and reading etc., are missing the point. They should be counting the hours (minutes?) of FAR vision!

POSSIBLE WAYS MYOPIA IMPROVES

Incidentally #2, I've never heard of adult eyes getting SHORTER. Unless that does happen, it means that myopia improvement must occur by:

- 1) changing shape of cornea (perhaps by extraocular muscles?);
- 2) rediscovering previously unused far focus (i.e., "relaxing" the ciliary further or stimulating sympathetic more);
- 3) changing the shape of your lens as it grows (and your lens grows throughout your life). There must be some kind of vision feedback to the lens to keep emmetropes (normal vision) seeing well as their lenses grow, it seems;
- 4) Learning to change the shape of the lens with your ciliary muscle. The ciliary has many "processes" (little stubs of muscle) that connect (through suspensory ligaments) to the lens on the front, edge (equator) and back, all the way around the lens. In sci.med.vision, Bill Stacy makes fun of the idea that you have any fine control over your lens ("Ciliary is smooth muscle!"). In my reading, the ciliary seems quite mysterious because it's so hard to study in live humans. It seems there's still latitude for new discoveries here.
- 5) Thickening of the choroid (happens in recovering myopic chicks, unlikely to make more than 1 D improvement in humans, I'd guess.) The choroid is the same stuff as the ciliary and iris, but goes all the way around the eye, between the white sclera and the retina.

6) Changing the pressure of fluids in your eye. The aqueous humor (up front) comes out of the ciliary and flows up front of the iris, where it returns to the bloodstream just in front of the iris. Some people have speculated that too-high pressure causes the eye to lengthen. I doubt it, but perhaps reduced pressure would cause it to shorten, or at least to let the cornea flatten (be less plus).

Good luck with whatever mechanism you believe in, whether it's feelings or primal self or clearing engrams or even ophthalmological science.

-- Kip

-
- Prev by Date: [a paradigm is born](#)
 - Next by Date: [Patching explained](#)
 - Prev by thread: [a paradigm is born](#)
 - Next by thread: [Re: Focussing and its relation to Myopia](#)
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Patching explained

- To: i_see@indiana.edu
 - Subject: Patching explained
 - From: Alex Eulenberg <aeulenbe@indiana.edu>
 - Date: Thu, 12 Sep 1996 09:45:29 -0500 (EST)
 - In-Reply-To: <Pine.A32.3.91.960911211734.51908A-100000@freenet.edmonton.ab.ca>
 - Sender: owner-i_see@indiana.edu
-

On Wed, 11 Sep 1996 Peter <pdf@freenet.edmonton.ab.ca> wrote:

> I believe it was Caroline that said when you cover one eye that
> your not palming but rather patching.

Bates actually talked about "one-eyed" palming, especially in conjunction with swinging in the sunlight. He called this "alternate palming and sunning". Again, you are to avoid looking directly at the sun with the open eye; instead, you should blink rapidly while swinging your head back and forth so that the sun is seen to move back and forth across your field of vision.

> But during the process of patching
> an eye, what is happening to the one that is covered ? and the one that
> isn't ?

I found that the patched eye feels much more alive and refreshed when I take off the patch. Its retina recharges, and more. The muscles around the eye also feel refreshed.

As for the unpatched eye, it is free to explore its possibilities without interference from the other eye. All your muscles are interconnected; muscles from one eye are coordinated with the other. Unfortunately, what is needed for one eye may create a bad image in the other eye, and you will be held back in your progress. Once one eye masters its proper movements, the other eye won't get in its way. This is my unproven hypothesis, but one worth testing.

> She also said that you should patch both eyes. Why is that ?

> Shouldn't you just patch your stronger eye to develop your weaker eye ?

This is true in the case of amblyopia, where the light receptors must be made to work -- sensitized. I believe, however, that in the case of myopia and astigmatism, your eyes improve when they are given a rest as well as when they are given the opportunity to exercise. It's like all sports.

Note also that Bates always advised practicing each eye separately. Try this, which always works for me: do your reading at the furthest distance possible (assuming a case of myopia, with or without astigmatism), with one eye only (i.e. patch the other eye), taking your glasses off, or putting on plus lenses if necessary, for a full hour, then take your patch off. If you do this at night, the eye that has been working may actually feel blind by comparison with the newly invigorated formerly patched eye. Remember that while you do this, keep pushing the text back. If it gets blurry, bring it in. If it clears up, push it back.

Bottom line: in patching both eyes will benefit, but for different reasons.

--Alex

-
- Prev by Date: [Focussing and its relation to Myopia](#)
 - Next by Date: [Clear flashes: clearer in the weaker eye!](#)
 - Prev by thread: [Re: Focussing and its relation to Myopia](#)
 - Next by thread: [Clear flashes: clearer in the weaker eye!](#)
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Clear flashes: clearer in the weaker eye!

- *To:* i_see@indiana.edu
 - *Subject:* Clear flashes: clearer in the weaker eye!
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>
 - *Date:* Thu, 12 Sep 1996 14:27:15 -0400
 - *Sender:* owner-i_see@indiana.edu
-

Over the past few years, with practising VT, I often get clear flashes. My left eye is significantly better than my right, and it used to do all the 20/20 seeing for me before I got glasses (in 1983). My prescription was last tested in 1993: -1.75 (left); -2.5 (right, with some astigmatism). My prescription is slightly better than this now, although I've never bothered to have it measured again. What I have found, to my amazement, is that it is often my right (weaker) eye that gets the clearest image during a clear flash. Has anyone else noticed their weaker eye getting the "edge" once in a while?

Tim

- **Follow-Ups:**
 - [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* warrior@juno.com (Lawrence A Guerrero)
 - [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* pdf@freenet.edmonton.ab.ca
 - [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

- Prev by Date: [Patching explained](#)
- Next by Date: [Plus lenses for myopia](#)

- Prev by thread: [Patching explained](#)
- Next by thread: [Re: Clear flashes: clearer in the weaker eye!](#)
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Plus lenses for myopia

- To: i_see@indiana.edu
 - Subject: Plus lenses for myopia
 - From: Nick Halloway <snowe@rain.org>
 - Date: Thu, 12 Sep 1996 10:18:03 -0700 (PDT)
 - In-Reply-To: <3236EE94.1660@blakesys.com>
 - Sender: owner-i_see@indiana.edu
-

On Wed, 11 Sep 1996, Art Blake wrote:

> Nick Halloway wrote:

> >

> > I seem to have fixed about half a diopter of myopia. I wear 1.25 D

> > plus lenses and use my computer terminal about a meter away, so

> > optically it's about .25 D farther than infinity. So I'm

> > practicing seeing at distance whenever I use the computer. When I go

> > around the rest of the time, I don't have any myopia.

>

> Could you explain this a little better?

OK -- a computer terminal at 1 m away is 1 diopter optically if you aren't wearing lenses.

Diopters measure how much light rays from a source diverge. If you're looking at the moon, it's so far away that the light rays from a

single point on the moon which go into your pupil are almost parallel.

This divergence of the light rays goes as 1/distance of object.

An object a meter away is at 1/1 or 1 diopter optically.

And object 1/3 a meter away is at 3 diopters optically.

If you wear plus lenses, it changes how far away objects are optically.. Plus lenses bend rays inwards. Rays from a close object are diverging when they reach your pupils, and a plus lens bends them back inwards so it's as if the rays were coming from an

object farther away. Wearing +1.25 lenses at a computer terminal that's a meter away actually means that you're asking your eyes to focus at 0.25 diopters beyond infinity. No definite reason to ask my eyes to focus slightly "beyond infinity".

It may help doing this far focussing while doing actual visual work -- just walking around and looking at distant objects may not be asking one's eyes to work at far enough. Our ancestors probably did a lot of active far-focussing, but a lot of us do our real visual work at near.

I have about 1/2 diopter of myopia, and a lot of astigmatism.

> Second, why are you wearing plus lenses at the computer?

I could do it instead while reading a book. It would be necessary to use stronger plus lenses then because computer type is larger than most book type and you can read it farther away.

I've got a little trouble focussing at *near*, so I'm doing near focussing practice by not wearing reading glasses while reading books.

> I am wearing -4.5 contacts most of the time and seeing about 20/40
> with them in. I can work pretty well from the computer at about 1
> meter.

20/40 is about 0.75 diopters short -- your far focus is probably at about 1/0.75 meters, which is farther than the computer terminal. So if you wanted to practice far focussing at the computer terminal, about 0.5 D or more less minus might work better (this all depends on exactly what your 20/20 prescription is). This would be challenging your eyes by asking them to focus 0.25 D or more farther than what they're used to. How much they should be challenged for the best results, I'm not sure. You could try wearing 1 D reading glasses on top of the contacts while working at the computer terminal 1 m away, this would be asking your eyes to focus 0.75 D farther than they're used to. This is the same challenge that 20/40 contacts give you, for distance vision.

- **References:**

- [Re: Doubts](#)

- *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Clear flashes: clearer in the weaker eye!](#)

- Next by Date: [Re: Clear flashes: clearer in the weaker eye!](#)

- Prev by thread: [Re: Doubts](#)

- Next by thread: [Re: Plus lenses for myopia](#)

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Re: Clear flashes: clearer in the weaker eye!

- *To:* i_see@indiana.edu
 - *Subject:* Re: Clear flashes: clearer in the weaker eye!
 - *From:* warrrior@juno.com (Lawrence A Guerrero)
 - *Date:* Thu, 12 Sep 1996 17:13:52 EDT
 - *References:* <01BBA0B6.7FA78E40@r124.cciw.ca>
 - *Sender:* owner-i_see@indiana.edu
-

Absolutely, Tim! I get more clear flashes on average, from my left eye (which is more myopic by .50D) than my right. They have a tendency to switch hit and reverse, but overall, it seems weird that my weaker eye gets more "bang for the buck" in terms of clear flashes.

- Larry

On Thu, 12 Sep 1996 14:27:15 -0400 Tim Patterson <Tim.Patterson@cciw.ca> writes:

>Over the past few years, with practising VT, I often get clear
>flashes.

>My left eye is significantly better than my right, and it used to do
>all

>the 20/20 seeing for me before I got glasses (in 1983). My
>prescription

>was last tested in 1993: -1.75 (left); -2.5 (right, with some

>astigmatism). My prescription is slightly better than this now,

>although I've never bothered to have it measured again. What I have

>found, to my amazement, is that it is often my right (weaker) eye that

>gets the clearest image during a clear flash. Has anyone else noticed

>their weaker eye getting the "edge" once in a while?

>

>Tim

- **References:**

- [Clear flashes: clearer in the weaker eye!](#)
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>

- Prev by Date: [Plus lenses for myopia](#)
- Next by Date: [Clear Flashes](#)
- Prev by thread: [Clear flashes: clearer in the weaker eye!](#)
- Next by thread: [Re: Clear flashes: clearer in the weaker eye!](#)
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Clear Flashes

- To: i_see@indiana.edu
- Subject: Clear Flashes
- From: p9205755@student.anu.edu.au (Al)
- Date: Fri, 13 Sep 1996 11:18:53 +1000
- Sender: owner-i_see@indiana.edu

Hi all,

I'd just like to know what level of myopia those that are getting clear flashes are at. I'm at about -4.0 and have had one clear flash when I was riding my bike one day and almost rode over a snake! I tell you what I could see that snake as clear as crystal. But that is all and it probably was induced by fear rather than anything to do with my vision improvement.

Al

```

, _/
<o/ / It's not falling that hurts
# | It's hitting the ground
< \ |
/ Alistair Phillips
/ a.phillips@student.anu.edu.au
    &
    < /
    <o\ /
    / =%@ /
  
```

- Prev by Date: [Re: Clear flashes: clearer in the weaker eye!](#)
- Next by Date: [Re: Clear flashes: clearer in the weaker eye!](#)
- Prev by thread: [Re: Clear flashes: clearer in the weaker eye!](#)
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Re: Clear flashes: clearer in the weaker eye!

- *To:* Tim Patterson <Tim.Patterson@cciw.ca>
 - *Subject:* Re: Clear flashes: clearer in the weaker eye!
 - *From:* pdf@freenet.edmonton.ab.ca
 - *Date:* Thu, 12 Sep 1996 18:16:41 -0600 (MDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <01BBA0B6.7FA78E40@r124.cciw.ca>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 12 Sep 1996, Tim Patterson wrote:

> Over the past few years, with practising VT, I often get clear flashes.
> My left eye is significantly better than my right, and it used to do all
> the 20/20 seeing for me before I got glasses (in 1983). My prescription
> was last tested in 1993: -1.75 (left); -2.5 (right, with some
> astigmatism). My prescription is slightly better than this now,
> although I've never bothered to have it measured again. What I have
> found, to my amazement, is that it is often my right (weaker) eye that
> gets the clearest image during a clear flash. Has anyone else noticed
> their weaker eye getting the "edge" once in a while?

>
> Tim
>

When i get a clear flash i try to close one eye to find out, but still
don't now which eye is seeing clearer the clear flashes.

-Peter

- **Follow-Ups:**

- [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* warrior@juno.com (Lawrence A Guerrero)

- **References:**

- [Clear flashes: clearer in the weaker eye!](#)
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>

- Prev by Date: [Clear Flashes](#)

- Next by Date: [RE: Clear Flashes](#)

- Prev by thread: [Re: Clear flashes: clearer in the weaker eye!](#)

- Next by thread: [Re: Clear flashes: clearer in the weaker eye!](#)

- Index(es):

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RE: Clear Flashes

- *To:* i_see <i_see@indiana.edu>, p9205755 <p9205755@student.anu.edu.au>
 - *Subject:* RE: Clear Flashes
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 13 Sep 96 14:05:00 PDT
 - *Encoding:* 36 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Al & everyone else,

The way forward for you seems to be clear - Elena's primal therapy sounds frightening enough to do the trick - either that or perhaps a touch of lion training!

(On a more serious note, are you still in e-mail contact, Elena? What do you think to fear as enabling better eye sight? Would you interpret that directly ie as Alistair having suppressed fear at some early stage - or more indirectly such as his mind recognizing that he needed better sight at that time, no matter what originally caused his myopia? Has anyone else had a brief experience such as this?)

I thought I hadn't had any clear flashes either. I'm still not really sure if I do or don't except that sometimes I can count more aerals on the distant building I look at - I guess that means that that is a clear flash (is it??) although I hadn't identified it as such since it doesn't happen like someone switching on a light of anything - and if I didn't count the aerals I wouldn't have known it was even happening.

I wonder if you don't notice clear flashes when you are only slightly myopic (as in my case, -0.25 and -1.0) because the difference between 'normal' and the clear flash isn't that dramatic. (I'd always hoped that a clear flash would present itself as the ability to be able to see each leaf on a tree or something.)

Caroline

>I'd just like to know what level of myopia those that are getting clear
>flashes are at. I'm at about -4.0 and have had one clear flash when I was
>riding my bike one day and almost rode over a snake! I tell you what I
>could see that snake as clear as crystal. But that is all and it probably
>was induced by fear rather than anything to do with my vision improvement.
>
>Al

-
- Prev by Date: [Re: Clear flashes: clearer in the weaker eye!](#)
 - Next by Date: [Re: Clear Flashes](#)
 - Prev by thread: [Clear Flashes](#)
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Re: Clear Flashes

- *To:* p9205755@student.anu.edu.au (Al), i_see@indiana.edu
 - *Subject:* Re: Clear Flashes
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Thu, 12 Sep 1996 23:06:00 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

At 11:18 9/13/96, Al wrote:

I'm at about -4.0 and have had one clear flash when I was
>riding my bike one day and almost rode over a snake! I tell you what I
>could see that snake as clear as crystal. But that is all and it probably
>was induced by fear rather than anything to do with my vision improvement.

Indeed, consider that the need to see may have caused you to suspend your usual pattern. Have you explored any of the psychological investigations mentioned here or elsewhere? the analysis of motivation and discovering the true sources of your behavioral patterns is essential to gaining those clear flashes-and turning them into continuous clear vision.

-Bill

the stream falls down the jumble, water splashing, each sparkle here and gone.
>From where have they come, to where do they go? a canyon grows.

-
- Prev by Date: [RE: Clear Flashes](#)
 - Next by Date: [Re: Clear flashes: clearer in the weaker eye!](#)
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Re: Clear flashes: clearer in the weaker eye!

- To: i_see@indiana.edu
 - Subject: Re: Clear flashes: clearer in the weaker eye!
 - From: P.Croyden@sussex.ac.uk (Peter Croyden)
 - Date: Fri, 13 Sep 1996 12:39:09 +0100 (BST)
 - In-Reply-To: <01BBA0B6.7FA78E40@r124.cciw.ca> from "Tim Patterson" at Sep 12, 96 02:27:15 pm
 - Sender: owner-i_see@indiana.edu
-

Tim Patterson wrote:

>
> Over the past few years, with practising VT, I often get clear flashes.
> My left eye is significantly better than my right, and it used to do all
> the 20/20 seeing for me before I got glasses (in 1983). My prescription
> was last tested in 1993: -1.75 (left); -2.5 (right, with some
> astigmatism). My prescription is slightly better than this now,
> although I've never bothered to have it measured again. What I have
> found, to my amazement, is that it is often my right (weaker) eye that
> gets the clearest image during a clear flash. Has anyone else noticed
> their weaker eye getting the "edge" once in a while?

Yes I've also found this - yet another surprising thing to happen with my vision, since I've started to look.

My prescription is -4.25 (left) and -3.75 (right) but my left eye has always felt far worse than the right. Although my left eye has experienced fewer flashes than the right one, those that have occurred have been far sharper.

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk

- **References:**

- [**Clear flashes: clearer in the weaker eye!**](#)
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>

- Prev by Date: [**Re: Clear Flashes**](#)

- Next by Date: [**Re: Clear flashes: clearer in the weaker eye!**](#)

- Prev by thread: [**Re: Clear flashes: clearer in the weaker eye!**](#)

- Next by thread: [**Clear Flashes**](#)

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- [**Thread**](#)

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Re: Clear flashes: clearer in the weaker eye!

- *To:* i_see@indiana.edu
 - *Subject:* Re: Clear flashes: clearer in the weaker eye!
 - *From:* warrrior@juno.com (Lawrence A Guerrero)
 - *Date:* Fri, 13 Sep 1996 10:48:44 EDT
 - *References:* <Pine.A32.3.91.960912181434.50992A-100000@fn2.freenet.edmonton.ab.ca>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 12 Sep 1996 18:16:41 -0600 (MDT) pdf@freenet.edmonton.ab.ca writes:

>When i get a clear flash i try to close one eye to find out, but still
>
>don't now which eye is seeing clearer the clear flashes.

>
>-Peter

>
What I do is quickly cover each eye in turn to see which one is "clear". Statistically, my weaker eye gets the higher score, although I can't vouch for the "quality" or clarity of the clear flashes.

I know that I've got one when the symmetry between the two eyes (which are close in diopter value) gets very skewed.

Wish I could nail down how this happens so that I could produce them on demand! Working on it!

- Larry

- **References:**

- [Re: Clear flashes: clearer in the weaker eye!](#)
 - *From:* pdf@freenet.edmonton.ab.ca

- Prev by Date: [Re: Clear flashes: clearer in the weaker eye!](#)
- Next by Date: [Astigmatism](#)
- Prev by thread: [Re: Clear flashes: clearer in the weaker eye!](#)
- Next by thread: [Re: Clear flashes: clearer in the weaker eye!](#)
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Astigmatism

- To: i_see@indiana.edu
 - Subject: Astigmatism
 - From: pdf@freenet.edmonton.ab.ca
 - Date: Sun, 15 Sep 1996 09:23:55 -0600 (MDT)
 - Sender: owner-i_see@indiana.edu
-

I-seers,

Astigmatism confuses me, what is it ?, i don't understand what it means if you have astigmatism. Can you have astigmatism without having nearsightedness or farsightedness ? is it a totally different thing ? If you had myopia and astig. and managed to get rid of your myopia, would you still have astig., and be able to notice it ?

Can someone explain this to me ?

Thanks in advance,

Peter

-
- Prev by Date: [Re: Clear flashes: clearer in the weaker eye!](#)
 - Next by Date: [Re: Astigmatism](#)
 - Prev by thread: [Re: Clear Flashes](#)
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Re: Astigmatism

- To: i_see@indiana.edu, pdf@freenet.edmonton.ab.ca
 - Subject: Re: Astigmatism
 - From: dennis@netcom.com (Dennis Yelle)
 - Date: Sun, 15 Sep 1996 16:05:48 -0700
 - Sender: owner-i_see@indiana.edu
-

>
> Astigmatism confuses me, what is it ?, i don't understand what it
>means if you have astigmatism.

Well, if we look in the dictionary we see that astigmatism is defined as "a defect on an optical system (as a lens) in consequence of which rays from a point fail to meet in a focal point resulting in a blurred and imperfect image".

In pure near (or far) sightedness, on the other hand, the rays DO meet in a focal point, as they should. But the problem is that in nearsightedness, this point is in front of the retina, and in farsightedness, this point is (or would be) behind the retina.

The problem is that all eyes, and all lenses, have astigmatism.

Nothing is perfect in this world.

So what does the doctor mean when (s)he says, "you have astigmatism"?

What the doctor means is that you told her/him during the refraction that you "liked" a cylindrical lens.

"Oh really," you say.

You don't remember saying that?

"No, I don't."

Well, remember when the doctor asked you several times,

"Which is better, 1 <click> or 2?"

"Of course."

Well, if you said that a cylindrical lens was better than a spherical lens, or that a stronger cylindrical lens was better than a weaker cylindrical lens, then the doctor understands that to mean that you "like" cylinder, and therefore you have astigmatism.

(The safest thing to say to avoid this is, "I can't see any difference.")

Some doctors, like Bill Stacy on sci.med.vision, say that astigmatism is constant thru life, if you have it today then you will have it until you die, and so they tend to just give you the correction that you say you "like" best during the refraction.

Other doctors, like Paul Harris on sci.med.vision, usually do not correct astigmatism of less than 1 Diopter. Dr. Harris has posted that he believes that if the near or far sightedness is corrected, then the patient's body will correct the astigmatism on its own.

>Can you have astigmatism without having nearsightedness or farsightedness?

Yes you can, but it is rare.

If the doctor says, "You have astigmatism," (s)he usually means that you have astigmatism in addition to near or far sightedness.

>is it a totally different thing?

Well, yes and no. The three vision problems are certainly related, and they are certainly different. Actually they are three specific problems with well understood solutions. A person's actual vision problem is almost certainly far more complex than a simple combination of 2 of them. But the simple combination is the only thing most eye doctors know how to treat! Or diagnose! So that is what they diagnose.

(If the only tool you have is a hammer, all problems look like nails.)

>If you had myopia and astig. and managed to get rid of your myopia, would you still have astig.,

Presumably. But how did you get rid of the myopia?

If with exercises, then the astigmatism would probably be fixed even sooner because of the same exercises.

>and be able to notice it ?

Well, it depends on how much you have, and how closely you look to find it. As I said above, we live in an imperfect world, and astigmatism is the name for an imperfection in a lens or an eye, so every eye has it. Doctors can sometimes detect astigmatism in eyes that have more than 0.125 of cylindrical astigmatism. Actually, the test is so imperfect that they sometimes detect astigmatism in eyes without this much, even though they would not

if their test was perfect.

- Prev by Date: [Astigmatism](#)
- Next by Date: [Re: Clear Flashes](#)
- Prev by thread: [Astigmatism](#)
- Next by thread: [anyone tried hypnosis?](#)
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Re: Clear Flashes

- *To:* Bills@vav-nun.com (Fr. ALSO), i_see@indiana.edu
 - *Subject:* Re: Clear Flashes
 - *From:* p9205755@student.anu.edu.au (Al)
 - *Date:* Mon, 16 Sep 1996 10:47:52 +1000
 - *Sender:* owner-i_see@indiana.edu
-

>At 11:18 9/13/96, Al wrote:

>

>I'm at about -4.0 and have had one clear flash when I was
>>riding my bike one day and almost rode over a snake! I tell you what I
>>could see that snake as clear as crystal. But that is all and it probably
>>was induced by fear rather than anything to do with my vision improvement.

>

>Indeed, consider that the need to see may have caused you to suspend your
>usual pattern. Have you explored any of the psychological investigations
>mentioned here or elsewhere? the analysis of motivation and discovering the
>>true sources of your behavioral patterns is essential to gaining those
>clear flashes-and turning them into continuous clear vision.

>

>-Bill

>

>the stream falls down the jumble, water splashing, each sparkle here and gone.
>>From where have they come, to where do they go? a canyon grows.

Bill

No I haven't looked into any of the psychological influences on myopia either here or elsewhere except when it is mentioned in the books I have read on the subject. Stuff like how my myopia started but I tended to skip over those sections and focused more on the exercises etc.

It seems that I do have the ability to see 20/20 but 'my usual pattern' is not to. It's something I need to look into.

Thanks for your input.

Al

, _/

_/

_/

```
<o/ / It's not falling that hurts / /
# | It's hitting the ground < / | |
< \ | & | |
/ Alistair Phillips <o\ / /
/ a.phillips@student.anu.edu.au / =%@ /
```

-
- Prev by Date: [Re: Astigmatism](#)
 - Next by Date: [anyone tried hypnosis?](#)
 - Prev by thread: [Re: Clear Flashes](#)
 - Next by thread: [Astigmatism](#)
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 - [Thread](#)

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anyone tried hypnosis?

- *To:* i_see@indiana.edu
 - *Subject:* anyone tried hypnosis?
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Mon, 16 Sep 1996 23:27:04 -0400
 - *Organization:* Blake Systems, Inc.
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Has anyone tried hypnosis in order to improve their vision ?

Consider:

People with multiple personalities have had different eye prescriptions for each personality.

According to Bates, the eye, no matter how bad, is capable of seeing perfectly in a fraction of a second, once perfect relaxation is obtained.

I suppose that is what a clear flash is:

You are relaxing perfectly, and then when you open your eyes, you lose the relaxation (and clear sight) in a fraction of a second. Your brain goes back into its (unconscious) old habit of tensing up, and your vision blurs.

.

These facts (if you believe them.. I do) alone prove (imply?) that our vision problems are problems of the mind, not physical.

Since we cannot seem to easily consciously control our relaxation and thus vision, maybe using a technique to get to the unconscious

anyone tried hypnosis?

could have swifter results.

I've never tried hypnosis .. but many have claimed it works for many problems.

I'm very curious about it and am wondering myself.

Any thoughts?

What about other techniques for getting at the unconcious?

I've used affirmations (for a good reference, read Creative Visualization by Shakti someone or other.. forgot the name) with a lot of success in other areas and ultimately I'm sure it will work for my vision problems as well.

I've tried planting an unconcious command into my mind before going to bed that I would wake up and be able to see more clearly- and sometimes it worked.

I've gained about 1.5 - 2 diopters of my vision back so far in all my efforts, and then the improved seemed to stop. From what I've read here and heard elsewhere, this is a pretty common occurence. People make an initial improvement and then frustratingly seem to hit a brick wall and struggle to make more improvement.

"Struggle" of course is the key word, because the solution is not to struggle.. indeed to not even try. Yet I don't know how to not try because I don't think it is conciously possible. Does to not try mean to not use the concious? That would mean we cannot conciously control the vision and so concious techniques are of limited value. So what about unconcious.. or subconcious methods?

--

Art Blake -> art@blakesys.com
They call my work "a work of art!"

- **Follow-Ups:**

- [Re: anyone tried hypnosis?](#)

anyone tried hypnosis?

■ *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [Re: Clear Flashes](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [Re: Astigmatism](#)
- Next by thread: [Re: anyone tried hypnosis?](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

Re: anyone tried hypnosis?

- *To:* i_see@indiana.edu
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Tue, 17 Sep 1996 22:44:10 -0400
 - *Organization:* Blake Systems, Inc.
 - *References:* <32403BCC@msmail-gw.bta.bt.com>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Richards, Caroline wrote:

>
> Art
>
> The bit about the multiple personalities is a gold mine in terms of the
> information it gives us.

and thats really only scratching the surface.. they also have been known to have completely different allergies, voice patterns and even scars! It has been observed that a person with multiple personalities who was intoxicated and switched to one of their other personalities, became sober... just goes to show you how much of what we think is physical and unchangeable is contolled by the mind...

>
> I've tried hypnosis for other things with good success in some areas. I
> wanted to try it for vision but got stuck on the exact suggestion, (eg to
> relax the ciliary muscles?). I guess to "see better" would work just as
> well because you can certainly trust your body to know how to achieve
> something.

I was thinking the suggestion would be something like telling the subconscious to release its stress and relax in general. I guess of corse if you trust that the subconscious mind knows what is causing the vision problems, ypu might just tell ut to fix the vision.

>
> By the way, self-hypnosis is also good (and cheap!) but I guess you'd better
> experience it from someone else first.

I wouldn't know where to start.. time to go looking for more books .. :)

>
> Bearing in mind Elena's thoughts and discoveries, it may be as well to also
> provide a suggestion along the lines of not needing to be myopic for
> self-defense or other reasons and a suggestion that your sub-conscious mind
> will be able to resolve any previous causes of the myopia satisfactorily in
> a non-harmful way. I usually tack on bits about being able to trust my
> body/mind to know what is best for my health and happiness and to achieve
> what I am asking in the best possible way. (You don't want to take away
> your myopia and induce chronic asthma as a replacement, if repression of
> feelings caused the original myopia).
>
> Caroline

thats a good point. Perhaps suggest that I am now ready to release the
pent
up blockage that is causing the myopia ... a very general suggestion
to address
cause of the myopia, not just the symptoms...

--
Art Blake -> art@blakesys.com
They call my work "a work of art!"

● **References:**

- [RE: anyone tried hypnosis?](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [anyone tried hypnosis?](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [RE: anyone tried hypnosis?](#)
- Next by thread: [Re: anyone tried hypnosis?](#)
- Index(es):
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Re: anyone tried hypnosis?

- To: i_see@indiana.edu
 - Subject: Re: anyone tried hypnosis?
 - From: "Art Blake" <art@blakesys.com>
 - Date: Tue, 17 Sep 1996 22:46:16 -0400
 - Organization: Blake Systems, Inc.
 - References: <960917221551_311148794@emout01.mail.aol.com>
 - Reply-To: "Art Blake" <art@blakesys.com>
 - Sender: owner-i_see@indiana.edu
-

Antonio765@aol.com wrote:

>
> Dear work of "Art",
> Hypnosis works, but remember that if you check your vision often to prove
> yourself the results are true you may be braking an important rule of
> hypnosis.

well, I do not know much about hypnosis and I do know that there can be
some danger involved

> I have been working with vision and hypnosis and other techniques, I have
> developed my own technique which is called "Easy Vision".
> Do not seek 20/20 visual acuity, work toward 20/20 vision, not the same
> thing, do not doubt your ultimate success.
> Let me know if you are interested in pursuing further.
> Sincerely,
> Antonio Cutino

I am interested in anything you have to say on the topic.

--
Art Blake -> art@blakesys.com
They call my work "a work of art!"

- Prev by Date: [Re: anyone tried hypnosis?](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [Re: Baby Mode](#)
- Next by thread: [Re: anyone tried hypnosis?](#)
- Index(es):
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 - [Thread](#)

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Re: anyone tried hypnosis?

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* MeiTien <a.wu@worldnet.att.net>
 - *Date:* Tue, 17 Sep 1996 13:30:17 -0400
 - *CC:* i_see@indiana.edu
 - *References:* <323E1A88.313E@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Art,

<I suppose that is what a clear flash is:

You are relaxing perfectly, and then when you open your eyes, you lose the relaxation (and clear sight) in a fraction of a second. Your brain goes back into its (unconscious) old habit of tensing up, and your vision blurs.

>

This might have explained what I experienced two days ago. It was amazing. I followed the instructions in Taking off your glasses and See, I actually had my first clear flash!! I was so amazed, but it did not last long and I could not reproduce it later.

For hypnosis, I wonder if the effect can last, it does sound promising.

Mei-Tien

>

- **References:**

- [anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: anyone tried hypnosis?](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [anyone tried hypnosis?](#)
- Next by thread: [Re: anyone tried hypnosis?](#)
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 - [Thread](#)

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Re: anyone tried hypnosis?

- *To:* "Art Blake" <art@blakesys.com>, i_see@indiana.edu
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Tue, 17 Sep 1996 22:33:40 -0700 (PDT)
-

At 23:27 9/16/96, Art Blake wrote:

>Has anyone tried hypnosis in order to improve their vision ?

not me, but the process does seem to have some potential. I think it's strength would be in opening the mind to those locked away memories, allowing them to be defused. I dont fully understand the process of 'suggestions' placed by an hypnotist, but perhaps in the process of going about in a new 'suggested' trance, one could better see the things that were blocking the relaxed vision and be able to focus effort on removing those things. It is also interesting to consider the model that rather than being put into a trance, that one is actually transforming the *current* trance.

>

>Since we cannot seem to easily conciously control our relaxation
>and thus vision, maybe using a technique to get to the unconcious
>could have swifter results.

exactly right, making conscious of what is un-conscious is the work. this is one method.

>What about other techniques for getting at the unconcious?

>

>I've used affirmations (for a good reference, read Creative
>Visualization by Shakti someone or other.. forgot the name)
>with a lot of success in other areas and ultimately I'm sure it
>will work for my vision problems as well.

this is self-hypnosis and is very effective at creating new programs. By setting up new patterns, starting with the statement of intent, any new reality can be created.

The premier technique for accessing the unconscious is meditation (aka prayer, yoga). Mantra-repeating a phrase over and over until nothing else exists, Prana-rythmic breathing, Asana-posture, Ritual Magick (invocation/evocation), Tantric practices for ecstatic realization, Dancing, Drumming, even Long-distance Running and Gardening have reported results. All of these techniques essentially silence the conscious thoughts and allow a glimpse of the Divine (Unconscious is synonymous with God). Not to forget counselling/therapy of various and sundry styles from Talking to Screaming to Tarot reading regularly get results.

>

>I've tried planting an unconcious command into my mind before going
>to bed that I would wake up and be able to see more clearly- and
>sometimes it worked.

>

>I've gained about 1.5 - 2 diopters of my vision back so far
>in all my efforts, and then the improved seemed to stop. From what
>I've read here and heard elsewhere, this is a pretty common
>occurence. People make an initial improvement and then
>frustratingly seem to hit a brick wall and struggle to make more
>improvement.

Story of my life, but that is just more NOISE, every ACTION will have its EFFECT. It's letting the discouragement take hold and stop you that is the real problem.

>

>"Struggle" of course is the key word, because the solution is not
>to struggle.. indeed to not even try. Yet I don't know how to
>not try because I don't think it is conciously possible. Does to not
>try mean to not use the concious? That would mean we cannot
>consciously control the vision and so concious techniques are of
>limited value. So what about unconcious.. or subconconscious methods?

to TRY to see implies the belief that you cannot, a real catch-22, which suggests that the effort needs to be placed elsewhere. i see clear vision as a by-product of the relaxed and focused state of an actualized being. What can become conscious is all of ones motivations and desires and their conscious resolution (redemption). This mostly consists of discovering the actual source of why one believes or reacts in a particular way as opposed to calling it a 'quirk' or even not being aware of a behavior. There are lots of benefits that come as a by-product of this basic state; general health, good eating habits, quick mind, coordination, 'luck', happy people around you...

-Bill

Re: anyone tried hypnosis?

splashing stream sparkling now changing utterly
Novel? a canyon grows...

<BillS@vav-nun.com>

- **Follow-Ups:**

- [Re: anyone tried hypnosis?](#)

- *From:* mat@tekbases.com (Marco A. Terry)

- Prev by Date: [Re: anyone tried hypnosis?](#)

- Next by Date: [Re: anyone tried hypnosis?](#)

- Prev by thread: [Re: anyone tried hypnosis?](#)

- Next by thread: [Re: anyone tried hypnosis?](#)

- Index(es):

- [Date](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

Re: anyone tried hypnosis?

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* Mark.N.Hopgood@indiana.edu
 - *Date:* 17 Sep 96 15:18:23
 - *Cc:* i_see <i_see@indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

Funnily enough I ordered a tape today, by a British spiritual guy by the name of Matthew Manning - the tape is called Improving Defective Eyesight and contains exercises and hypnosis - I'll let you know how I get on with it.

Regards

Mark

To: i_see @ indiana.edu @ SMTP
cc:
From: art @ blakesys.com ("Art Blake") @ SMTP
Sent: Mon 16/09/96 23:27:04 EDT
Subject: anyone tried hypnosis?

Has anyone tried hypnosis in order to improve their vision ?

Consider:

People with multiple personalities have had different eye prescriptions for each personality.

According to Bates, the eye, no matter how bad, is capable of seeing perfectly in a fraction of a second, once perfect relaxation is obtained.

I suppose that is what a clear flash is:

You are relaxing perfectly, and then when you open your eyes, you lose the relaxation (and clear sight) in a fraction of a second. Your brain goes back into its (unconscious) old habit of tensing up, and your vision blurs.

.

These facts (if you believe them.. I do) alone prove (imply?) that our vision problems are problems of the mind, not physical.

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--
Art Blake -> art@blakesys.com
They call my work "a work of art!"

- Prev by Date: [Re: anyone tried hypnosis?](#)
- Next by Date: [RE: anyone tried hypnosis?](#)
- Prev by thread: [Re: anyone tried hypnosis?](#)
- Next by thread: [RE: anyone tried hypnosis?](#)
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RE: anyone tried hypnosis?

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* RE: anyone tried hypnosis?
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Wed, 18 Sep 96 11:13:00 PDT
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 26 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Art

The bit about the multiple personalities is a gold mine in terms of the information it gives us.

I've tried hypnosis for other things with good success in some areas. I wanted to try it for vision but got stuck on the exact suggestion, (eg to relax the ciliary muscles?). I guess to "see better" would work just as well because you can certainly trust your body to know how to achieve something.

By the way, self-hypnosis is also good (and cheap!) but I guess you'd better experience it from someone else first.

Bearing in mind Elena's thoughts and discoveries, it may be as well to also provide a suggestion along the lines of not needing to be myopic for self-defense or other reasons and a suggestion that your sub-conscious mind will be able to resolve any previous causes of the myopia satisfactorily in a non-harmful way. I usually tack on bits about being able to trust my body/mind to know what is best for my health and happiness and to achieve what I am asking in the best possible way. (You don't want to take away your myopia and induce chronic asthma as a replacement, if repression of feelings caused the original myopia).

Caroline

- **Follow-Ups:**
 - [**Re: anyone tried hypnosis?**](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [**Re: anyone tried hypnosis?**](#)
- Next by Date: [**Re: Multiple personalities**](#)
- Prev by thread: [**Re: anyone tried hypnosis?**](#)
- Next by thread: [**Re: anyone tried hypnosis?**](#)
- Index(es):
 - [**Date**](#)
 - [**Thread**](#)

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Re: Multiple personalities

- *To:* "Richards, Caroline" <richardc@SYDNEY.BTAP.bt.com>
 - *Subject:* Re: Multiple personalities
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Wed, 18 Sep 1996 22:40:52 -0400
 - *Organization:* Blake Systems, Inc.
 - *References:* <324170D0@msmail-gw.bta.bt.com>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
-

Richards, Caroline wrote:

>
> Art
>
> I'm sure you've heard of "Sybil", but I've found a book called "The Flock",
> which I am halfway through. (Just in case you are interested).
>
> (Perhaps you've already read it; you seem to know more about this than I
> do.)

I've heard of "Sybil", but have not read either of those books.
Most of what I know I've read from "The Holographic Universe"
by Michael Talbot.

It's very fascinating, maybe I will check out those books.

>
> Caroline
> -----
> they also have been
> known to have completely different allergies, voice patterns and
> even scars! It has been observed that a person with multiple
> personalities
> who was intoxicated and switched to one of their other personalities,
> became sober... just goes to show you how much of what we think is
> physical
> and unchangeable is controlled by the mind...

--
Art Blake -> art@blakesys.com
They call my work "a work of art!"

- Prev by Date: [RE: anyone tried hypnosis?](#)
- Next by Date: [Re: Plus lenses for myopia](#)
- Prev by thread: [Re: anyone tried hypnosis?](#)
- Next by thread: [Difficulties with plus glasses](#)
- Index(es):
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 - [Thread](#)

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Re: Plus lenses for myopia

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: Plus lenses for myopia
 - *From:* Massimiliano <mstolfa@rtmol.stt.it>
 - *Date:* Wed, 18 Sep 1996 21:16:57 +0200
 - *References:* <Pine.SUN.3.94.960912093611.29008A-100000@coyote.rain.org>
<323C21A3.3BE3@rtmol.stt.it>
 - *Reply-To:* mstolfa@rtmol.stt.it
 - *Sender:* owner-i_see@indiana.edu
-

Dear I_seers

My experience in behavioural Optometry show me that much more myopic person we think, can use positive at close distance.

In fact, after a little period of visual training with some methods (I use chiefly the S.C.S. Method that I and other two my colleagues have created and experimented), many myopic person must to use positive at close distance, sometimes that the focal lenght show as impossible. many myopic over 2.50 dt. use +0.50 or +0.75 at close distance of 40 Cm.

It seems impossible, but this is usefull for them to maintain the results they have had with the visual-training and is very comfortable. Please, show me your thinking about this argument.

Excuse my very bad writing English and bye bye.

Massimiliano.

--

Name : Massimiliano Stolfa

Profession : Master Doctor of Optometry

Address : Via Maria n.9

Zip Code :03020 - City : Castelmassimo (FR) - State : Italy

Tel. : Italy Code + 775 + 30.89.04

Fax 24/24 hours : Italy Code + 775 + 27.07.71

E-Mail : mstolfa@rtmol.stt.it

URL (Home Page) : <http://www.webcom.com/visionet/max.html>

URL (Welcome Page) : <http://www.webcom.com/visionet/welcome.html>

- **References:**

- [Plus lenses for myopia](#)

- *From:* Nick Halloway <snowe@rain.org>

- Prev by Date: [Re: Multiple personalities](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [Plus lenses for myopia](#)
- Next by thread: [Re: Doubts](#)
- Index(es):
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 - [Thread](#)

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Re: anyone tried hypnosis?

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 19 Sep 96 09:13:00 PDT
 - *Encoding:* 10 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

>> Let me know if you are interested in pursuing further.
>> Antonio Cutino

>I am interested in anything you have to say on the topic.
>Art

Me too, just in case you were thinking of continuing this by personal mail.....
Caroline

- **Follow-Ups:**
 - [Re: anyone tried hypnosis?](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
- Prev by Date: [Re: Plus lenses for myopia](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [Re: anyone tried hypnosis?](#)
- Next by thread: [Re: anyone tried hypnosis?](#)
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Re: anyone tried hypnosis?

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Re: anyone tried hypnosis?

- *To:* i_see@indiana.edu (Int. Soc. for Eyesight)
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* mat@tekbases.com (Marco A. Terry)
 - *Date:* Wed, 18 Sep 1996 17:07:51 -0400 (EDT)
 - *In-Reply-To:* <[v02140b09ae64aa35af69@\[153.37.85.89\]](mailto:v02140b09ae64aa35af69@[153.37.85.89])> from "Fr. ALSO" at Sep 17, 96 10:33:40 pm
 - *Organization:* Metrica, Inc.
 - *Reply-To:* mat@tekbases.com
 - *Sender:* owner-i_see@indiana.edu
-

Hi.

Actually I read of a case (in an old hypnosis book) about a person who had myopia, caused by "tensed ciliary muscles" - he was able to "cure" the myopia by using self hypnosys to relax the ciliary muscles.... In another case, this person developed myopia (severe) after seeing a bad car accident...she was able to "cure" it by using hypnbosis also....

later...

Marco Terry
Metrica, Inc.
8 Winchester Pl
Winchester, MA 01890
(617) 756 0022

|
| When in doubt - do as the president does.
| Guess.

-
- **References:**
 - [Re: anyone tried hypnosis?](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)

- Prev by Date: [Re: anyone tried hypnosis?](#)
- Next by Date: [Difficulties with plus glasses](#)
- Prev by thread: [Re: anyone tried hypnosis?](#)

Re: anyone tried hypnosis?

- Next by thread: [Re: anyone tried hypnosis?](#)
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Difficulties with plus glasses

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Difficulties with plus glasses
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 19 Sep 96 15:03:00 PDT
 - *Encoding:* 31 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Hi everyone,

The idea of plus glasses seems great to me, but my experience with them leads me to wonder if there is some other effect that may not be so good. I first tried them about 6 months ago, but gave up fairly soon because I was unsure about the words on my page looking too big and by the need to keep my book absolutely straight, because the smallest angling of the book towards me seemed to produce a magnification effect at the edge of the page.

I'm not sure why all of this was, but I assumed that it may have been because I was using +3D glasses (my eyes were -1.0 and -0.5) and that they were too strong. So.... I decided to try again with only +1D glasses, non-prescription, just labelled 'reading glasses' from a local chemist.

Today seemed like a good day; I had to do a lot of computer work and my eyes felt tired from so much close work. I put the glasses on, expecting to feel the relief I normally feel when I look into the distance - but it doesn't feel the same. Why not?

I feel instinctively as if there is some kind of strain factor associated with plus lenses and I feel a strong urge to try them with just one eye at a time. What makes me feel this? Is there something other than looking into the distance in their effect? Can I ignore the discomfort? My instincts tell me not to.

Here's hoping that someone can shed some light onto the subject; I would hate not to be able to trust what seems to be one of the most useful vision improvement tools.

Caroline

- Prev by Date: [Re: anyone tried hypnosis?](#)
- Next by Date: [Strain due to plus lenses](#)
- Prev by thread: [Re: Multiple personalities](#)
- Next by thread: [Re: Difficulties with plus glasses](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Strain due to plus lenses

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Strain due to plus lenses
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 19 Sep 1996 09:24:08 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Caroline made some remarks on the strain she feels wearing plus lenses, especially when using them with two eyes.

This strain comes from the fact that there are two aspects to accurate vision, the focusing (accommodation) and the crossing (convergence). You have trained your muscles to focus for the distance whenever your eyes are uncrossed, and to focus for close whenever your eyes are crossed. Make sense?

Whenever you put on new glasses--or change glasses--you upset this association, and this causes muscular confusion and strain until you adjust to the new pair of glasses. You can learn to adapt, or, you can eliminate the problem by wearing a patch.

When you wear a patch with plus lenses, and you're putting things at your far point, your covered eye is free to uncross itself, and you are more accurately simulating, from the muscular point of view, distant vision. Moreover, some believe that the act of convergence is just as fatiguing, if not more fatiguing than accommodation itself, and by eliminating convergence, you are giving yourself more rest.

I say: if you're finding plus lenses unbearable, try using a patch. Remember to switch the eye the patch goes on on a regular basis. Using the patch may also be tiring, especially if it's forcing your non-dominant eye to do the seeing. But my experience has been that overall, the combination of patch and plus lenses allows me to do close work for indefinite periods of time with absolutely no eyestrain. It is also easier to train to see further and further because there's only one

eye to deal with.

IMPORTANT: I repeat: if you use a patch, don't use it on the same eye every time: alternate on a regular basis! This goes double if you have been diagnosed with cross-eye or lazy eye. When in doubt, see a qualified eyecare consultant.

--Alex

-
- Prev by Date: [Difficulties with plus glasses](#)
 - Next by Date: [Re: Plus lenses for myopia](#)
 - Prev by thread: [Re: Difficulties with plus glasses](#)
 - Next by thread: [RE: Strain due to plus lenses](#)
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Re: Plus lenses for myopia

- *To:* mstolfa@rtmol.stt.it, I_SEE@indiana.edu
 - *Subject:* Re: Plus lenses for myopia
 - *From:* JRalls7959@aol.com
 - *Date:* Thu, 19 Sep 1996 18:46:49 -0400
 - *Sender:* owner-i_see@indiana.edu
-

Shouldn't along with the plus in the lens, we be using prisms? To make whatever we are looking at seem as if it is in the distance so the muscles will relax? I've seen references to prisms but haven't understood clearly how they are used.

One day I may get around to trying hypnosis. I'd also like to find someone who knows about the use of crystals in healing to adjust the human energy field. It makes sense to me that it might work but I only know of one friend in N California who even knew of a crystal healer. It will be easier to find a hypnotist.

Julie

- **Follow-Ups:**
 - [Relaxing the eye's extrinsic muscles](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- Prev by Date: [Strain due to plus lenses](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [Re: RE: Strain due to plus lenses](#)
- Next by thread: [Relaxing the eye's extrinsic muscles](#)
- Index(es):
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 - [Thread](#)

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Re: anyone tried hypnosis?

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Thu, 19 Sep 1996 20:51:50 -0400 (EDT)
 - *Cc:* i_see <i_see@indiana.edu>
 - *In-reply-to:* <324170CC@msmail-gw.bta.bt.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 19 Sep 1996, Richards, Caroline wrote:

```
>
> >> Let me know if you are interested in pursuing further.
> >> Antonio Cutino
>
> >I am interested in anything you have to say on the topic.
> >Art
>
> Me too, just in case you were thinking of continuing this by personal
> mail.....
> Caroline
>
>
me three!
```

eileen
emd4154@grace.rit.isc.edu

- **References:**

- [Re: anyone tried hypnosis?](#)

- *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [Re: Plus lenses for myopia](#)

- Next by Date: [Re: Focussing and its relation to Myopia](#)

- Prev by thread: [Re: anyone tried hypnosis?](#)

- Next by thread: [Re: Multiple personalities](#)

- Index(es):

- [Date](#)

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Re: Focussing and its relation to Myopia

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: Focussing and its relation to Myopia
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Thu, 19 Sep 1996 22:03:05 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

At 10:18 PM 9/19/96 +0200, Massimiliano Stolfa <mstolfa@rtmol.stt.it> wrote:

```
> My experience in behavioural Optometry shows me that much more
> myopic person we think, can use positive at close distance.
> In fact, after a little period of visual training with some
> methods (I use chiefly the S.C.S. Method that I and other two
> my colleagues have
> created and experimented), many myopic person must to use
> positive at close distance, sometimes that the focal length show as
> impossible. many myopic over 2.50 dt. use +0.50 or +0.75 at close
> distance of 40 Cm.
> It seems impossible, but this is useful for them to maintain
> the results they have had with the visual-training and is very comfortable.
> Please, show me your thinking about this argument.
```

A myope who is prescribed for -2.50 D lenses, and has 20/20 vision with those lenses, can see clearly (read letters that are 5 minutes of arc) at 40 cm. That is, her far point is 40 cm. ($100/40\text{cm} = 2.5\text{ D}$)

So, such a person reading at 40cm without glasses is accommodating the same as if she were wearing the glasses and looking far away.

My suggestion (from my 12-Sep-96 note to this list) was that one should practice seeing far, even, as Nick is doing, seeing farther than your far point.

It seems that your idea of wearing +0.50 or +0.75 when reading at this 40cm is exactly the same idea. Your eyes must be focussed FURTHER than your "normal" (prescribed) far point. My personal experience is that if you do this (read slightly further than you think, at first, you can read), then your eyes somehow manage

to focus anyway, and this is good for controlling myopia progression and perhaps good for improving myopia (as it did for me).

This is also the same idea as the "training glasses" that Kaplan and others talk about, where you wear 20/40 (6/12) glasses for normal use.

It may be useful to distribute an "everyday english" version of your SCS Method site (<http://www.webcom.com/visionet/scsing.html>), which covers your techniques for reducing visual fatigue and improving "functional" myopia. It also would be interesting to know if your techniques help adult myopes.

- **Follow-Ups:**

- [Re: Focussing and its relation to Myopia](#)
 - *From:* pdf@freenet.edmonton.ab.ca

- Prev by Date: [Re: anyone tried hypnosis?](#)
- Next by Date: [RE: Strain due to plus lenses](#)
- Prev by thread: [Focussing and its relation to Myopia](#)
- Next by thread: [Re: Focussing and its relation to Myopia](#)
- Index(es):
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RE: Strain due to plus lenses

- *To:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Subject:* RE: Strain due to plus lenses
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 20 Sep 96 12:43:00 PDT
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 25 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Alex - Thanks for the explanation. I shall restrict my use of plus lenses to be in conjunction with alternate patching (a shame, because I don't feel up to patching at work!).

Incidentally, I spoke to my behavioural optometrist about this and he told me that even +1D glasses were too strong for me (my eyes are -0.25 and -1.0 at the moment). It is a shame that I hadn't had your reply when I spoke to him or else I could have asked about the patching, since he didn't suggest it. He just said that he would recommend no more than +0.5D glasses, if I could find any.

I just thought that other people may like to consider this view, since I often see recommendations for much more myopic people than I am to use plus lenses that are stronger than +0.5D.

One last question - assuming I can't find any +0.5D glasses, do you think that I am safe enough using my +1D ones along with alternate eye patching, in view of what my optometrist said? It sounds ok to me because your explanation of what was causing the strain sounded reasonable.

Caroline

>This strain comes from the fact that there are two aspects to accurate
>vision, the focusing (accommodation) and the crossing (convergence).

- Prev by Date: [Re: Focussing and its relation to Myopia](#)
- Next by Date: [Relaxing the eye's extrinsic muscles](#)
- Prev by thread: [Strain due to plus lenses](#)
- Next by thread: [Re: RE: Strain due to plus lenses](#)
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Relaxing the eye's extrinsic muscles

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Relaxing the eye's extrinsic muscles
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 19 Sep 1996 19:33:30 -0500 (EST)
 - *In-Reply-To:* <960919184648_288731036@emout03.mail.aol.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 19 Sep 1996 JRalls7959@aol.com wrote:

> Shouldn't along with the plus in the lens, we be using prisms? To make
> whatever we are looking at seem as if it is in the distance so the muscles
> will relax? I've seen references to prisms but haven't understood clearly
> how they are used.

The author of Myopia Myth, Donald Rehm, invented a device called the myopter that used mirrors to produce the same effect. An earlier device caled the tele-opter, which used prisms, was invented in the 1930s by an optometrist. He claimed great results. Some day I will reprint from that article.

I believe, however, that the problem is best solved by occluding (patching) one eye. It will naturally point outward relative to the other eye and you will feel less strain. This is great for reading. Again, I remind you all, if you try this, to let each eye get a chance to work and rest (i.e. alternate the eye the patch goes on, changing, say, once every hour).

Myopes, you will notice amazing results if you do this while reading at your far point, using plus lenses.

Those with high myopic prescriptions can try this by taking off their glasses and reading. It will be much, much easier compared with reading with two eyes without glasses, especially if you have to bring the paper very close to your eyes in order to see clearly.

Remember, keep pushing the text out as it clears up.

--Alex

- **References:**

- [Re: Plus lenses for myopia](#)
 - *From:* JRalls7959@aol.com

- Prev by Date: [RE: Strain due to plus lenses](#)
- Next by Date: [Re: Difficulties with plus glasses](#)
- Prev by thread: [Re: Plus lenses for myopia](#)
- Next by thread: [Re: Clear Flashes of a Snake!](#)
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Re: Difficulties with plus glasses

- To: i_see@indiana.edu
 - Subject: Re: Difficulties with plus glasses
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Thu, 19 Sep 1996 22:03:02 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 03:03 PM 9/19/96 PDT, Caroline wrote:

>Today seemed like a good day; I had to do a lot of computer work and my eyes
>felt tired from so much close work. I put the glasses on, expecting to feel
>the relief I normally feel when I look into the distance - but it doesn't
>feel the same. Why not?

>

>I feel instinctively as if there is some kind of strain factor associated
>with plus lenses and I feel a strong urge to try them with just one eye at a
>time. What makes me feel this? Is there something other than looking into
>the distance in their effect? Can I ignore the discomfort? My instincts
>tell me not to.

WRONG PD?

As Alex suggests, it can be the fact that your eyes are converging as usual for looking at something close, but each eye is focussing far away, and that is "confusing." Another explanation is that the "reading glasses" you got have the wrong pupillary distance (PD). Normally, you measure the distance between your pupils when looking at something far away (normally around 60 mm), and then when you buy glasses, you get the same PD as your eyes have. If you get the wrong PD, it's like looking through prisms, which makes your eyes be more cross-eyed or wall-eyed than they'd normally be for looking at an object. (There's a formula for computing the effective prism: prism diopters = PD error in cm x lens power in diopters, I believe, where whether it's base-in or base-out prism depends upon the sign of the PD error and whether the lenses are plus or minus. One prism diopter = divergence of 1 cm at one meter distance (1% angle).)

MEASURE YOUR PUPILARY DISTANCE

You can measure your PD by having someone hold a ruler up to your eyes while you look at something far away, and measure the distance between the pupil's centers. See Web URL

<http://www.eyeglass.com/Measurements.html>

for "Dr. Welsey's E-Zee Vision" print-at-home PD measuring tool.

I don't know an easy way to measure the PD of a pair of glasses, though I understand it's not hard.

LENS DISTORTIONS

Lens making is very complicated, as there are many distortions that occur, and it's hard (impossible) to eliminate them all. Even the PD idea is only right when you're looking far away (your pupils are closer together when looking close, of course!)

You may also have purchased some "cheap" glasses that have other distortion problems. If you're truly interested in plus lenses, I'd suggest you keep trying pairs every time you see a display of them (presuming that you'll find differing brands and differing PD's) until you find some that give you more comfort. Certainly it's safest to do the +1 D's first, as you're trying to do.

3-D PICTURE VERGENCE

You may have seen the "3 D" pictures that look like a lot of worms or geometric patterns, but if you look at them "just right" you suddenly see a 3-D object appear. In this case, your eyes are NOT converging, but they're each focussing close. Many people have trouble seeing these. It's kind of the opposite problem to wearing plus lenses. I've wondered if people who have troubles seeing those could do better with plus lenses, but haven't found any successes in a few trials!

VR VERGENCE AND ACCOMMODATION

You may also have heard of the problems researchers have with 3-D "immersion" virtual reality. People feel sick/nauseated after using them for a while. Some have speculated it's the lack of variety in the focussing while the vergence does get some variety. Again, a disconnect between vergence and focus. Some researchers have speculated on making different objects require different focussing, as with reality, but it's seemed too hard to do this.

LOOK DOWN TO CONVERGE

You might also notice that if you look "up" (assuming your face is facing straight ahead, and not up or down), your eyes naturally converge less, and if you look down they converge more. I presume this is because usually you're not looking far away when you look down! You might be able to position a book "high" (with respect to the angle of your face) or "low" and find more comfort wearing the plus lenses.

-
- Prev by Date: [Relaxing the eye's extrinsic muscles](#)
 - Next by Date: [Re: RE: Strain due to plus lenses](#)
 - Prev by thread: [Difficulties with plus glasses](#)
 - Next by thread: [Re: Difficulties with plus glasses](#)
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Re: RE: Strain due to plus lenses

- To: i_see@indiana.edu
 - Subject: Re: RE: Strain due to plus lenses
 - From: Stefan Stefanov <stefansi@usa.net>
 - Date: Fri, 20 Sep 1996 10:33:01 -0400 (EDT)
 - Priority: NORMAL
 - Sender: owner-i_see@indiana.edu
-

On Fri, 20 Sep 1996 12:43:00 -0700 (PDT) "Richards, Caroline" <richardc@sydney.btap.bt.com> wrote:

> Incidentally, I spoke to my behavioural optometrist about this and he told
> me that even +1D glasses were too strong for me (my eyes are -0.25 and -1.0
> at the moment). He just said that he would recommend no more than
> +0.5D glasses, if I could find any.
>
> I just thought that other people may like to consider this view, since I
> often see recommendations for much more myopic people than I am to use plus
> lenses that are stronger than +0.5D.

I think your behavioral OD is being overly cautious. I used to wear relative +2.50 D lenses and be able to work at close distance indefinitely with great comfort, similarly to Alex's experience.

I have now moved to even greater power and have started to notice some strain. However, I am not quick to attribute it to reading/computing alone. The stress of my occupation, the rapidly changing conditions, a certain level of anxiety, etc are all factors that I consider. I have noticed that in periods of total, self-forgetting immersion into what I am doing, any strain disappears.

I, too, have noticed that my behavioral optometrist is too cautious. At a recent visit we locked into some not very pleasant negotiation with me wanting more plus and he insisting on less. He initially wanted to even throw cylinder into the lens to correct for my 0.75/0.50 D with-the-rule (the general, benign form) astigmatism. Luckily I was able to talk him out of that. I can now see that he is more motivated by money than helping patients. I got the kind of glasses I want mostly

because they carry higher margin. Cylindrical lenses also carry higher margin (margin=price-cost). He has added pre-PRK evaluations to his practice and as we have discussed here, PRK is a betrayal to VT. Previously he had tried to sell me on that B.S. of Ortho-K. Needless to say I am not happy with the understanding I am getting from my behavioral OD and am looking to change him.

Finally, I think what Alex is saying is key: read at your point of distant clear vision, patch and alternate patching, and push the text away as it gets clear. From a psychological perspective which I also favor I would add: know what you want from life, think of the good/great things yet to happen or to be done, and stay on course.

Stefan Stefanov

-
- Prev by Date: [Re: Difficulties with plus glasses](#)
 - Next by Date: [Re: Clear Flashes of a Snake!](#)
 - Prev by thread: [RE: Strain due to plus lenses](#)
 - Next by thread: [Re: Plus lenses for myopia](#)
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Re: Clear Flashes of a Snake!

- To: i_see@indiana.edu
 - Subject: Re: Clear Flashes of a Snake!
 - From: JulPS@aol.com
 - Date: Sat, 21 Sep 1996 00:35:21 -0400
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-09-12 22:39:25 EDT, Al wrote:

<< Hi all,

I'd just like to know what level of myopia those that are getting clear flashes are at. I'm at about -4.0 and have had one clear flash when I was riding my bike one day and almost rode over a snake! I tell you what I could see that snake as clear as crystal. But that is all and it probably was induced by fear rather than anything to do with my vision improvement.

Al

>>

Yes, Al, but your body was telling you something very important. You can physically see clearly! All you need to do is reproduce the "relaxation" or "circumstances" that happened when you did see that snake whatever that may be.

Let this give you hope! Now, I don't think you have to live in a constant state of panic (this really wouldn't be healthy!), but the exercises and biking may provide more such flashes and when they do, concentrate on how your body and eyes feel. We really do have everything we need to provide the biofeedback mechanism for ourselves with our own bodies if we just are attuned enough to really listen.

Then it is just a matter of reproducing those feelings again.

JuliePS

- Prev by Date: [Re: RE: Strain due to plus lenses](#)
- Next by Date: [Mary Worth...are you there?????](#)
- Prev by thread: [Relaxing the eye's extrinsic muscles](#)
- Next by thread: [Mary Worth...are you there?????](#)
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Mary Worth...are you there!????

- To: i_see@indiana.edu
 - Subject: Mary Worth...are you there!????
 - From: JulPS@aol.com
 - Date: Sat, 21 Sep 1996 00:35:21 -0400
 - Sender: owner-i_see@indiana.edu
-

Hi,

I'm Julie, 36 years old, wife, Mom, web designer and nurse (not practicing, couldn't find a way to do it from home with the five kids! ;-)) , in general, self-made woman. Have had strabismus (crossed eyes) from 8 months old then after operations on both eyes to shorten/lengthen muscles I ended up with a noticable exotropia (my left eye is up and outward). It has become my life's work (well, a small personal part of it~!) to straighten my eyes and, more importantly, to gain central vision in my left eye which at present sees quite well peripherally, but has a central dark spot!

Have been using Bate's exercises and some of my own techniques for years! It was a great revelation when I realized that my left eye wasn't looking directly at an object! Seems so simple, but remember, when I look at something, I don't see it. By looking away from it (slightly left and up) I was using my peripheral vision to try to see well. Now, when I patch my right eye, I practice "spotting" objects as I go about my daily chores (NOT DRIVING!....don't worry everyone...I haven't posted much due to busyness, but have been following that discussion for a while... :-)) I just hope someday that my brain will accept that left, central image and I will then be able to work on fusion.

Anyway it's been great fun and I'd love to hear from anyone who is experiencing a sightless eye (central or otherwise) not just trying to conquer blur (although my right eye is showing signs of needing help in that area!

So, what about that strange Subject: Mary Worth...???? Well, here is one of my exercises that I have found some success with. Somehow, my brain seems to accept the left central image better if I am in dimly lit circumstances.

In a dimly lit room, for some reason it becomes easier to distinguish between light areas and dark areas or the edges of objects. Maybe this is because there is less distraction than when bright lights are seen (or not seen as is the case!). When I look at the edge of a light bulb when it is lit, the fact that I do not see what I should see (an extremely bright light in the center) is very distracting. When I look away from the light and try to see an object, the peripheral vision of the light distracts me from concentrating on the central area where I should see best but only see a dark spot.

Another reason a dimly lit room may provide "better" sight in terms of distinguishing edges is that perhaps the cells that are used for night vision are more sensitive. I am able to distinguish contrasts better in dim light.

I remember as a child of about 10, hearing about the Mary Worth game. It was another of those spooky, ghost games that kids were supposed to try and thereby be terrified. Going into my bathroom one evening, I closed the door and turned off the light. I spun about the obligatory three times (saying, of course, "Mary Worth, Mary Worth, Mary Worth") and looked closely into our full-length mirror on the door. I don't remember what exactly I saw or what I was supposed to see (no Mary Worth...), but I was sufficiently freaked out to hastily open the door and scramble out into the hall.

Now, I play the same game in a dim room looking into a mirror, my right eye covered. It's not Mary Worth I wish to see, but my own left eye looking directly back at itself, registering in my brain.

{{{{{{{{{{oooooeeeeeeeeeeoooooo}}}}}}}}}}}

It's strange when at times I can barely see an eye. When I patch my right eye (the dominant eye which does probably all the central seeing), I still feel that I exist or reside on the right side of my body. In this, I feel my condition is somewhat related to stroke or brain-damage. In order to fully accept the view from my left eye, I believe my brain is going to have to allow itself to "feel" as if I have "moved" into the left side of my body. Talk about becoming a New Person!

Part of the seeing for me has to do with this residence concept. Just where do I exist in my body? I'm not really getting metaphysical here, but talking about a feeling. Somehow I feel as if I am just behind my right eye. If I look at an object, I can mentally draw a line in space which extends from the object through my right eye to "me". When I patch the right eye and look with the left I must consciously tell myself that I am "behind" that looking eye or I feel that I am behind the patch.

It is very interesting going about daily tasks while patching my dominant (right) eye. If I were to drink a glass of water, for instance, I would be just a bit off balance as I put the glass to my lips. I am expecting to put the glass up to the center of my mouth, but with the left eye, the view of the glass is different; I am looking at the glass from the opposite side. I tend to somewhat "miss" my mouth as I try to drink and when I drink, it feels strange.

Doing daily tasks while patching is a great exercise for me. I feel that because it is my brain I am trying to trick into seeing the image from that

left eye, then I must distract my brain by going about my normal chores. I feel that the brain will tend to see more easily if I am giving it a normal scene at which to look and also if movement is involved.

Take care all. And (Elena especially....) Guess when my Mom went back to work full-time and I went to stay with Grandma seeing Mom and Dad only on the weekends! At 8 months age! My Mom remembers my eye starting to turn at about 8 months....."hmmmmmmm".....lest you think this is another "Blame The Mother" clause...I have gotten past that, but it took years. I am ready to see.

JuliePS (a lurker no more!)

<http://members.aol.com/julps/julps.htm>

-
- Prev by Date: [Re: Clear Flashes of a Snake!](#)
 - Next by Date: [Re: Focussing and its relation to Myopia](#)
 - Prev by thread: [Re: Clear Flashes of a Snake!](#)
 - Next by thread: [SEVERE MYOPIA IN CHILD !!](#)
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Re: Focussing and its relation to Myopia

- *To:* Kip Bryan <kipb@world.std.com>
 - *Subject:* Re: Focussing and its relation to Myopia
 - *From:* pdf@freenet.edmonton.ab.ca
 - *Date:* Fri, 20 Sep 1996 16:17:43 -0600 (MDT)
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *In-Reply-To:* <01I9OFOBCBZQ8WWGV1@delphi.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 19 Sep 1996, Kip Bryan wrote:

```
> So, such a person reading at 40cm without glasses is accommodating
> the same as if she were wearing the glasses and looking far away.
>
> My suggestion (from my 12-Sep-96 note to this list) was that one
> should practice seeing far, even, as Nick is doing, seeing
> farther than your far point.
>
> It seems that your idea of wearing +0.50 or +0.75 when reading at
> this 40cm is exactly the same idea. Your eyes must be focussed
> FURTHER than your "normal" (prescribed) far point. My personal
> experience is that if you do this (read slightly further than
> you think, at first, you can read), then your eyes somehow manage
> to focus anyway, and this is good for controlling myopia progression
> and perhaps good for improving myopia (as it did for me).
```

I would have to agree with this i use to be able to only see clearly at about 4 inches distance now by doing that mentioned above i can see clearly at 6 inches away, Its no massive improvement but its what keeps me motivated and thats what counts.

Have Fun !

-Peter

- **References:**

- [Re: Focussing and its relation to Myopia](#)
 - *From:* Kip Bryan <kipb@world.std.com>

- Prev by Date: [Mary Worth...are you there!?????](#)
- Next by Date: [Re: anyone tried hypnosis?](#)
- Prev by thread: [Re: Focussing and its relation to Myopia](#)
- Next by thread: [Patching explained](#)
- Index(es):
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 - [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

Re: anyone tried hypnosis?

- *To:* "L. Wright" <wrightla@zeta.org.au>
 - *Subject:* Re: anyone tried hypnosis?
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sat, 21 Sep 1996 22:38:35 -0400
 - *CC:* i-see@indiana.edu
 - *Organization:* Blake Systems, Inc.
 - *References:* <323E1A88.313E@blakesys.com> <32413285.7FC9@zeta.org.au>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
-

I don't think this got sent to the list, so I am including the full contents here and I've got a few questions at the end.

L. Wright wrote:

>

> Art Blake wrote:

> >

> > Has anyone tried hypnosis in order to improve their vision?(snip)

>

> An interesting thread! Hello all!

>

> I have tried hypnosis to improve myopia. I would love to say that it worked, but unfortunately I got myself into quite a muddle with it and panicked when I started getting pains in my eyes. I ended up in the outpatient clinic later that night. I was all of 15 years old, and though I continued doing other things with hypnosis (I became quite adept over the years that followed), myopia remained a no-go zone for me until I gave up hypnosis altogether, 15 years later.

>

> You can do a lot with hypnosis and the other techniques referred to variously as meditation, yogic practices etc. These are powerful tools. But in unskilled, impatient

> hands they can be quite dangerous. The more powerful the being, the more potential for screwing up big-time. Just a word of caution.

>

> After many years of experimentation, I have come to understand that the conscious mind can accomplish by an act of will almost anything that can be done in trance or altered state. Whether that's true for everyone I do not know. If your belief or confidence in your ability is strong enough, you can will yourself into any frame of mind you wish. After all, it is an act of will which initiates the hypnotic state,

> and a clinically useful hypnotic state cannot exist without some element of consent

> on the part of the subject.
>
> >From that basis, I present the following "technique" which I have found to be
> *the* one that gave me the fastest permanent improvement. BTW, I had -10/-12
diopter
> lenses and wore glasses for 18 years. I was one of those people they recommended
> switch to contacts because of the weight of my specs! I now wear nothing, and have
been
> *free* for 6 years. My vision is near 20/20 constant, except under stress or after
> prolonged close work. It is sometimes better than 20/20, as I still get clear
persistent
> flashes of absolutely perfect vision in good light. These last for minutes, and I
can see
> everything in minute detail at distance. Few people see that well, even those with
> 20/20 vision ordinarily.
>
> My technique... I call it "Baby Mode". (That's my name for it, though I'm actually
> referring to children around the age of 5, not "babies" per se.)
>
> It's quite simple. It involves the practice of looking at the world as a child
> does. That is all. How do you do that? By understanding how a child looks at
> the world!
>
> A child's visual practices are quite distinct from a myopic adult's. A child;
> Next to never fixates on any single object.
> Their eyes are naturally relaxed, all the time, not tense as myopic eyes tend to
get.
> They blink in liquid motion, not forceably.
> They look at things because *the objects of their attention are inherently
> interesting*, ie, the world is (still) a fascinating place to them.
> They look to learn (a myopic adult is trying to learn to look!)
> Their attention span flits around a lot. They see many more things in the same
> amount of time. Myopic adults miss seeing many things, even when they are
> wearing their glasses!
> They look at the whole of any scene, and see it in greater 3D depth.
> They look at things to learn about them (adults already familiar with the world
look
> at things to IDENTIFY them, thus they never really see the thing once they get
the
> ID. Focusing is curtailed.)
> They don't squint, except of course in strong light, and even then, only rarely.
> They don't read in the dark, or in dim light. It puts them to sleep.
> They yawn a lot, and clear their vision by looking away whenever they get tired.
> They never get eye fatigue because they never force themselves beyond the point
> where fatigue begins to set in.
>
> Observe children closely, and you may pick up a few more pointers. Or better yet,
> *remember how you used to do it!*>
> The main idea here, and this is the key to practicing the technique is to remember
> how *you* used to look at the world, and put your vision back in its original
state.

Re: anyone tried hypnosis?

> You *used* to do it like this, if you were ever non-myopic. Then you stopped. You
> need to go back to doing it that way. That's the essence.
>
> Whenever I can't see as sharply as I ought, I remind myself to go back to Baby
Mode, and
> my vision clears immediately.
>
> All the other complex ideas concerning how the eye actually works are interesting,
as
> theories, but if they don't yielded a practical therapy, then they are simply
academic
> excursions. I have a model of myopia, called the Stress Model. The Stress Model
yielded
> the Baby Mode technique. It works well, and is theorecticaly *sound*. But you can
> practice Baby Mode without really knowing how or why it works.
>
> Because of that fact, if you really *wanted* to, you could turn Baby Mode into a
hypnotic
> therapy, and you wouldn't have to get into specifics about musculature etc. Safer,
by
> far. But it's not really necessary. Just learn how to put your eyes into Baby
Mode, and
> then remember to keep them that way. You'll see results. Of course, it will take
time,
> but I've tried everything of which I am aware, and this is the safest route to
steady rapid
> progress that I have so far discovered.
>
> I hope this helps. Let me know how you go, and if you have any questions, please,
don't
> hesitate to write to me direct! I get lots of email all the time on this subject.
> Everyone gets a personal answer, though bear in mind, I am not a doctor. I cannot
give
> medical advice.
>
> Best Regards to All,
>
> Linda Wright
> --
> : "Every human being is a single cell of consciousness.
> @@ : In Cyberspace, these cells have formed themselves into
> < : a vast Planetary Brain. The sentient whole has
> _ : become greater than the sum of its many parts."

This is fascinating. The "baby mode" method makes a lot of sense to
me. If you can
remember how your eyes functioned when you had good vision, you can
reproduce
that functioning, and regain the vision. Certainly when I was 5 I had
perfect vision.
I didn't get my first pair of glasses till I was 13.

A few questions:

You mentioned that you wore glasses for 18 years. How old were you when you first needed glasses? You mentioned that have now been free of glasses for 6 years. How old are you now? I'm also curious about how quickly you corrected your vision, if you corrected some of it with other techniques (other than the baby-mode technique) How many transition lenses did you need- or did you just forego the lenses completely?

any details would be helpful.

I think my contacts/glasses are slowing down my progress, but I am so dependant on them for driving/working, etc.

Thank you so much.

--

Art Blake -> art@blakesys.com
They call my work "a work of art!"

-
- **Follow-Ups:**
 - [Baby Mode](#)
 - *From:* "L. Wright" <wrightla@zeta.org.au>
 - **References:**
 - [anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
 - Prev by Date: [Re: Focussing and its relation to Myopia](#)
 - Next by Date: [Baby Mode](#)
 - Prev by thread: [Re: anyone tried hypnosis?](#)
 - Next by thread: [Baby Mode](#)
 - Index(es):
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 - [Thread](#)

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Baby Mode

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Baby Mode
 - *From:* "L. Wright" <wrightla@zeta.org.au>
 - *Date:* Sun, 22 Sep 1996 17:22:08 +1100
 - *CC:* i_see@indiana.edu
 - *Organization:* Wright Ingenuities
 - *References:* <323E1A88.313E@blakesys.com> <32413285.7FC9@zeta.org.au>
<3244A6AB.3F44@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Thank you for getting back to me Art! I love hearing from people on this subject!

Art Blake wrote:

>

> I don't think this got sent to the list, so I am including the full
> contents here

Forgot the CC... 1000 pardons!

[some quoted material deleted by moderator --A.E]

> This is fascinating. The "baby mode" method makes a lot of sense to
> me. If you can remember how your eyes functioned when you had good
> vision, you can reproduce that functioning, and regain the vision.
> Certainly when I was 5 I had perfect vision. I didn't get my first
> pair of glasses till I was 13.

>

> A few questions:

>

> You mentioned that you wore glasses for 18 years. How old were you when
> you first needed glasses?

I was about 9, maybe 10.

> You mentioned that have now been free of glasses for 6 years. How
> old are you now?

I'm 35 now. I stopped wearing glasses at the age of 29, so I just realised, I was wearing glasses for *20* years. Oh boy! Some people get less for murder!

> I'm also curious about how quickly you corrected your vision,

Six years, which is much longer than it would have taken me now, if I had known at the start about Baby Mode. I went through a *lot* of theories, tried and failed at exercises, the works. Baby Mode is the distillation of those 6 years of constant research. The rapid progress I have made in recent weeks toward polishing off the remainder of my visual difficiencies is the basis of the claims, though whenever I accidently went into Baby Mode (without knowing what I was doing) I was getting permanent improvement. Someone starting off using Baby Mode at the beginning would notice very fast progress and would probably think that was the norm.

> if you corrected some of it with other techniques (other than the
> baby-mode technique)

I didn't have enough discipline to realise much gain from the other techniques. Baby Mode doesn't take any discipline... just memory, because you have to keep reminding yourself to go into Baby Mode whenever you realise you aren't seeing clearly.

> How many transition lenses did you need- or did you just forego the
> lenses completely?

I went cold-turkey from day one.

> any details would be helpful.

(See Below)

>
> I think my contacts/glasses are slowing down my progress, but I am so
> dependant on them for driving/working, etc.

I know what you mean. I had two minor accidents along the way to good vision. Now I drive without concern. I see well day and night. You're probably right that they are slowing down your progress, but you have to balance that with your circumstances.

MORE ON BABY MODE

* How can you tell if you're in Baby Mode?

You will know immediately, because when you are in Baby Mode, you will notice an improvement instantly. It may only be slight, but the fact

that it has changed in a positive direction is the indicator. Note how above I said that when I remind myself to get back into Baby Mode, my vision clears up immediately... that's the clinical indicator.

* What about Clear Flashes? How does Baby Mode relate to these moments? Baby Mode may or may not induce a Clear Flash every time you go into it, but overall, you will see more Clear Flashes the more you stay in Baby Mode. A Clear Flash is an inadvertant jump into perfect Baby Mode. Baby Mode is a conscious thing you practice till it becomes the unconscious norm. Clear Flashes begin to come more frequently, and last longer.

* How do I induce Baby Mode consciously?

First, by remembering its characteristics from your past, then by putting your eyes *back into the past*. When I first started doing it, I used to remember my childhood, and the innocent way in which I looked at the world as if it were brand new and made just for me.

When I began practicing Baby Mode (the discovery of which was inevitable once I worked out the Stress Model) I started seeing things again that I saw every day as if it was the first time that I had ever observed them. I was startled! Colours became brighter, things got "rounder" and fuller, and lo and behold, sharper! Anything that attracted my attention got it, only I found I wasn't staring at things so intently as I would have before.

But then I would suddenly realise that I was seeing clearly and my *focus* shifted from what my eyes were seeing to what was going on with my eyes. I fell out of Baby Mode and the clouds came over again. No problems... I knew I was onto a good thing. I just slipped back in again, without sweating it, and the same effect occurred again and again.

* Are there any other characteristics of "Baby" vision I should know about?

Yes. Children do not constantly check their vision to see if they are seeing clearly. This is something that myopes tend to do obsessively. It is typical in fact for a child to have a vision problem for weeks before it is picked up, and comes as something of a surprise to them. This is because they give seeing *no attention at all*. It is just something they do automatically. Its like the situation where most healthy people are not aware of their heart beating, except when it is brought to their attention. A heart patient on the other hand is aware of little else. One can say that even with 20/20 vision, a recovered myope is not cured until seeing no longer absorbs any of their conscious attention. I am almost at that stage after practising Baby Mode. When I've reached it, I'll probably write down everything I know about correcting myopia naturally and then dissappear off the scene, back into the normal world!

So, I hope this helps. I would love to hear about people's experiences in using Baby Mode.

Anyone can practice Baby Mode, since I have published this on the Net, but if you would like to begin a more or less formal trial, I would be more than happy to help. The results of a formal trial would be invaluable for helping others to follow the same path to improvement. I am planning to write a book about my method, and your experiences will definitely constitute a contribution to the effort.

I will personally respond to anyone writing to me directly by email. Please allow 7 days, since I regularly get quite a load!

Very best regards,

Linda Wright

--

 : "Every human being is a single cell of consciousness.
@@ : In Cyberspace, these cells have formed themselves into
< : a vast Planetary Brain. The sentient whole has
___ : become greater than the sum of its many parts."

● **Follow-Ups:**

- [Re: Baby Mode](#)
 - *From:* "Art Blake" <art@blakesys.com>

● **References:**

- [anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: anyone tried hypnosis?](#)
- Next by Date: [SEVERE MYOPIA IN CHILD !!](#)
- Prev by thread: [Re: anyone tried hypnosis?](#)
- Next by thread: [Re: Baby Mode](#)
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SEVERE MYOPIA IN CHILD !!

- *To:* I_SEE@indiana.edu
 - *Subject:* SEVERE MYOPIA IN CHILD !!
 - *From:* Iapetos@matrix.kapatel.gr
 - *Date:* 21 Sep 1996 22:39:38 +0200
 - *Sender:* owner-i_see@indiana.edu
-

Dear vision specialists,

In the beggining, I apologize for my bad English ...

We have a daughter who is in a very bad situation. She is 10 years old with a very high degree of myopia. She also has and astigmatism. Her myopia grows about 2 diopters ----- per year. The doctor also told us that the vitreous of her eyes is not so ----- clear.

I tell you some details about her prescriptions:

She was born on June of 86.

She weared glasses for first time on September 92 with the prescription:

RIGHT: SPH=-3.75, CYL=-1.50, AX=160

LEFT: SPH=4.00 , CYL=-2.00, AX=20

On May 94

measured by the doctor (with machine):

RIGHT: SPH=-6.75, CYL=-1.75, AX=163

LEFT: SPH=-7.50, CYL=-1.75, AX=24

wearred glasses:

RIGHT: SPH=-4.50, CYL=-1.75, AX= 165

LEFT: SPH=-4.50, CYL=-2.00, AX= 25

On June 95

measured by the doctor (with machine):

RIGHT: SPH=-8.75, CYL=-1.75, AX=160

LEFT: SPH=-9.50, CYL=-2.00, AX=20
wearing glasses:
RIGHT: SPH=-6.50, CYL=-1.75, AX=160
LEFT: SPH=-7.00, CYL=-2.00, AX=20

On January 96
measured by the doctor (with machine):
RIGHT: SPH=-9.75, CYL=-1.25, AX=165
LEFT: SPH=-10.50, CYL=-2.00, AX=20
She didn't change glasses

On September 96 (now)
measured by the doctor (with machine):
RIGHT: SPH=-10.50, CYL=-2.00, AX=170
LEFT : SPH=-11.75, CYL=-2.00, AX=10
she is going to wear glasses:
RIGHT: SPH=-9.00 ,CYL=-1.00, AX=180
LEFT: SPH=-10.50, CYL=-1.00, AX=180

As you understand, we are very desperate from this situation.
Here in Greece, the ophthalmologists don't know the behavioral optometry,
the orthokeratology or other alternative methods. So there is nothing that
they can do to stop the progress of myopia.
I think to fit her with hard contacts (RGP). What do you think about it?
Any answers for our problem would be greatly appreciated.
Do you believe that would be better if i take my daughter in the US (in NY is
more easier for me)? Is it possible a visit to some specialist there to be
usefull for her?
If you prefer, you could answer in my personal address:
iapetos@matrix.kapatel.gr

Thanks in advance for your help.

Takis Pastelakos

Telecom. Engineer in
Hellenic Telecom. Organization S.A.
Athens, GREECE

... Panagiotis Pastelakos *** email address: Iapetos@matrix.kapatel.gr
___ Blue Wave/DOS v2.30 [NR]

- Next by Date: [relaxation](#)
- Prev by thread: [Mary Worth...are you there?????](#)
- Next by thread: [relaxation](#)
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relaxation

- *To:* i_see@indiana.edu
 - *Subject:* relaxation
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sat, 21 Sep 1996 22:43:37 -0400
 - *Organization:* Blake Systems, Inc.
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Well it seems that the best way to improve your vision is to learn how to relax your eyes! Stress and tension are the enemy! Of course imagine how many other organs in the body are affected as well!

I was thinking about this the other day and decided to write a list of all the known ways of inducing relaxation that I could think of:

- exercise
- eating right & staying off drugs
- humor
- fun, joy
- sex
- meditation/yoga
- love
- massage
- breathing properly

Can anyone else think of anything to add?

--
Art Blake -> art@blakesys.com
They call my work "a work of art!"

- **Follow-Ups:**

- [Re: relaxation](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [SEVERE MYOPIA IN CHILD !!](#)

- Next by Date: [Re: Baby Mode](#)

- Prev by thread: [SEVERE MYOPIA IN CHILD !!](#)

- Next by thread: [Re: relaxation](#)

- Index(es):

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Re: Baby Mode

- *To:* "L. Wright" <wrightla@zeta.org.au>
 - *Subject:* Re: Baby Mode
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 22 Sep 1996 12:57:52 -0400
 - *Organization:* Blake Systems, Inc.
 - *References:* <323E1A88.313E@blakesys.com> <32413285.7FC9@zeta.org.au>
<3244A6AB.3F44@blakesys.com> <3244DB10.7A15@zeta.org.au>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
-

L. Wright wrote:

>

> Thank you for getting back to me Art! I love hearing from people on
> this subject! (snip)

no problem.

>

> Anyone can practice Baby Mode, since I have published this on the Net,
> but if you would like to begin a more or less formal trial, I would be
> more than happy to help. The results of a formal trial would be
> invaluable for helping others to follow the same path to improvement.
> I am planning to write a book about my method, and your experiences
> will definitely constitute a contribution to the effort.

I would be interested in a formal trial.. just what would that entail?

>

> I will personally respond to anyone writing to me directly by email.
> Please allow 7 days, since I regularly get quite a load!

>

> Very best regards,

>

```
> Linda Wright
>
> --
>           : "Every human being is a single cell of consciousness.
>  @@       :  In Cyberspace, these cells have formed themselves into
>  <        :  a vast Planetary Brain.  The sentient whole has
>  ___      :  become greater than the sum of its many parts."
```

Thanks!

```
--
Art Blake  ->  art@blakesys.com
They call my work "a work of art!"
```

- **References:**

- [anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Baby Mode](#)
 - *From:* "L. Wright" <wrightla@zeta.org.au>

- Prev by Date: [relaxation](#)
- Next by Date: [Re: Baby Mode](#)
- Prev by thread: [Baby Mode](#)
- Next by thread: [Re: Baby Mode](#)
- Index(es):
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Re: Baby Mode

- *To:* i_see@indiana.edu
 - *Subject:* Re: Baby Mode
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Sun, 22 Sep 1996 13:42:15 -0400 (EDT)
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

Interestingly I have been thinking about the same thing recently, only focusing more on the period close to when I got my first pair of glasses (at 10). I was trying to recreate the 7-8th years of my life. I would take off my glasses and hold them in my hand as I walk from the parking lot to work or wherever and look around at buildings, signs, trees, etc trying to remember how I used to see as a young child. The biggest problem, and the one that may spell doom on the whole effort - **I do not remember how I used to see as a child**. I **know** I could see perfectly but I can't vividly remember how it **felt** to see like that. My earliest memories date to when I was 8 months old but again, vision is not part of the memory. Maybe exactly because I didn't pay any attention to the way I saw. My earliest vision-related memory is from the age of 10-11 when I was once testing my eyesight by reading a newspaper at armslength, something I can't do now bare-eyed.

I doubt I'll be able to revive any hidden early memories. As our perception is selective, our memories do not hold every aspect of our or the universal existence, except thru the oneness or everything is in everything paradigm. I see the process more as a travelling back and getting to know oneself better. I am not pouring cold water on the 'baby vision' technique but in attempt to be truthful to what I think is cool-headedness I don't see a way back to complete innocence once sin is known. It is the sinful recreation of innocence, the innocence lost by virtue of our (and matter's) very existence, and I revel in this sinful innocence.

Stefan Stefanov

- Prev by Date: [Re: Baby Mode](#)
- Next by Date: [Re: Baby Mode](#)
- Prev by thread: [Re: relaxation](#)
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Re: Baby Mode

- *To:* "L. Wright" <wrightla@zeta.org.au>, "Art Blake" <art@blakesys.com>
 - *Subject:* Re: Baby Mode
 - *From:* BillS@vav-nun.com (Fr. ALSO)
 - *Date:* Sun, 22 Sep 1996 11:00:21 -0700 (PDT)
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

At 17:22 9/22/96, L. Wright outlined the 'Baby-Mode':

Very well-stated Linda, thanks. I have zoned in on this also and have been getting close to complete independence (i go several days without wearing glasses now, only in occasional situations do i decide to don them). Your statement of observing with genuine curiosity and interest, (open-minded and non-prejudicial i would also say, certainly another 'skill' a typical child has), is the secret that made all the difference for me.

Could you expand on what types of things spurred your recollection of this Child-Self? The art of remembering is very much like the art of seeing so rather a conundrum!

-Bill

splashing stream sparkling now changing utterly
Novel? a canyon grows...

<BillS@vav-nun.com>

- Prev by Date: [Re: Baby Mode](#)
- Next by Date: [Re: relaxation](#)
- Prev by thread: [Re: Baby Mode](#)
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Re: relaxation

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: relaxation
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sun, 22 Sep 1996 19:09:51 -0400 (EDT)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <3244A7D9.F08@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

How about:

Yawning

Napping (and otherwise getting enough rest)

Juggling (easier to learn than you might think)

Petting dogs, cats, birds, hamsters, etc.

Hugging willing people

Dancing, singing, making music

Playing catch (a lot more fun than I remembered it being!)

Taking long showers (or soaking in a warm bath)

Drawing, painting, sculpting, building

Yard work, gardening

Waving at people and smiling (after a few times they usually wave back :)

I seem to have run out, but I'll bet there are more! Great idea to list them.

Mary

On Sat, 21 Sep 1996, Art Blake wrote:

> Well it seems that the best way to improve your vision is
> to learn how to relax your eyes! Stress and tension are
> the enemy! Of course imagine how many other organs in the
> body are affected as well!

>

> I was thinking about this the other day and decided to write
> a list of all the known ways of inducing relaxation that I
> could think of:

>

> - exercise

> - eating right & staying off drugs

> - humor

> - fun, joy
> - sex
> - meditation/yoga
> - love
> - massage
> - breathing properly
>
> Can anyone else think of anything to add?
>
> --
> Art Blake -> art@blakesys.com
> They call my work "a work of art!"
>

● **References:**

- [relaxation](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: Baby Mode](#)
- Next by Date: [Re: relaxation](#)
- Prev by thread: [relaxation](#)
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Re: relaxation

- To: i_see@indiana.edu
 - Subject: Re: relaxation
 - From: croberts@caprica.com (Chris Robertson)
 - Date: Sun, 22 Sep 1996 11:05:30 -0700
 - Sender: owner-i_see@indiana.edu
-

Art Blake wrote:

>I was thinking about this the other day and decided to write
>a list of all the known ways of inducing relaxation...

>

>Can anyone else think of anything to add?

- Music

-Chris
crobertson@caprica.com
(310) 262-0906

alternate addresses:
chris_robertson@lamg.com
chris_robertson@vine.org

<http://www.caprica.com/~crobertson/>

"The bird fights its way out of the egg. The egg is the world. Who would
be born must first destroy a world. The bird flies to God. That god's
name is Abraxas." - Herman Hesse

-
- Prev by Date: [Re: relaxation](#)
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Re: relaxation

- *To:* "Art Blake" <art@blakesys.com>, i_see@indiana.edu
 - *Subject:* Re: relaxation
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sun, 22 Sep 1996 11:12:09 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

At 22:43 9/21/96, Art Blake wrote:

> Stress and tension are the enemy!

i would state this as 'stress and tension are the signals of unfulfillment' in order to highlight the thing i see as crucial; that limiting or restricting oneself in one way or another sets up the dissonance and ungrounded energy called stress.

>a list of all the known ways of inducing relaxation that I
>could think of:

>
>- exercise
>- eating right & staying off drugs
>- humor
>- fun, joy
>- sex
>- meditation/yoga
>- love
>- massage
>- breathing properly

>
>Can anyone else think of anything to add?

-argue/fight
-create something
-break patterns
-listen

-Bill

splashing stream sparkling now changing utterly
Novel? a canyon grows...

<BillS@vav-nun.com>

-
- Prev by Date: [Re: relaxation](#)
 - Next by Date: [Re: Difficulties with plus glasses](#)
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Re: Difficulties with plus glasses

- *To:* i_see <i_see@indiana.edu>, Kip Bryan <kipb@world.std.com>
 - *Subject:* Re: Difficulties with plus glasses
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 23 Sep 96 16:30:00 PDT
 - *Encoding:* 49 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Kip

Many thanks for the wealth of things you gave me to think about.

I think you could be right about the wrong PD because my face is narrow (I always have microscope eyepieces or binocular eyepieces set much closer together than other people seem to do). I'm going to have a look at the web site that you mention.

I have seen the 3D pictures and I have no problem looking at them (even turning pages of a book without 'losing' the focus) - however, I feel that I focus further 'through' the picture, rather than close to. (I know that there is supposed to be a way of seeing the picture "inside out" and I had thought that that was by focusing closer rather than further away). (I had previously wondered if these 3D pictures would be good exercise for myopic people, by teaching them to focus 'through' something and hence relaxing the eyes a bit).

The tip about raising or lowering the book seemed very useful; I shall try that and see how I get on.

Thanks again,
Caroline

>Another explanation is that the
>"reading glasses" you got have the wrong pupillary distance (PD). Normally,
>you measure the distance between your pupils when looking at something
>far away (normally around 60 mm), and then when you buy glasses, you

>get the same PD as your eyes have. If you get the wrong PD, it's
>like looking through prisms, which makes your eyes be more cross-eyed
>or wall-eyed than they'd normally be for looking at an object.
>
>
>You may have seen the "3 D" pictures that look like a lot of worms
>or geometric patterns, but if you look at them "just right" you
>suddenly see a 3-D object appear. In this case, your eyes are
>NOT converging, but they're each focussing close.
>
>
>You might also notice that if you look "up" (assuming your face
>is facing straight ahead, and not up or down), your eyes naturally
>converge less, and if you look down they converge more. I presume
>this is because usually you're not looking far away when you look
>down! You might be able to position a book "high" (with respect
>to the angle of your face) or "low" and find more comfort
>wearing the plus lenses.

-
- Prev by Date: [Re: relaxation](#)
 - Next by Date: [Re: relaxation](#)
 - Prev by thread: [Re: Difficulties with plus glasses](#)
 - Next by thread: [Strain due to plus lenses](#)
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Re: relaxation

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: relaxation
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 23 Sep 96 14:31:00 PDT
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 33 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Nostalgia
Daydreaming
Sunshine
Hot water bottle!
Aromotherapy?
Being pampered (eg hairdresser)
Focussing on the bigger picture & putting things in perspective
Being philosophical about life
Chatting to a friend
Lots of cuddles!
The sound of lapping water
Music
Float tank
Making yourself smile
Lying down surrounded by pillows
Going to a film
Stroking a cat (proven method, this one)

>a list of all the known ways of inducing relaxation that I
>could think of:

>

>- exercise

>- eating right & staying off drugs

>- humor
>- fun, joy
>- sex
>- meditation/yoga
>- love
>- massage
>- breathing properly
>
>Can anyone else think of anything to add?

-
- Prev by Date: [Re: Difficulties with plus glasses](#)
 - Next by Date: [Baby Mode](#)
 - Prev by thread: [Re: relaxation](#)
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Baby Mode

- To: i_see@indiana.edu
 - Subject: Baby Mode
 - From: furmark@pipeline.com
 - Date: Mon, 23 Sep 1996 17:49:34 GMT
 - Sender: owner-i_see@indiana.edu
-

Baby Mode.

I think I naturally went into baby mode when I first started vision therapy. The world looked so fresh and new that I was responding like a child. The light felt like it was dancing over everything and the colors were so vibrant and alive also my depth perception was heightened. Then I think I let it all slip.

I am excited by this concept because I instantly could see and feel a difference. Baby mode isn't so much relaxing as it is seeing in a more aware and alive way. I think I was getting more passive and lazy about my vision and I wasn't seeing as much improvement.

Thank you for this baby mode post you've given me the kick in the pants I have been looking for to help keep me going with this vision quest.

Best of luck to all
alexandra

-
- Prev by Date: [Re: relaxation](#)
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Re: "Baby Mode" vision

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: "Baby Mode" vision
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Mon, 23 Sep 1996 15:15:13 -0500
 - *Cc:* "L. Wright" <wrightla@zeta.org.au>, i_see@indiana.edu
 - *In-Reply-To:* Your message of "Sat, 21 Sep 1996 22:38:35 EDT."
 - *Sender:* owner-i_see@indiana.edu
-

Thanks the notes on Baby Mode vision. A few months ago, I focussed on letting my visual perception regress to a pre-glasses stage while in a meditative state. The results were very promising: I noticed improved clarity (though not 20/20) as soon as I opened my eyes. After a while I stopped for three reasons. First, I have been trying out a lot of techniques and that was one among many. Second, I wanted to work on emotional issues related to childhood experiences and wanted to concentrate on a later period. I am just now realizing that it was unnecessary for me to correlate so closely the regression meditation and a review of childhood experiences. Finally, recent personal changes have disrupted the continuity of some of my endeavors. I'll work on it some more though, especially after those excellent suggestions.

Mark Jones

-
- Prev by Date: [Baby Mode](#)
 - Next by Date: [presbyopia](#)

- Prev by thread: [Re: Baby Mode](#)
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presbyopia

- *To:* i_see@indiana.edu
 - *Subject:* presbyopia
 - *From:* freelynn@exit109.com
 - *Date:* Mon, 23 Sep 1996 15:11:37 -0400 (EDT)
 - *Sender:* owner-i_see@indiana.edu
-

dear i-seers:

i've been doing exercises for presybiopis and a slight astigmatism in my right eye. as i reported a few months back i felt that there was major improvement making both conditions nearly neglible. but something curios has been happening.

my left eye is both dominant and i think, not into the presbyopia in the first place. i need to hold any sort of reading material nearly twice as far away with my right eye (the astigmatic one) than my left. (btw, i'm now convinced after exercises and whatnot that my original examination where i got the bums' rush to get reading glasses, was very inexact since it read that i was evenly sighted in both eyes.) To see comfortable with my right eye only, for instance, i have to hold print (approximatealy 10-12pts high) about 12" away but can see it clearly at 6" away with my left only.

the exercises i have been doing have been for both eyes and until recently i thought everything was great. much more visual comfort when reading and less strain. and no need for reading glasses and little difficulty/discomfort from the astigmatism. i think that the exercise helped make the astigmatism nearly neglible except that i've noticed that it "kicks in" when my sinuses and my hormones are flaring. I've also noticed the astigmatism become more problematic when i'm near a chemical smell (i recently have gone into several stores that sell carpeting and linoleum) and when i'm tired. (btw, accupressure points on the face remove the astigmatic problem immediately but the results don't seem to be long lasting.)

my difficulty now, so it seems, stems from the difference in visual

capabilities between my left and right eye. i have been occassionally patching my left eye to give my right eye a chance to 'catch up.' i would like to ask the group, and Dr.Kaplan if he's reading the posts, several questions. could it be that the exercises have elminated the need for reading glasses (which i bought and never used) but have shown up the difference between my two eyes all the more? and more importantly, in terms of behavioral work: i feel that i could continue the exercise i was doing as a general anti-presbyopic therapy but now patch my left (stronger visioned eye) and just work the right eye. What would anyone recommend or amend to that? Also, if there are behavioral exercises that anyone can recommend for my weaker (right, astigmatic eye) please let me know. Thanks in advance.

Months ago, it might have been when I first signed on to the group, Dr. Kaplan suggested pin-hole glasses. Well, they sound interesting. Yet my concern, and i feel my present visual discomfort, comes from the disparity of vision between left and right. The pinhole glasses sound like a very democratic use of vision and I want to even things up a bit before that route - if my idea of working the right eye is correct in the first place.

also, would any of the Bates methods for distance improving help with presbyopia? I spent some time yesterday reading his eye chart up close with my left eye patched. of course the letters were too big but the black did feel soothing. (i don't know if it's relevant, but my distance vision was 20/20 when last measured.) i mention the bates chart because the other difference in quality of vision that i notice with my right eye is that print does not appear as dark (or black) as it does with my left. the left eye seems to see more clearly (sharper images) and a deeper sense of hue. could it be my left-handed, left brained, lefty politics has corrupted my right eye?

Thanks again to all responses.

As far as relaxation goes, I'd like to add:

body surfing,
cooking
tennis
e-mailing
art in all it's varieties
journal writing

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Re: "Baby Mode" vision

- To: i_see@indiana.edu
 - Subject: Re: "Baby Mode" vision
 - From: Bills@vav-nun.com (Fr. ALSO)
 - Date: Mon, 23 Sep 1996 12:40:05 -0700 (PDT)
 - Sender: owner-i_see@indiana.edu
-

>L. Wright wrote:

>> You can do a lot with hypnosis and the other techniques referred to
>> variously as meditation, yogic practices etc. These are powerful
>> tools. But in unskilled, impatient hands they can be quite
>> dangerous. The more powerful the being, the more potential for
>> screwing up big-time. Just a word of caution.

I can attest to this as my early experiments with mystical trances caused a crisis which almost landed me in a mental hospital. I was 18 and couldnt remember my own name nor could be certain about anything. Very scary situation which took me several years to calm down over, (it still gives me the creeps) i was 18 and just went too fast without experienced guidance.

Nevertheless, i dont think the kind of breakthroughs that we discuss here are possible without some major shakeups. Foundation beliefs come into question and get deposed. The myth of the Pheonix comes to mind. With patience and courage, anything can be handled i believe.

>>

>> After many years of experimentation, I have come to understand that
>> the conscious mind can accomplish by an act of will almost anything
>> that can be done in trance or altered state. Whether that's true
>> for everyone I do not know. If your belief or confidence in your
>> ability is strong enough, you can will yourself into any frame of
>> mind you wish. After all, it is an act of will which initiates the
>> hypnotic state, and a clinically useful hypnotic state cannot exist
>> without some element of consent on the part of the subject.

I agree, but these accelerated methods can quickly dispell much doubt and

confusion as to the real nature of the change. If done with reasonable safeguards, it could save one a lifetime or two. Would you not say that your success has that as a factor? mine sure does.

BTW, i forgot to congratulate you on your success, this is the most incredible vision story i've ever heard and is *extremely* encouraging.

-Bill

splashing stream sparkling now changing utterly
Novel? a canyon grows...

<BillS@vav-nun.com>

-
- Prev by Date: [presbyopia](#)
 - Next by Date: [astigmatism](#)
 - Prev by thread: [Re: "Baby Mode" vision](#)
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astigmatism

- *To:* i_see@indiana.edu
 - *Subject:* astigmatism
 - *From:* mcoevoet@vub.ac.be (Coevoet Marc)
 - *Date:* Tue, 24 Sep 1996 16:34:51 +0200 (DST)
 - *Sender:* owner-i_see@indiana.edu
-

Hello,

I printed the astigmatism mirror at my office and started experimenting there. I see the vertical lines sharper and darker than the horizontal lines. Does this mean I am an atypical astigmatist? (and what does vertical compared with horizontal mean?). When I put my glasses on, it seems I'm a typical astigmatist, as if my glasses overcompensate. I must say that I am experimenting to leave my glasses off. Some 2 months ago, I went down from -1.75 myopia to -1.0 and went to an ophthalmologist and bought new glasses.

I'm going to an optometrist at the moment and am at -0.75.
(The amelioration is due to a relaxation therapy I followed some six months ago)

Strange enough, when I try the astigmatism mirror in my kitchen at home, I am **NOT** an astigmatist. When I put music on, this can change. This is probably in support of the thesis "astigmatism=tension"(*), or could it change with distance (30cm - 1.5meters) between eye and mirror? What I ask myself is if focus (like in photography) could play a role in "seeing" astigmatism or not.

Regards,
Marc

(*) and thus in support of ... online homework ;-)

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tibetan option

- To: I_SEE@indiana.edu
 - Subject: tibetan option
 - From: JRalls7959@aol.com
 - Date: Tue, 24 Sep 1996 01:20:24 -0400
 - Sender: owner-i_see@indiana.edu
-

I haven't even finished this article yet but thought you all might be interested in knowing that the latest Yoga Journal (Oct 96) has a good article on Tibetan Medicine that touches on myopia. Per author Kate Roddick "Precious Pills" have been known to cure severe short-sightedness. These are prepared only at the Medical Institute in Dharamsala, the Kunphen Clinic in Kathmandu and the Medical Institute in Lhasa. They are named for their ingredients, which include precious gems and minerals, as well as for their superb healing powers. The author says she witnessed a cure of severe shortsightedness.

To me these clear flashes are like a flashlight with a connection loose. you shake it and the light flashes on then off. Just a little loose connection.

Maybe those primitive Tibetans know something we don't. Next time I'm in Nepal, I'll try and get some of these and I'll let you all know what happens.
Julie

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- Prev by thread: [astigmatism](#)
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Baby mode to pictures

- *To:* i_see@indiana.edu
 - *Subject:* Baby mode to pictures
 - *From:* pdf@freenet.edmonton.ab.ca
 - *Date:* Thu, 26 Sep 1996 17:06:15 -0600 (MDT)
 - *Sender:* owner-i_see@indiana.edu
-

I_seers,

All this talk about baby mode has caused my to look back into my life when i was a baby, right now i am only a teenager so it is not that far back. Still, memories that i have, are few and strange. So i decided to look at some baby pictures, which instantly brought back some more memories. I noticed a few things that i find interesting.

As a baby, less then 5 months, my eyes where always wide open, looking at things all around me. So far that's pretty normal.

I noticed one picture of when i was outside in the sun with my brother, my forehead had a big frown and my eyes were squinted. I believe that this might have something to do with why i have a severe case of myopia now. Aswell as why my pupils are generally bigger then other peoples pupils in the same lighting condition. My pupils are usually huge, even in the sun. Does anyone know of any ways i could make them get "smaller" ?

I have decided to do more sunning which i hope will reduce the size of the pupil. Aswell as the facial exercises found in Janet Goodrich's book, Natural_vision_improvement_ in chapter 4, to get rid of that awful frown.

I had difficulties remembering my baby years, and would suggest for anyone who has difficulty as well to look at their baby and childhood pictures, and look for things (physical + emmotional) that may have caused you to develop your vision problems.

Any comments ?

Have Fun

-Peter

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difficulties improving theory

- To: i_see@indiana.edu
- Subject: difficulties improving theory
- From: pdf@freenet.edmonton.ab.ca
- Date: Thu, 26 Sep 1996 17:30:10 -0600 (MDT)
- Sender: owner-i_see@indiana.edu

I_seers,

I notice that a lot myopes who have a mild case myopia are frustrated with the fact that they can't improve their vision. And after seeing all the high myopes bring their myopia down a few diopter rather quickly wonder why they can't aswell.

Correct me if i'm wrong, but someone who has 20/20 vision can see a 20 size letter at 20 feet, Right.

20 feet = 609.6 cm

Someone who needs -0.25 lenses to see 20/20 can only see really 13 feet (or 400 cm) away. Right.

Think of it as a ladder, as you go down more and more the difference between the diopter level that you can see decreases.

e.g the diference of what you can see at :

-1.00	100 cm
-2.00	- 50 cm

	is: 50 cm

Compared to:

the diffrence of what you can see at :	-7.00	14.3 cm
	-8.00	- 12.5 cm

		is: 1.8 cm

So when you climb up the ladder the amount of time it takes you to improve keeps taking longer, usually. But that just means that you have to be more and more patient. Hey VT isn't just good for your eyes it's also good for your character :-)

Please correct me if i'm wrong, I would appreciate it,

-Peter

-
- Prev by Date: [Baby mode to pictures](#)
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Re: difficulties improving theory

- *To:* i_see@indiana.edu
 - *Subject:* Re: difficulties improving theory
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Fri, 27 Sep 1996 10:37:52 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

At 05:30 PM 9/26/96 -0600, Peter <pdf@freenet.edmonton.ab.ca> wrote:
> I notice that a lot myopes who have a mild case myopia are
>frustrated with the fact that they can't improve their vision.
>And after seeing all the high myopes bring their myopia down a few
>diopter rather quickly wonder why they can't as well.

DIOPTERS, NOT DISTANCE

It's true that modest myopes have a larger DISTANCE change from a fixed diopter improvement than worse myopes would have, but I don't see why this means it's any harder. I think of diopters as being "how you measure accommodation" (perhaps having been brainwashed by reading literature). Your eye and many lens configurations do as much work to move one diopter in any range. It's similar work, for a normal vision person, to move from -2 D to -3 D as it is -5 D to -6 D. (In fact, it might seem harder to do -5 to -6 because there's already some strain.)

BENT WIRE ANALOGY

Here's an alternative idea of why it's harder for mild myopes to improve (I can't back this up with any research, it's just idle speculation.):

If you have a bent wire, you can't straighten it out merely

by making it straight. You have to bend it "too far" in the opposite direction so that when you let go, the wire springs back to being straight. Anybody who's tried to make a coat-hanger wire be straight has experienced this.

However, a large bend can be reduced quite a bit by simply pulling on the ends of the wire, or making it lie straight on a table. You can't eliminate it, though (at least with your hands and coathanger wire) this way.

UNBENDING YOUR EYES

Mild myopes are like slightly-bent wire. Going without glasses is like pulling the wire or straightening it on a table. You can't straighten it. To fix it, you need to bend it "too far" in the opposite direction: wear plus lenses while looking far away, often and long enough so that the eyes "spring back" to normal vision when the lenses are removed.

The same idea applies to anything that "springs back". Bend it far enough, and it won't go back to the same state.

More severe myopes can do a lot of "straightening" simply by going without glasses or wearing weaker lenses for whatever distance they're working. A good starting point might be Nick's +0.25 D "beyond infinity".

In other words, strong myopes might improve anytime they take their glasses off, but weaker myopes need plus lenses.

ORTHOKERATOLOGY/CORNEAPLASTY

Incidentally, all this is analogous to orthokeratology, where they put lenses on your cornea with the intention of bending your cornea 'too far' so it springs back to normal vision when the lens is removed. The trouble is that gradually your cornea returns to its previous state, and you're myopic again. Lately, there are chemicals to add to your eye to make the cornea more bendable, and when the lens is taken off and the chemicals dissipate, the cornea sticks in the clear-vision state (corneaplasty - see URL <http://www.slackinc.com/eye/pcon/199606/cornea.htm>). This is much more promising, to me, than the laser treatments because it's likely repeatable (you can change your prescription later) and it doesn't

remove or cut any tissue.

ANECDOTAL VT

Since we don't know (at least, I don't know) what the mechanism is for VT adult myope improvement, it's hard to say what's really going on or why it's harder, or even what the best strategy is for improving, other than "gee, this worked for me, it should work for you too!"

I'd love to see a collection of myopes who wish to improve, then do various eye measurements (ultrasound measurements of lens position, eye length, and corneal shape, as well as the usual acuity and 'best lens for clearest vision' tests), and then set that group off on improvement. Later, repeat the tests, and see what changed in the improved myopes. Does anyone know of a study that did this?

-
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Re: tibetan option

- *To:* JRalls7959@aol.com, I_SEE@indiana.edu
 - *Subject:* Re: tibetan option
 - *From:* jofelix@attmail.com (Jorge Felix)
 - *Date:* Fri, 27 Sep 1996 14:37:44 +0000
 - *Fax-Phone:* +34
 - *Phone:* +341.807.8769
 - *Sender:* owner-i_see@indiana.edu
-

Julie:

In Spain we have some difficult time getting the Yoga Journal. I would be very happy if you or someone on the list, could get me a copy of this article, or the whole magazine. Of course i am willing to cover all expenses related with it.

My personal experience with VT has about 10 years of different therapies:

- a little happy with acupunture & homeophathy
 - + very happy with massage. (neck, back, around the eyes)
 - + happy with the 'accomotrack' ciliar muscles exercises, although somewhat expensive, due to the number of sessions needed for some results.
 - + sun baths, exercise or games in the sun, freesbee, tennis, ping-pong
- I would recomend.

In these years I have come from 6 diopter down to 2, and over all i am very happy with VT - i must admit i am not very persistent with the exercises. I can skip them for 2 , 3 or more months.

but also I have to say that VT exercises relaxes all my body & mind.

Best regards from SPAIN.

Jorge Felix jofelix@attmail.att.com
Fco. Gervas 12-5b
Madrid.28020

----- Begin Original Message -----

Date: Tue Sep 24 01:20:24 -0400 1996

From: internet@aol.com!JRalls7959

Subject: tibetan option

UA-Message-ID: <960924012023_291851253@emout02.mail.aol.com>

To: internet!indiana.edu!I_SEE

Content-Type: text

Content-Length: 940

I haven't even finished this article yet but thought you all might be interested in knowing that the latest Yoga Journal (Oct 96) has a good article on Tibetan Medicine that touches on myopia. Per author Kate Roddick "Precious Pills" have been known to cure severe short-sightedness. These are prepared only at the Medical Institute in Dharamsala, the Kunphen Clinic in Kathmandu and the Medical Institute in Lhasa. They are named for their ingredients, which include precious gems and minerals, as well as for their superb healing powers. The author says she witnessed a cure of severe shortsightedness.

To me these clear flashes are like a flashlight with a connection loose. you shake it and the light flashes on then off. Just a little loose connection.

Maybe those primitive Tibetans know something we don't. Next time I'm in Nepal, I'll try and get some of these and I'll let you all know what happens.
Julie

-
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Re: Baby Mode

- To: I_SEE@indiana.edu
 - Subject: Re: Baby Mode
 - From: "L. Wright" <zerobase@speednet.com.au> (by way of Bills@vav-nun.com (Fr. ALSO))
 - Date: Sun, 29 Sep 1996 08:33:53 -0700 (PDT)
 - Sender: owner-i_see@indiana.edu
-

Fr. ALSO wrote:

>
> At 17:22 9/22/96, L. Wright outlined the 'Baby-Mode':
>
> Very well-stated Linda, thanks. I have zoned in on this also and have been
> getting close to complete independence (i go several days without wearing
> glasses now, only in occasional situations do i decide to don them). Your
> statement of observing with genuine curiosity and interest, (open-minded
> and non-prejudicial i would also say, certainly another 'skill' a typical
> child has), is the secret that made all the difference for me.
>
> Could you expand on what types of things spurred your recollection of this
> Child-Self? The art of remembering is very much like the art of seeing so
> rather a conundrum!
>
> -Bill

Hello Bill!

Sorry about the delay in getting back to you. I've been swamped, and I've changed ISP's. Please note the new address.

What sparked the recollection of the child-self? I suppose it was just a realisation I had. I can remember when I got it... I was struggling to remind myself to do all of the things on my list of better vision habits, when it suddenly occurred to me that I used to do it naturally. Since I have a good memory, and a lot of experience with regression, I just *did it*, and I got *instant* results. It was the first time I'd ever been able to improve my vision under conscious control. I knew I'd struck gold!

Please find enclosed the latest description of my method. Feel free to practice it and circulate it amongst your friends. Start your own grass

roots revolution! And please let me know of your successes.

Very best regards,

Linda Wright

--

 : "Every human being is a single cell of consciousness.
@@ : In Cyberspace, these cells have formed themselves into
< : a vast Planetary Brain. The sentient whole has
___ : become greater than the sum of its many parts."

THE WRIGHT METHOD - AN ALTERNATIVE APPROACH TO CORRECTING MYOPIA

Briefly, I wore glasses for almost 20 years, and I have had some remarkable improvement by using the techniques I will describe below. Other programs exist, but I never had much success with them because they were too complex, involving too much discipline. The way I have finally found involves more a gentle change of lifestyle and seeing habits, and seems to get better results.

The Alternative Approach to Myopia is based on the principle that the body, given half a chance will heal itself. This is a fact. It applies to every part of the body, including the brain, as is now being discovered. Why should the eyes be any different?

When you begin to experience this for yourself, you will find that your initial improvement comes as very brief moments of sudden crystal clarity. These moments are called Clear Flashes, and if you have already experienced them then I am speaking to the converted!

Over time, these moments will become more and more frequent, and they will last for longer and longer periods. They will then begin to predominate, until you are seeing very well most of the time. You will still have situations when you can't see quite as well, such as at night, or in dim light, but even that will start to improve.

I am now in the night/dim light phase. I see perfectly out of doors, and now am beginning to see perfectly inside. This would have been impossible for me even a year ago, when I really didn't know *why* my vision was improving... just that it was. Now that I have gotten to the bottom of the Stress Model, I am polishing off the last deficiencies.

But five years ago, I couldn't read the lines in my own palm more than 6 inches away from my face. Today, I do everything without glasses, contacts or squinting. Tomorrow, my vision will be restored to what it was when I was a child, before it was so casually wrecked by slapping crutches on my face.

Here is my story;

When I was 9 years old, it was discovered that I needed glasses. Whether I actually did or not is a subject of some dispute with me, because as I will explain, what I probably needed more was a break from the stress that had temporarily overwhelmed me and my little world.

It began as boredom in school, and was exaserbated by a personality conflict with a teacher who probably disliked me almost as much as I did her. For some reason, she could not see that my rambunctious behaviour was my reaction to the things that were bothering me. My homelife was in a turmoil, another child (my sister) was on the way and my mother was ill. I wasn't coping well, and the class was going too slow for me. I read voraciously to stimulate my mind and escape, and even began reading in the dark under the covers by flashlight. I was a case of lifelong myopia in the making.

My teacher had been writing notes on the board for us to copy for the tenth day straight, and I had had enough. I put my pen down and refused to work. She noted this and became angry. I was headed for trouble and I knew it. When she confronted me, she offered me an out; "Can you see that?" she asked, pointing to her boardwork. I said, "no." She immediately wrote a note to my parents to tell them I needed glasses. By accepting that excuse, I was spared a serious punishment, or so I believed!

Having painted myself into a corner, when I was taken to the eye doctor by my folks, I was anxious to fail my test, because then I would not get into trouble. Now I have to say that failing the eye test was not hard, because I did have a bit of a problem seeing because I was genuinely stressed. But at the time I knew exactly what was wrong, and that I didn't really need glasses even though I did have some slight blurring. I just needed someone to realise that the class was going too slow for me and that I wasn't happy in school.

I got my glasses, and my father insisted that I wear them constantly. I kept trying to go without them (as many mildly myopic children in the same situation so often do). But it was no good. I got in trouble every time my parents caught me without them on, and within two weeks I had a *real* problem. My eyes were wrecked.

Now I see how I contributed to my own problem, but only after having considered the events of that time over almost 20 long years. At age 9, I didn't have the wisdom or the strength of resolve to stand up for myself and say what was really troubling me. The emotional stress I was going through was real however. In relative terms, an adult in the same situation might have turned to drink or drugs. But enough about that.

I never lost the conviction that wearing glasses was wrong. But I was trapped, and for the rest of my childhood I had to pay for my one moment of weakness. I won't bore you with the details of how bad it is to grow up wearing glasses, because surely you already know what it's like.

But the damage was more than just cosmetic or emotional. At age 16 (after only 7 years of wearing glasses) I received a blow to the head which resulted in a torn retina and surgery. Myopia was doing me damage far greater than what I could have imagined. The surgery was successful, but the risk was always there of further injury. I had floaters and white spot flashes, both classic evidences of myopic atrophy of the eye. I got scared.

By age 29 though, I was more or less reconciled to the idea that there was no solution, and that this was my "cross" in life. The news that surgery might fix my nearsightedness excited me only briefly, since I had already had one operation and didn't look forward to another. I always longed for a cure though. I never gave up hope.

I tried contacts for a while, because over the years, my perscription was getting stronger and stronger. Unfortunately I don't remember what it was, but my eye doctors looked grim whenever I asked them if things were getting better. I suppose I really didn't want to know. In talking to ophthamologists since, we've worked out that it was probably about -10 to -12 diopters at its worst. Very bad.

Then, shortly before my 30th birthday, I had a lucky accident. I broke my glasses, for the umpteenth time, but this time, it was over a holiday weekend, and there was nothing I could do. My contacts were not in any state to be used as a substitute. I was in trouble, or so I thought at the time.

I was virtually blind without my glasses. I couldn't see clearly more than a few inches in front of my face. How was I going to make it through the weekend?

I was afraid of getting hit by a car, or falling down stairs.

Wandering around the streets, trying to keep from getting hurt, I ended up playing safe by going into a fast food restaraunt. I was feeling very sorry for myself. Munching on my burger, I happened to glance across the street. I read a sign for a sale, then went back to staring at my food. All of a sudden, it hit me; I shouldn't have been able to read that!

I looked back up at the sign, but once again it was just a big orange blur. Too late though, I had caught my eyes in the act of focusing!

I was shocked! There had been a brief improvement, and contrary to the orthodoxy that I had been taught, this shouldn't have happened!

I had discovered quite by accident that my vision was not set in cement, but that it *varied* slightly from hour to hour. A slight variation, to be sure, from extremely disfunctional to very definitely disfunctional! But it had changed.

The fact that it *changed* was the point. Until that time, I didn't believe

it could. Right then I swore off glasses for life, and decided I wouldn't replace the pair I had broken. I went home and I threw out my old contacts and everything that reminded me that I had once worn glasses, save one photograph, which I kept for other reasons. Since that day, I have never put another pair of glasses on my face, and never will.

It wasn't easy going cold turkey. I believed that my vision would improve naturally, out of the influence of my glasses, which I had suspected since childhood had been the cause of my problems all along.

In the time that followed, I realised that my eyesight wasn't going to improve in a week or two. I honestly didn't know why it should take so long, but I tried to find out. It was a slow process of discovery, discarding one wrong idea after another, until I finally had the whole picture of what was holding up the show. Eventually I discovered some basic principles that I will share with you;

- 1) Ordinary Myopia is caused by stress, and stress is the main factor inhibiting its improvement.

Not only emotional stress, but environmental stress. Bad seeing habits like squinting, reading in bad light etc. Wearing glasses of the wrong perscription. This and almost any number of like things can contribute. All of these things, as well as childhood emotional trauma played a part in my myopia, beginning at about age 9. And even after I stopped wearing glasses, in my ignorance I was continuing to generate stress by being anxious to see clearly again. I gave myself a very hard time! This was the wrong thing to do, since it inhibited my progress.

- 2) If you get rid of the stress, you stand a better chance of improvement. It's largely what the *eyes* consider to be stressful that is the important thing.

Do you suffer from eyestrain? If you are familiar with eyestrain (and I've never met a myope who wasn't) then you know what stress means to the eye. The mind is willing to go on, but the eyes are not, and so we push our vision past the point where it is able to function normally. If we were lifting weights with our arms, our wills would not be strong enough to push us past the limits of our muscles, but because the eyes are small, they are easily overcome.

The tension of eyestrain is only the grossest form of stress on the eye. There is also what I call "ambient stress" which only myopes seem to have, and that is the stress and strain of the eyes having to stay fixed so that they can see through glasses. This is a technical fact, that when you wear glasses, your eyes must *work* to keep your eyes in place.

Now here's an ill-kept secret; if you've been wearing glasses every waking hour for 20 years, then your eyes have actually atrophied in place, just as if you had worn a cast on your leg for the same amount of time. If you wear

a cast on your leg for 3 or four weeks, then when it comes out of the cast, the muscles will have withered away to virtually nothing, and you won't be able to bend your leg without extensive therapy. Why should your eyes be any different? What do you imagine would happen if you wore a cast on your leg for 20 years?? You'd be surprised to find a leg left at all!

So your eyes, having been kept rigid for years by wearing glasses will need to

be gently worked back into shape so that they can function normally again. This will take time. However, if you just launch into a program of exercise for your eyes, you may only be inadvertently straining them again. The thing that the eyes need to do is learn to relax, and the chief lesson for the eyes to learn is that *the glasses aren't there any more*!

I discovered that if you could *defuse* this remembered stress and tension, instilled by long years of wearing glasses, you could begin to make rapid progress. How do you do that? That is the question, one that took me a long time to answer. I will give you the answer for free, so you can get started straight away, but first I have to explain a few things;

You can't just tell the eyes to relax. Nor can you simply relax them like any other part of the body. The eyes, when they are perfectly relaxed don't focus at all! This fact adds to the problem of learning to deal with visual stress so as to see better. It poses a paradox, the existence of which explains why all the relaxation techniques in the world will not take your visual improvement more than a couple of diopters in the right direction at best. There is an element of dynamism involved that is missing in the idea of relaxation which is added to the technique I am about to describe.

BABY MODE

It took me a long time to discover *the actual active ingredient* in my improvement.

I thought that it was simply a matter of spending time out of doors, looking around, not squinting etc. But there was an exact principle that it took me 5 years to define. Based on this principle, and in conjunction with my Stress Model, I now have worked out a technique which anyone can do, which doesn't involve exercise, and which is the single most effective thing I have ever tried.

I call it Baby Mode, though it is based not so much on how babies see, but on how young children up to the age of 5 look at the world.

It's quite simple. It involves the practice of looking at the world as a child does. That is all. How do you do that? By understanding how a child looks at the world!

What follows is very important and should be considered carefully and understood fully. A child's visual practices are quite distinct from a myopic adult's.

A child;

- Next to never fixates on any single object.
- Their eyes are naturally relaxed, all the time, not tense as myopic eyes tend to get.
- They blink in liquid motion, not forceably.
- They look at things because *the objects of their attention are inherently interesting*, ie, the world is (still) a fascinating place to them.
- They look to learn (a myopic adult is trying to learn to look!)
- Their attention span flits around a lot. They see many more things in the same amount of time. Myopic adults miss seeing many things, even when they are wearing their glasses!
- They look at the whole of any scene, and see it in greater 3D depth.
- They look at things to learn about them (adults already familiar with the world look at things to IDENTIFY them, thus they never really see the thing once they get the ID. Focusing is curtailed.)
- They don't squint, except of course in strong light, and even then, only rarely.
- They don't read in the dark, or in dim light. It puts them to sleep.
- They yawn a lot, and clear their vision by looking away whenever they get tired.
- They never get eye fatigue because they never force themselves beyond the point where fatigue begins to set in.
- They see clearly without even being aware that they are doing so. They never give this autonomic function so much as a moment's thought.

Observe children closely, and you may pick up a few more pointers. Or better yet,
remember how you used to do it!

The main idea here, and this is the key to practicing the technique is to remember how *you* used to look at the world, and put your vision back in its original state. You *used* to do it like this, if you were ever non-myopic. Then you stopped. You need to go back to doing it that way. That's the essence.

Whenever I can't see as sharply as I ought, I remind myself to go back to Baby Mode, and my vision clears immediately.

All the other complex ideas concerning how the eye actually works are interesting, as theories, but if they don't yield a practical therapy, then they are simply academic

excursions. I have a model of myopia, called the Stress Model. The Stress Model yielded the Baby Mode technique. It works well, and is theoretically *sound*. But you can practice Baby Mode without really knowing how or why it works.

The only trick to Baby Mode is learning how to put your eyes into that state, and then remember to keep them that way. You'll see results. Of course, it will take time, but I've tried everything of which I am aware, and this is the safest route to steady rapid progress that I have so far discovered.

MORE ON BABY MODE

* How to Get Into Baby Mode the First Time

First, by remembering its characteristics from your past, then by putting your eyes *back into their past mode of operation*. When I first started doing it, I used to remember my childhood, and the innocent way in which I looked at the world as if it were brand new and made just for me.

Here are two ways to do it;

- The easy way; Cast your mind back to when you were a child and could see clearly. Put yourself back in time and *feel* how it was for you. Have no fear, the flesh remembers. Recall the sheer delight you felt in looking at all of the bright colours, the play of the light on things, etc. See the world in the round, afresh. Discard the tension around your eyes and set aside your adult cares and concerns.

- If you can't remember what it was like to see as a child, then do it like an actor would, as if you had been asked to give a very convincing performance. BE a child for one brief moment, and set your mind in the frame that a child would have. It's not about personality, or being giggly. It's about the way you see the world.

* How can you tell if you're in Baby Mode?

You will know immediately, because when you are in Baby Mode, you will notice an improvement instantly. It may only be slight, but the fact that it has changed in a positive direction is the indicator. Note how above I said that when I remind myself to get back into Baby Mode, my vision clears up immediately... that's the clinical indicator.

* What about Clear Flashes? How does Baby Mode relate to these?

Baby Mode may or may not induce a Clear Flash every time you go into it, but overall, you will see more Clear Flashes the more you stay in Baby

Mode. A Clear Flash is an inadvertant jump into perfect Baby Mode. Baby Mode is a conscious thing you practice till it becomes the unconscious norm. Clear Flashes begin to come more frequently, and last longer.

When I began practicing Baby Mode (the discovery of which was inevitable once I worked out the Stress Model) I started seeing things again that I saw every day as if it was the first time that I had ever observed them. I was startled! Colours became brighter, things got "rounder" and fuller, and lo and behold, sharper! Anything that attracted my attention got it, only I found I wasn't staring at things so intently as I would have before.

But then I would suddenly realise that I was seeing clearly and my *focus* shifted from what my eyes were seeing to what was going on with my eyes. I fell out of Baby Mode and the clouds came over again. No problem... I knew I was onto a good thing. I just slipped back in again, without sweating it, and the same effect occurred again and again.

* Are there any other characteristics of "Baby" vision I should know about? Yes. Children do not constantly check their vision to see if they are seeing clearly.

This is something that myopes tend to do obsessively. It is typical in fact for a child to have a vision problem for weeks before it is picked up, and comes as something of a surprise to them. This is because they give seeing *no attention at all*. It is just something they do automatically.

Its like the situation where most healthy people are not aware of their heart beating, except when it is brought to their attention. A heart patient on the other hand is aware of little else. One can say that even with 20/20 vision, a recovered myope is not cured until seeing no longer absorbs any of their conscious attention. I am almost at that stage after practising Baby Mode. When I've reached it, I'll probably write down everything I know about correcting myopia naturally and then dissappear off the scene, back into the normal world!

UPDATE

If you keep it in mind that young children with perfect vision are constantly in Baby Mode, and myopic adults are next to never in Baby Mode, you'll realise there is quite a gap to be bridged.

Once you know what it feels like, there is minimal effort or disciplined involved. It is now habit and routine for me. At first it required some conscious thought, but now it only takes a moment of remembrance to set things right again.

Don't think though that when you've done it once or twice, that's it. It's not a magic wand. The rule is that if you think you are doing it, but you aren't experiencing an instant improvement, then you are not doing it! Don't then become obsessed with it again. Just remember to do it right whenever you

realise you can't see clearly, and the habit will soon become engrained. That is my last piece of advice.

Soon I will no longer be involved in this field, for the simple reason that myopia will not be an issue for me, and it is better that I stop putting my attention on it. This is one of the principles of Baby Mode, and I know of no other approach which has as its aim the complete elimination of the problem.

You will soon get to this point as well when you are "in the groove" with Baby Mode. Before you leave the scene though, you should pass on this information to others who may be helped by it.

I envisage a time when glasses are no longer perscribed for myopia. Instead, when myopia is detected in both children and adults, a trained person will gently lead the affected person into the (restored) practice of Baby Mode, by getting them to do again what they once were doing, and stop doing what it was that caused the problem in the first place. That is my dream.

But I have no plans of starting a one-woman movement to effect this. This method will live or die on the basis of its results and ease of application. Consequently, if this works for you, if you understand it well and apply it consistently so that you get results, you have then an obligation to reproduce it in others who are in need. One becomes two, two become four, and so on until it becomes common knowledge, and no one would ever *think* to give a child glasses for myopia or operate on corneas again.

September 29, 1996

Linda Anne Wright

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"L. Wright" <zerobase@speednet.com.au>

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cataracts

- *To:* <i_see@indiana.edu>
 - *Subject:* cataracts
 - *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Date:* 30 Sep 96 11:58:07 EDT
 - *Sender:* owner-i_see@indiana.edu
-

I have cataracts in both eyes. Both my eye doctor and my ophthalmologist have expressed shock at anyone my age getting a cataract, especially in such healthy eyes. (I had always thought one had to be AT LEAST about fifty to even think about such things <sigh>.) The one bright spot is that my eyes are reportedly very healthy save for the cataracts.

I am not diabetic (nor are any of my relatives, living or dead), have never had any eye problems, have never used aspartame, and have never taken any drugs or medication save for an occasional Aspirin or Excedrin. I also try to get the proper nutrition, especially C, E, beta carotene, bilberry, and everything else known to be good for the eyes.

To answer several of Alex's questions, I live in the suburbs, but work in a major city. I design computer systems. I don't wear prescription glasses, but do wear sunglasses.

I'm a nervous wreck about this. Any ideas/suggestions anyone has would be very welcome.

Thank you VERY much.

Best regards,

Virginia

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Re: cataracts

- *To:* i_see@indiana.edu
 - *Subject:* Re: cataracts
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Mon, 30 Sep 1996 17:17:47 -0500 ()
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

On Mon, 30 Sep 1996 11:58:07 -0400 (EDT) "Virginia B. Sauer" <72607.3335@compuserve.com> wrote:

> I have cataracts in both eyes. Both
> my eye doctor and my
> ophthalmologist have expressed shock at anyone my age getting
> a cataract, especially in such healthy eyes.

I am sorry I do not have a ready healing advice to give you but just wanted to let you know that I have a friend, about 30 years old, who has a cataract in one eye. His eyes are otherwise healthy. He has been to four ophthalmologists and they are clueless as to what might have caused the cataract at such an age. He is now waiting for the cataract to ripen to be operated on.

I suggest you scan Medline to find out if other such cases have been documented and as well as any treatment options. If you support the stress theory as the ultimate cause you may look into that also.

Stefan

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Re: Baby Mode

- *To:* art
 - *Subject:* Re: Baby Mode
 - *From:* katerina_x_voracek@amoco.com
 - *Date:* Mon, 30 Sep 96 14:33:31 -0600
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <H00040f50b2d11bd@MHS>
 - *Sender:* owner-i_see@indiana.edu
-

I would like to thank Linda for the eloquent description of her journey towards seeing without "crutches".

For the benefit of some of the "doubting Thomas's" I would like to clarify my previously used term "seeing with my heart", used when sharing some of my VT experiences. What I ment by the term is analogous with bringing myself into "Baby mode". I am well in tune with Linda's experiences passed as well as present and although I am not as far as she is, having started my journey only 3 years ago and having measured even stronger prescription at that time (R:-18.0/L:-14.5), I do believe that the baby mode is the ultimate way to reach improved vision.

Being prone to stress but yet at times "pathologically disciplined" - (sometimes to my detriment), my description focused more on the concrete exercises and approaches - rather than on the psychological attitude (the baby mode) for which I was lacking the right descriptive vocabulary.

Thank you Linda for finding the words for me and congratulations on your success. Although I personally don't have the courage to go "cold turkey", the way you did, I am following the path of clear flashes with reduced prescriptions and trying to remember the way I used to see - at least prior to those times, I wanted to forget. The daily "exercise" sessions are actually meditation sessions, sitting in front of eye chart, astigmatism wheel and other shapes and forms, attempting to "work out my Stress Model".

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Re: Baby Mode

- *To:* "L. Wright" <zerobase@speednet.com.au>
 - *Subject:* Re: Baby Mode
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Mon, 30 Sep 1996 21:47:47 -0400
 - *CC:* i_see@indiana.edu
 - *Organization:* Blake Systems, Inc.
 - *References:* <323E1A88.313E@blakesys.com> <32413285.7FC9@zeta.org.au>
<3244A6AB.3F44@blakesys.com> <3244DB10.7A15@zeta.org.au> <32457010.6844@blakesys.com>
<324DF310.2EE6@speednet.com.au>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

L. Wright wrote:

>

> Art Blake wrote:

> >

> > L. Wright wrote:

> > >

> > > Anyone can practice Baby Mode, since I have published this on the Net,
> > > but if you would like to begin a more or less formal trial, I would be
> > > more than happy to help. The results of a formal trial would be
> > > invaluable for helping others to follow the same path to improvement.
> > > I am planning to write a book about my method, and your experiences
> > > will definitely constitute a contribution to the effort.

> >

> > I would be interested in a formal trial.. just what would that
> > entail?

>

> Hello again Art!

>

> A Formal Trial in this case would involve simply documenting your progress
> as you attempt to follow the method and making it a matter of record. Not
> being a doctor, and being so far away, we can't do much more. But if you

Where are you anyway? From your e-mail I would guess somewhere in
Australia...

> would agree to get your eyes tested before you begin, and keep a diary of
> your thoughts and so forth along the way, we can have it as a matter of
> record that someone set out to do it and it worked. Completely voluntary
> of course. You would also have to decide to use this method and no other
> during the course of the trial, for however long. That's only so we don't
> get confused as to what is going on.
>
> Let me know what you think. It's only an idea. People will use it and get
> results for themselves, whether anyone else thinks its valid or not. This
> is a grass roots thing.
>
> Best regards,
>
> Linda Wright
>
> PS. I've attached the latest statement of the method for you to read and
> distribute to your friends.
>
> Good luck!
>
> --
> : "Every human being is a single cell of consciousness.
> @@ : In Cyberspace, these cells have formed themselves into
> < : a vast Planetary Brain. The sentient whole has
> __ : become greater than the sum of its many parts."
>
> -----
>
> THE WRIGHT METHOD - AN ALTERNATIVE APPROACH TO CORRECTING MYOPIA
>
>(deleted)

Thanks for the very interesting and inspiring description of your method.

As for the formal trial.. let me digest the information for a bit.

I've known about natural vision improvement techniques for years, and have been giving it a rigorous try since June.

2 years ago, my prescription was -6.5 in both eyes. Last June it was -6.0 in both eyes. Since June, I have been going to a vision therapist once a week and using the accomotrac as well as other techniques like palming, shifting etc. I gained a quick improvement over the first month and am

now at -4.5. After this rapid initial improvement I have not gained any more improvement since then.

This seems to jive with your statement to the effect that other methods can gain a 2 diopter improvement max...

Currently I am trying to go without my contacts/glasses as much as possible and doing palming and shifting. I am trying to use open relaxed focus too, and investigating as many techniques and theories that I can dig up. It is interesting to note that when I sit quietly and pay attention I can actually feel the chronic tension in my eyes-- it is a constant underlying strain. But I cannot voluntarily make it go away. Sometimes I can feel it subside while palming but this is rare and I cannot yet reproduce it reliably.

I may not be a good subject for the baby mode formal trial because I am so familiar with many other techniques and am not starting from ground zero so to speak..

However, I will try (and have already begun to) to give it a go, informally.

Baby mode sounds like "the" technique which worked for you but I am not sure if it will work for all- due to the fact that it is hard for many to actually remember what it was like to have our baby vision. I wonder if hypnosis regression would really help in this matter afterall...

I believe the baby mode method works because it is based on a sound principle which I think we all agree on here- that bad vision is due to improper relaxation, stress and tension.

Like I've read and heard before. Perfect vision is mastered once perfect relaxation is obtained. The methods of obtaining that relaxation are numerous and varied.. some techniques work well for some and other techniques work well for others, but the end goal is the same regardless of the means.

I'd be interested in hearing as much more as you would care to write about the baby mode technique and your progress and recovery.

Thanks again.

--
Art Blake -> art@blakesys.com
Blake Systems, Inc.

- **References:**

- [anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: anyone tried hypnosis?](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Baby Mode](#)
 - *From:* "L. Wright" <wrightla@zeta.org.au>
- [Re: Baby Mode](#)
 - *From:* "Art Blake" <art@blakesys.com>

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 - *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>
- [Re: Beta carotene, Vitamins C & E](#)
 - *From:* pdf@freenet.edmonton.ab.ca
- [Disposable Contact Lenses](#)
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 - *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>
- [tears](#)
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- [Re: food for healthy eyes?](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [New game](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [**Re: food for healthy eyes?**](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)
- [**Re: food for healthy eyes?**](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
- [**Alex's Eye Diet**](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [**Re: Alex's Eye Diet**](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)
- [**Re: Alex's Eye Diet**](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
- [**Re: Alex's Eye Diet**](#)
 - *From:* MeiTien <a.wu@worldnet.att.net>
- [**Re: Baby Mode**](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
- [**Re: Need to go on my own**](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
- [**Re: Disposable Contact Lenses**](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
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- [**Re: Baby Mode**](#)
 - *From:* Free Radical <zerobase@speednet.com.au>
- [**Re: Carrots**](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
- [**Help For Your Eyes...Naturally! Workshops in London, England.**](#)
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
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 - *From:* Bills@vav-nun.com (Fr. ALSO)
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- [**Re: MORE ON BABY MODE**](#)
 - *From:* Stefan Stefanov <stefansi@usa.net>
- [**Another book on the Bates Method**](#)
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
- [**Re: MORE ON BABY MODE**](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>

- [re: more on Baby Mode](#)
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 - *From:* JRalls7959@aol.com
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 - *From:* Sid Gudes <cougar@roadrunner.com>
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- *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **Vibrational**
 - *From:* William George <WE3GEORG@swansea.ac.uk>
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 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
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 - *From:* "Art Blake" <art@blakesys.com>
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 - *From:* "Art Blake" <art@blakesys.com>
- **Re: Dianetics**
 - *From:* "Art Blake" <art@blakesys.com>
- **Re: Dianetics**
 - *From:* <mikpfs@freenet.edmonton.ab.ca>
- **Re: Dianetics**
 - *From:* mikpfs@freenet.edmonton.ab.ca
- **Re: Dianetics**
 - *From:* Linda Wright <zerobase@speednet.com.au>
- **Re: Dianetics**
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
- **Re: Dianetics**
 - *From:* mikpfs@freenet.edmonton.ab.ca
- **Final Comments on Dianetics**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: Dianetics (fwd)**
 - *From:* Vic <root@cia.com.au>
- **mishaped eyes (NO MORE DIANETICS!)**
 - *From:* "Art Blake" <art@blakesys.com>
- **Misshaped eyes**
 - *From:* Stefan Stefanov <stefansi@usa.net>
- **NO MORE DIANETICS!**
 - *From:* Virginia Sauer <72607.3335@CompuServe.COM>
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 - *From:* Chiu Kam Hung <khchiu@hk.super.net>
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 - *From:* Vic <root@cia.com.au>
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 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
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 - *From:* Virginia Sauer <72607.3335@compuserve.com>
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- [Vision Progress](#)
 - *From:* Cheryl_lee@rdrorl.com
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 - *From:* p9205755@student.anu.edu.au (Al)
- [Re: First Time with reduced lenses](#)
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 - *From:* dijk@noord.bart.nl (fabian dijk)
- [None](#)
 - *From:* Cheryl_lee@rdrorl.com
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Re: cataracts

- *To:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Subject:* Re: cataracts
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Tue, 01 Oct 1996 20:06:36 -0400 (EDT)
 - *Cc:* i_see@indiana.edu
 - *In-reply-to:* <960930155806_72607.3335_EHM96-1@CompuServe.COM>
 - *Sender:* owner-i_see@indiana.edu
-

well i missed the beginning posts, i don't know how old u are, but i am a medical illustration grad student who changed her 'scrip from -10.75 to -8.00, and am still hoping to go down... i'm responding because i recently illustrated a lens replacement surgery, the whole thing took 60 minutes start to finish and the patient had local anaesthetic only. 15 min to vaccum out the old lens, 5 min to put in a new synthetic lens, 5 min to close up the incision... it was astounding. all the tools were hooked up to a computer and a high mag tv screen, which i drew from. as the doc picked up each tool, the computer said " emulsification" or "coagulation" or whatever. actually those were the only 2 things to be done. i was in awe. I guess i just wanted to share that in the right atmosphere, surgery is not a scary or complicated thing. ... Just in case you would like to solve the problem and worry about the causes later (kind of like the theory, "it doesn't matter who robbed your house, your first goal would be to reestablish your sense of safety/balance") However, this was at Strong Memorial Hospital here in Rochester, NY, where they have a med school, and researchers, and modern top o the line equipment....

anyway, i am doing my graduate thesis presentation about vt, (having the personal vested interest makes this a marvelous project... i will do paintings of eyes and some charts of results and diagrams of Bates and others' exercises... i may come up with a questionnaire for you guys, and i know elena already did, but i have to decide just what kind of info should be included to start. anyway, i do log on and read up but havent had much to type about cos i'm so busy with school and haven't had much "technical" eye change....

well i am with u all in spirit , anyhoo.

eileen

thought for the week:

it's not the days in your life,
it's the LIFE in your DAYS that counts.

On Mon, 30 Sep 1996, Virginia B. Sauer wrote:

> I have cataracts in both eyes. Both my eye doctor and my
> ophthalmologist have expressed shock at anyone my age getting
> a cataract, especially in such healthy eyes. (I had always
> thought one had to be AT LEAST about fifty to even
> think about such things <sigh>.) The one bright spot is
> that my eyes are reportedly very healthy save for the
> cataracts.

>
> I am not diabetic (nor are any of my relatives, living or
> dead), have never had any eye problems, have never used
> aspartame, and have never taken any drugs or medication
> save for an occasional Aspirin or Excedrin. I also try to
> get the proper nutrition, especially C, E, beta carotene,
> bilberry, and everything else known to be good for the
> eyes.

>
> To answer several of Alex's questions, I live in the
> suburbs, but work in a major city. I design computer
> systems. I don't wear prescription glasses, but do wear
> sunglasses.

>
> I'm a nervous wreck about this. Any ideas/suggestions
> anyone has would be very welcome.

>
> Thank you VERY much.

>
> Best regards,
> Virginia

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Beta carotene, Vitamins C & E

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* Beta carotene, Vitamins C & E
 - *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Date:* 01 Oct 96 23:38:21 EDT
 - *Sender:* owner-i_see@indiana.edu
-

I just wanted to mention that I know two different people (not related) who each awakened one morning unable to see anything but blurry shades of grey, and who were told by a series of ophthalmologists that it was permanent and there was no hope of a cure or recovery.

The first man continued to take beta carotene and Vitamins C and E, and, to everyone's shock (especially the ophthalmologists, who had no explanation for it), his vision returned. He sees fine, still drives, et cetera.

About ten years later, the other man (brother-in-law of the first) awakened to the same problem, and got the same dismal diagnosis from his ophthalmologists. Resigning himself to a life of near blindness, he nonetheless took his brother-in-law's advice and began taking beta carotene and vitamins C and E. His vision returned (to the shock of his ophthalmologists), and he can again read "The New York Times" without glasses, et cetera.

I just thought I'd pass this along in case it was of interest to anyone. It certainly made me a firm believer in beta carotene and Vitamins C and E.

Best regards,
Virginia

- **Follow-Ups:**
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Re: Beta carotene, Vitamins C & E

- *To:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Subject:* Re: Beta carotene, Vitamins C & E
 - *From:* pdf@freenet.edmonton.ab.ca
 - *Date:* Wed, 2 Oct 1996 20:47:03 -0600 (MDT)
 - *Cc:* I_See post <i_see@indiana.edu>
 - *In-Reply-To:* <961002033820_72607.3335_EHM61-1@CompuServe.COM>
 - *Sender:* owner-i_see@indiana.edu
-

On 1 Oct 1996, Virginia B. Sauer wrote:

> I just wanted to mention that I know two different people
> (not related) who each awakened one morning unable to see
> anything but blurry shades of grey, and who were told by a
> series of ophthalmologists that it was permanent and there
> was no hope of a cure or recovery.

>
> The first man continued to take beta carotene and Vitamins
> C and E, and, to everyone's shock (especially the
> ophthalmologists, who had no explanation for it), his vision
> returned. He sees fine, still drives, et cetera.

>
> About ten years later, the other man (brother-in-law of the
> first) awakened to the same problem, and got the same
> dismal diagnosis from his ophthalmologists. Resigning
> himself to a life of near blindness, he nonetheless took
> his brother-in-law's advice and began taking beta carotene
> and vitamins C and E. His vision returned (to the shock of
> his ophthalmologists), and he can again read "The New York
> Times" without glasses, et cetera.

>
> I just thought I'd pass this along in case it was of
> interest to anyone. It certainly made me a firm believer
> in beta carotene and Vitamins C and E.

>
> Best regards,
> Virginia

>
>
>

Good and interesting post, i was going to mention something about vitamins, and your post has reminded me.

Vitamin A: Known as the "eye vitamin" along with vitamin D.

Vit. A along with protein are the two main components in a substance in the retina called visual purple. Visual purple has to do with our retina turning light into electric pulses sent to the. Bright lights consume Visual Purple. Which might explain why some people wear sunglasses, maybe they don't have enough vit. A. Night Blindness is a the most obvious sign that are eyes are lacking Vit. A. A lack of Vit A leaves your eyes vulnerable to infection such as pink eye. Aswell Vit A is even more useful if you take it with zinc. Vitamin A is found in meats and fish, some milk products, vegetables which contain carotene. Carotene is found in leafy veggies (the darker the better).

Vitamin B: A lack of vit. B can lead to sensitivity to the sun, bloodshot eyes and blind or dark spots. Insufficient B1 =dry burning eyes, aswell as unclear and double vision, and pain behind the eyeball. Lack of B2= burning itchy eyes, reduced acuity, along with light sensitivity or infiltration of blood vessels into the cornea. As well as the development of cataracts. Insufficient B12 = focusing difficulties, headaches and trouble distinguishing red from green. Smoking, coffee and sugar are big consumers of the B Vitamins. Food rich in the B's are : eggs, liver, whole grains, sunflower seeds, nuts, wheat germ.

Vitamin C: A healthy eye especially the lens has a good supply of Vit.C. A lack of Vit. C can cause exophthalmus or better known as bulging eye. Foods rich Vitamin C : Citrus fruit watercress, cabbage, brocoli, just make sure you don't cook them.

Vitamin D: The best source the sun. It works with Calcium. Evidence is accumulating that a lack of D and calcium may lead to myopia. Restoring the supply appears to remove excess fluid from the eye thus reducing the pressure. Foods rich in Vitamin A or also Rich in Vitamin D.

Vitamin E: It help to form new blood vessels, which can stop presbyopia from starting. Aswell as nourish the connective tissues, making them stronger, thus resisting the pressure of near work. Which is good for myopes. Foods that are rich in Vitamin E are big green leafy veggies , aswell as the wheat germ which contains the most Vitamin E.

Chronium: Recent research shows that a lack of Chronium may lead to the development of myopia. Children who were becoming myopic had 1/3 the supply of chronium as the children who were not becoming myopic. Chronium is found in: corn oil, meat, whole grains, brewer's yeast, and sweet and starchy fruits and veggies.

Have fun,

-Peter

- **References:**

- [Beta carotene, Vitamins C & E](#)

- *From: "Virginia B. Sauer" <72607.3335@compuserve.com>*

- Prev by Date: [Beta carotene, Vitamins C & E](#)
- Next by Date: [Disposable Contact Lenses](#)
- Prev by thread: [Beta carotene, Vitamins C & E](#)
- Next by thread: [Beta carotene, Vitamins C & E](#)
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Disposable Contact Lenses

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Disposable Contact Lenses
 - *From:* MAX & MAX <mstolfa@rtmol.stt.it>
 - *Date:* Thu, 03 Oct 1996 14:41:43 +0100
 - *Reply-To:* mstolfa@rtmol.stt.it
 - *Sender:* owner-i_see@indiana.edu
-

Hello, I_seers,

I should appreciate some comments about the disposable contact lenses wearers and wear. In Italy there are many problems because the persons don't wear the DCL for the right time, but use them for a long time.

For example, a weekly disposable contact lens was used for 6 months and not for a week.

If you think this is impossible, you can try to use your DCL for a long period and you can discover that this is really possible.

Now, with the daily contact lens, the problems become bigger, because the people are wearing this lens for 2-3 months.

Italian Ophthalmologist don't say anything about this problems and on the contrary prescribe very often DCL without any preventive eye examination.

What do you think about this ?

Excuse my bad writing English and send your experience on this argument.

Bye, Massimiliano.

--

Name : Massimiliano Stolfa

Profession : Master Doctor of Optometry

Address : Via Maria n.9

Zip Code :03020 - City : Castelmassimo (FR) - State : Italy

Tel. : Italy Code + 775 + 30.89.04

Fax 24/24 hours : Italy Code + 775 + 27.07.71

E-Mail : mstolfa@rtmol.stt.it

URL (Home Page) : <http://www.webcom.com/visionet/max.html>

URL (Welcome Page) : <http://www.webcom.com/visionet/welcome.html>

- **Follow-Ups:**
 - [Re: Disposable Contact Lenses](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>

- Prev by Date: [Re: Beta carotene, Vitamins C & E](#)
- Next by Date: [Beta carotene, Vitamins C & E](#)
- Prev by thread: [Re: Beta carotene, Vitamins C & E](#)
- Next by thread: [Re: Disposable Contact Lenses](#)
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Beta carotene, Vitamins C & E

- *To:* I_See post <I_SEE@indiana.edu>
 - *Subject:* Beta carotene, Vitamins C & E
 - *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Date:* 03 Oct 96 00:53:52 EDT
 - *Sender:* owner-i_see@indiana.edu
-

I found the post from pdf@freenet.edmonton.ab.ca exceptionally helpful and informative.

Just in case anyone is interested, the eye disease I couldn't think of (from which both men had suffered but recovered their vision completely - to the shock of their ophthalmologists) is macular degeneration.

Best regards,
Virginia

-
- Prev by Date: [Disposable Contact Lenses](#)
 - Next by Date: [Re: Beta carotene, Vitamins C & E](#)
 - Prev by thread: [Re: Beta carotene, Vitamins C & E](#)
 - Next by thread: [Re: Beta carotene, Vitamins C & E](#)
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Re: Beta carotene, Vitamins C & E

- *To:* MeiTien <a.wu@worldnet.att.net>
 - *Subject:* Re: Beta carotene, Vitamins C & E
 - *From:* pdf@freenet.edmonton.ab.ca
 - *Date:* Thu, 3 Oct 1996 13:45:09 -0600 (MDT)
 - *Cc:* I_See post <i_see@indiana.edu>
 - *In-Reply-To:* <3253D199.3210@worldnet.att.net>
 - *Sender:* owner-i_see@indiana.edu
-

[Previous quoted material deleted by moderator --AE]

> Peter, Thanks for the list. It is very complete from what I know. I
> wonder aside from food, is there an insurance pill that we can take to
> cover the basics.

>
> Mei-Tien

>
Probably the most obvious pill to take is a multi-vitamin, but i would prefer to take all of the recommended daily intakes through regular food and not depend on a multi-vitamin. Who knows what minerals and other unknown vitamins we might be missing. Proper food with proper exercise, and exposure to the sun (for vitamin D), we should be all right.

Have fun,

-Peter

-
- Prev by Date: [Beta carotene, Vitamins C & E](#)
 - Next by Date: [Sleeping in the dark](#)
 - Prev by thread: [Beta carotene, Vitamins C & E](#)
 - Next by thread: [Re: Beta carotene, Vitamins C & E](#)

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Sleeping in the dark

- *To:* i_see@indiana.edu
 - *Subject:* Sleeping in the dark
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Thu, 3 Oct 1996 13:51:03 -0600 (MDT)
 - *Sender:* owner-i_see@indiana.edu
-

I Seers,

I got some info:

Sleeping in a dark room, is better for your eyes then sleeping in a room that has some light in it, as well sleeping in darkness stimulates the melatonin production in our bodies.

Thought i would pass that on,

-Peter

- Prev by Date: [Re: Beta carotene, Vitamins C & E](#)
- Next by Date: [RE: Disposable Contact Lenses](#)
- Prev by thread: [RE: Disposable Contact Lenses](#)
- Next by thread: [food for healthy eyes?](#)
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RE: Disposable Contact Lenses

- *To:* MAX & MAX <mstolfa@rtmol.stt.it>
 - *Subject:* RE: Disposable Contact Lenses
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 04 Oct 96 09:21:00 PDT
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 17 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Hello Massimilian,

I wonder if the problem is that the opticians are not telling the patients about the dangers involved? I used to wear disposable contact lenses and having been prescribed them from two sources, never have I been told anything other than, "throw them away after 2 weeks of full wear or a month of partial wear". Nobody ever told me what would happen if I didn't....

Caroline

Hello, I_seers,

I should appreciate some comments about the disposable contact lenses wearers and wear. In Italy there are many problems because the persons don't wear the DCL for the right time, but use them for a long time.

-
- Prev by Date: [Sleeping in the dark](#)
 - Next by Date: [Re: Beta carotene, Vitamins C & E](#)
 - Prev by thread: [Re: Disposable Contact Lenses](#)
 - Next by thread: [Sleeping in the dark](#)

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Re: Beta carotene, Vitamins C & E

- *To:* pdf@freenet.edmonton.ab.ca
 - *Subject:* Re: Beta carotene, Vitamins C & E
 - *From:* MeiTien <a.wu@worldnet.att.net>
 - *Date:* Fri, 04 Oct 1996 10:36:47 -0400
 - *CC:* I_See post <i_see@indiana.edu>
 - *References:* <961003231842.3897@mtipoc01>
 - *Sender:* owner-i_see@indiana.edu
-

pdf@freenet.edmonton.ab.ca wrote:

>
> [Previous quoted material deleted by moderator --AE]
>
> > Peter, Thanks for the list. It is very complete from what I know. I
> > wonder aside from food, is there an insurance pill that we can take to
> > cover the basics.
> >
> > Mei-Tien
> >
> Probably the most obvious pill to take is a multi-vitamin, but i would
> prefer to take all of the recommended daily intakes through regular food
> and not depend on a multi-vitamin. Who knows what minerals and other
> unknown vitamins we might be missing. Proper food with proper exercise, and
> exposure to the sun (for vitamin D), we should be all right.
>
> Have fun,
>
> -PeterPeter,

I am not sure if there is an absorption problem with my daughter, that is why I wonder about pills. OcuGuard seems to have a lot of the correct ingredients.

Is'nt it hard to get all from food?

Mei-Tien

- **Follow-Ups:**

- [Re: Beta carotene, Vitamins C & E](#)

- *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

- Prev by Date: [RE: Disposable Contact Lenses](#)

- Next by Date: [food for healthy eyes?](#)

- Prev by thread: [Re: Beta carotene, Vitamins C & E](#)

- Next by thread: [Re: Beta carotene, Vitamins C & E](#)

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food for healthy eyes?

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* food for healthy eyes?
 - *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Date:* 03 Oct 96 23:33:52 EDT
 - *Sender:* owner-i_see@indiana.edu
-

Several people have mentioned the relation between proper diet and healthy eyes.

May I ask which foods would be best for this?

Thank you very much.

- **Follow-Ups:**
 - [Re: food for healthy eyes?](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
- Prev by Date: [Re: Beta carotene, Vitamins C & E](#)
- Next by Date: [tears](#)
- Prev by thread: [Sleeping in the dark](#)
- Next by thread: [Re: food for healthy eyes?](#)
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tears

- *To:* <i_see@indiana.edu>
 - *Subject:* tears
 - *From:* furmark@pipeline.com
 - *Date:* Fri, 4 Oct 1996 17:30:33 GMT
 - *Sender:* owner-i_see@indiana.edu
-

Lately I started thinking more about Baby Mode and open focus or nuclear vision. I have been working harder on my vision wearing my glasses less. Now when I read keeping the page a little farther away than what is comfortable my eyes tear profusely. Even last night watching the TV and not wearing glasses straining to see I started tearing a lot. I have had great vision overall lately. Has anyone else noticed that when they are going through stages of improvement their eyes water more?

- **Follow-Ups:**
 - [Re: tears](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
- Prev by Date: [food for healthy eyes?](#)
- Next by Date: [Re: Beta carotene, Vitamins C & E](#)
- Prev by thread: [Re: food for healthy eyes?](#)
- Next by thread: [Re: tears](#)
- Index(es):
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Re: Beta carotene, Vitamins C & E

- *To:* MeiTien <a.wu@worldnet.att.net>
 - *Subject:* Re: Beta carotene, Vitamins C & E
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Fri, 4 Oct 1996 16:09:36 -0600 (MDT)
 - *Cc:* I_See post <i_see@indiana.edu>
 - *In-Reply-To:* <325520FF.257B@worldnet.att.net>
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 4 Oct 1996, MeiTien wrote:

> pdf@freenet.edmonton.ab.ca wrote:

> >

> > [Previous quoted material deleted by moderator --AE]

> >

> > > Peter, Thanks for the list. It is very complete from what I know. I

> > > wonder aside from food, is there an insurance pill that we can take to

> > > cover the basics.

> > >

> > > Mei-Tien

> > >

> > Probably the most obvious pill to take is a multi-vitamin, but i would

> > prefer to take all of the recommended daily intakes through regular food

> > and not depend on a multi-vitamin. Who knows what minerals and other

> > unknown vitamins we might be missing. Proper food with proper exercise, and

> > exposure to the sun (for vitamin D), we should be all right.

> >

> > Have fun,

> >

> > -PeterPeter,

>

> I am not sure if there is an absorption problem wiht my daughter, that

> is why I wonder about pills. OcuGuard seems to have a lot of the correct

> ingrediants.

>

> Is'nt it hard to get all from food?

>

> Mei-Tien

>

I might seem so but i don't think so, for example i have friends at school who eat probably two litres of Pop a day, instead of learning that sort of habit a drink milk or juice. I think that it all boils down to having your three meals a day. If you miss one your missing a lot of nutrients.

Geting into the habit of eating nutritious food can't be emphasized enough. One of my favorite meals to have is a garden salad.

In canada the recommended amounts of food for the four food groups that should be taken, seems very high (i don't have the exact numbers), yet i dont think very many people even come close to that recommended.

Another thing that i want to mention is that kids complain that they don't like what they're eating. "It's gross", you don't have to like what your eating. That's not the point of eating.

Once again you can't emphasize enough how important proper eating habits are.

Have fun (eating properly)

-Peter

● **References:**

- [Re: Beta carotene, Vitamins C & E](#)
 - *From:* MeiTien <a.wu@worldnet.att.net>

- Prev by Date: [tears](#)
- Next by Date: [Re: tears](#)
- Prev by thread: [Re: Beta carotene, Vitamins C & E](#)
- Next by thread: [Disposable Contact Lenses](#)
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Re: tears

- *To:* furmark@pipeline.com
 - *Subject:* Re: tears
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Fri, 4 Oct 1996 20:29:35 -0600 (MDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <199610041730.RAA00533@pipe3.ny2.usa.pipeline.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 4 Oct 1996 furmark@pipeline.com wrote:

> Lately I started thinking more about Baby Mode and open focus or nuclear
> vision. I have been working harder on my vision wearing my glasses less.
> Now when I read keeping the page a little farther away than what is
> comfortable my eyes tear profusely. Even last night watching the TV and not
> wearing glasses straining to see I started tearing a lot. I have had great
> vision overall lately. Has anyone else noticed that when they are going
> through stages of improvement their eyes water more?
>

Ever since I started Vt in general I noticed that my eyes water a lot more.
My Ophthalmologist did some test and told me that my eyes don't produce
enough tears on my last eye exam. I think that the reason my eyes or
watering more is the fact that i don't wear my glasses anymore besides
at school. The second i get home i take the glasses off. I've been
wearing glasses for 8 years. I think that maybe because my glasses act
like a shield, that my eyes stop producing as many tears. As too answer
the question, i only notice that when i'm outdoors, but i'm not sure if
it is because my eyes are sensitive to the sun (Not enough Vit A.). I
never tear "profusely" indoors, except when i yawn.

Have fun,

-Peter

- **References:**

- [tears](#)

- *From:* furmark@pipeline.com

- Prev by Date: [Re: Beta carotene, Vitamins C & E](#)

- Next by Date: [Re: food for healthy eyes?](#)

- Prev by thread: [tears](#)

- Next by thread: [New game](#)

- Index(es):

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Re: food for healthy eyes?

- *To:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Subject:* Re: food for healthy eyes?
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Fri, 4 Oct 1996 20:55:28 -0600 (MDT)
 - *Cc:* I_See post <i_see@indiana.edu>
 - *In-Reply-To:* <961004033351_72607.3335_EHM33-1@CompuServe.COM>
 - *Sender:* owner-i_see@indiana.edu
-

On 3 Oct 1996, Virginia B. Sauer wrote:

> Several people have mentioned the relation between proper diet and
> healthy eyes.

>

> May I ask which foods would be best for this?

>

> Thank you very much.

>

>

>

There is a web page that has some great info on vitamins minerals, and other things relating to food and health. Heres the address:

[Http://www.hoptechno.com/rdindex.htm](http://www.hoptechno.com/rdindex.htm)

Hope that helps,

-Peter

- **Follow-Ups:**

- [Re: food for healthy eyes?](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- **References:**

- [food for healthy eyes?](#)

- *From:* "Virginia B. Sauer" <72607.3335@compuserve.com>

- Prev by Date: [Re: tears](#)

- Next by Date: [Re: food for healthy eyes?](#)

- Prev by thread: [food for healthy eyes?](#)

- Next by thread: [Re: food for healthy eyes?](#)

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Re: food for healthy eyes?

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* Re: food for healthy eyes?
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sat, 5 Oct 1996 11:00:20 -0400 (EDT)
 - *In-Reply-To:* <Pine.A32.3.91.961004205232.15532A-100000@freenet.edmonton.ab.ca>
 - *Sender:* owner-i_see@indiana.edu
-

"Isn't it hard to get all the nutrients through the food we eat?" If most of your food is cooked, canned, refrigerated, frozen or otherwise processed, then it can be hard to meet your nutritional needs through food alone. And I disagree with Peter: if it seems gross to me, I don't eat it. I believe our bodies have an innate ability to recognize healthful fuel. If a food is unappealing, there is probably a reason for it.

A good example is liver. Almost every nonvegetarian source of information insists that liver is a must for good nutrition. Almost every person I know HATES liver. My mother goes to a restaurant when she feels she needs to eat liver, so that her house doesn't have that awful smell from cooking it afterward. My instincts tell me there is something wrong with the wholesale practice of consuming liver "for your own good."

Consider the function of the liver: filters out "minute foreign particles, bacteria, and gut toxins, ... the liver is often secondarily involved in infections and other systemic illnesses." Not only does the liver filter out drugs and hormones found in the blood, it produces hormone substances of its own. Each liver is finely tuned to serve its host, not the consumer of that host.

Consider, too, how livestock are fed, maintained and treated. Antibiotics are often used prophylactically, since disease spreads quickly in crowded conditions. Hormones have been used to produce "meatier" animals despite youth and lack of exercise. None of this seems very appetizing.

I am no vegetarian, but I don't eat meat every day, much less every meal. I eat many foods raw, or lightly steamed or sauteed. My daughters both eat

vegetables, preferring most raw (carrots, celery, peas, parsley, peppers, tomatoes, squash). They don't like overcooked veggies - the way my mother and grandmother make them. Good instincts, don't you think?

Another modern practice that may make it hard to absorb nutrients is the obsession with low fat. Many vitamins are fat soluble. I have returned to adding olive oil (just a little) to the vegetables I steam or saute. Children, in particular, need some fat in their diet.

I used to blindly accept the wisdom of the experts, but I have seen the prevailing "truth" shift many times in my 39 years. I am paying more attention to my own truths and learning from my own experience. The milk lobby and the beef lobby have a lot to do with our public health standards and recommendations.

Mary (climbing down from the soapbox)

- **Follow-Ups:**

- [Re: food for healthy eyes?](#)

- *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

- **References:**

- [Re: food for healthy eyes?](#)

- *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

- Prev by Date: [Re: food for healthy eyes?](#)

- Next by Date: [New game](#)

- Prev by thread: [Re: food for healthy eyes?](#)

- Next by thread: [Re: food for healthy eyes?](#)

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New game

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* New game
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sat, 5 Oct 1996 11:35:24 -0400 (EDT)
 - *Sender:* owner-i_see@indiana.edu
-

I have found a new "vision fitness" game! It really belongs to my kids, but I think it has real potential for me. It is called "The Lost Mind of Dr. Brain." Sierra is the publisher, and it is a computer game on CD ROM. It works on both Mac and Windows systems.

The game is divided into different areas, each related to a specific area of the brain. Within each area you may Novice, Expert or Genius difficulty levels. In designing this set of games, the Theory of Multiple Intelligences was taken into consideration. Advice is given on strategies for solving the puzzles based on your own style of learning/functioning.

I spent two hours playing with the "3-D Construction." I have good spatial ability, but chose this section because it relates to the brain portion of seeing. One of the narrators even suggests, as you complete some of the puzzles successfully, that your visual perceptions are being enhanced. Many of the comments sound like affirmations.... Neat game! All of the other games are designed to exercise visual/spatial ability, too, along with interpersonal, intrapersonal, kinesthetic/bodily, logical/mathematical, verbal/linguistic, and musical.

Mary

- Prev by Date: [Re: food for healthy eyes?](#)
- Next by Date: [Re: food for healthy eyes?](#)
- Prev by thread: [Re: tears](#)
- Next by thread: [Re: Alex's Eye Diet](#)
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Re: food for healthy eyes?

- *To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>, I_See post <i_see@indiana.edu>
 - *Subject:* Re: food for healthy eyes?
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sat, 5 Oct 1996 11:00:21 -0700
 - *Sender:* owner-i_see@indiana.edu
-

At 11:00 10/5/96, Mary Marlowe sent one GREAT post:

>... And I disagree with Peter: if it seems gross to me, I don't eat it.
>I believe our bodies have an innate ability to recognize healthful fuel. If
>a food is unappealing, there is probably a reason for it.

definitely. tuning into the bodies sense is an essential skill to
develop--for vision too!

>...
>Consider, too, how livestock are fed, maintained and treated. Antibiotics
>are often used prophylactically, since disease spreads quickly in
>crowded conditions. Hormones have been used to produce "meatier" animals
>dispite youth and lack of excercise. None of this seems very appetizing.

when i finally took stock of this and quit meat, i noticed excellent
physical results as mentioned prevously. again these toxins, hormones, bad
vibes and what have-you have to be processed by your body causing
additional strain. you are *definitely* what you eat.

>...
>I used to blindly accept the wisdom of the experts, but I have seen the
>prevailing "truth" shift many times in my 39 years. I am paying more
>attention to my own truths and learning from my own experience. The milk
>lobby and the beef lobby have a lot to do with our public health
>standards and recommendations.

much wisdom here

-Bill

- Prev by Date: [New game](#)
- Next by Date: [Re: food for healthy eyes?](#)
- Prev by thread: [Re: Alex's Eye Diet](#)
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Re: food for healthy eyes?

- *To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Subject:* Re: food for healthy eyes?
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Sat, 5 Oct 1996 17:34:55 -0600 (MDT)
 - *Cc:* I_See post <i_see@indiana.edu>
 - *In-Reply-To:* <Pine.3.89.9610051036.A5631-0100000@pbfreenet.seflin.lib.fl.us>
 - *Reply-To:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Sender:* owner-i_see@indiana.edu
-

On Sat, 5 Oct 1996, Mary Marlowe wrote:

> "Isn't it hard to get all the nutrients through the food we eat?" If most
> of your food is cooked, canned, refrigerated, frozen or otherwise
> processed, then it can be hard to meet your nutritional needs through food
> alone.

Well if you find it that hard then take a good multi-vitamin along with
your food.

> And I disagree with Peter: if it seems gross to me, I don't eat it.
> I believe our bodies have an innate ability to recognize healthful fuel. If
> a food is unappealing, there is probably a reason for it.

Let me rephrase what i mean, i'am taking about kids here, a lot of kids
complain that they don't like there vegetables, and all they want to eat
is chips and pop. I agree with you on the point of our bodies having the
inate ability to recognize healthful fuel and so on and that you should
not eat it if you find absolutely revolting, but i think that
part of that ability is developed over a period of time. For example,
plenty of people i know hated tomatoes when they were young, now it's one
of there favorite foods. The point here is not to eat tomatoes, but rather
to try all kinds of foods, and not get stuck into eating the same food
everyday, because

nothing else appeals to you(look, smell...).

>
> A good example is liver. Almost every nonvegetarian source of information
> insists that liver is a must for good nutrition. Almost every person I
> know HATES liver. My mother goes to a restaurant when she feels she needs
> to eat liver, so that her house doesn't have that awful smell from
> cooking it afterward. My instincts tell me there is something wrong with
> the wholesale practice of consuming liver "for your own good."

Well no one said you have to eat liver everyday, i have to agree with you that liver is probably one of the gross' foods that there is, but still eat it from time to time regardless, because i know its good for my body.

> Consider the function of the liver: filters out "minute foriegn
> perticles, bacteria, and gut toxins,... the liver is often secondarily
> involved in infections and other systemic illnesses." Not only does the
> liver filter out drugs and hormones found in the blood, it produces
> hormone substances of its own. Each liver is finely tuned to serve its
> host, not the consumer of that host.

>
> Consider, too, how livestock are fed, maintained and treated. Antibiotics
> are often used prophylactically, since disease spreads quickly in
> crowded conditions. Hormones have been used to produce "meatier" animals
> dispite youth and lack of excercise. None of this seems very appetizing.

I agree with you there, plenty of farmers are injecting their animals with god knows what now, just to make money. I'm sure some of us know about mad cow disease. Need i say more.

> I am no vegetarian, but I don't eat meat every day, much less every meal.
> I eat many foods raw, or lightly steamed or sauteed. My daughters both eat
> vegetables, preferring most raw (carrots, celery, peas, parsley, peppers,
> tomatoes, squash). They don't like overcooked veggies - the way my mother
> and grandmother make them. Good instincts, don't you think?

>
> Another modern practice that may make it hard to absorb nutrients is the
> obsession with low fat. Many vitamins are fat soluable. I have returned
> to adding olive oil (just a little) to the vegetables I steam or saute.
> Children, in particular, need some fat in their diet.

>
> I used to blindly accept the wisdom of the experts, but I have seen the
> prevailing "truth" shift many times in my 39 years. I am paying more
> attention to my own truths and learning from my own experience. The milk
> lobby and the beef lobby have a lot to do with our public health
> standards and recommendations.

>
> Mary (climbing down from the soapbox)
>

Have fun

-Peter

- **Follow-Ups:**

- [Alex's Eye Diet](#)

- *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- **References:**

- [Re: food for healthy eyes?](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Re: food for healthy eyes?](#)

- Next by Date: [Alex's Eye Diet](#)

- Prev by thread: [Re: food for healthy eyes?](#)

- Next by thread: [Alex's Eye Diet](#)

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Alex's Eye Diet

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Alex's Eye Diet
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 5 Oct 1996 22:55:19 -0500 (EST)
 - *In-Reply-To:* <Pine.A41.3.95.961005171754.121978A-100000@fn2.freenet.edmonton.ab.ca>
 - *Sender:* owner-i_see@indiana.edu
-

For those seeking a compromise between "eating well" and "popping vitamin pills" I suggest adding the following nutrient-packed foods to your diet:

brewer's yeast
home-grown sprouts
garlic
carrots

Lately I've been drinking three or more tablespoons of brewer's yeast with a little sea salt and honey in water. Tastes great, and when I drink it I can almost swear that my eyes feel relieved immediately.

Sprouts have got to be the easiest-to-grow and most nutritious food available. All you need is a jar and water. I only use filtered water.

Garlic is an acquired taste. I have gotten so used to it that I enjoy it raw a clove at a time.

Carrots of course are the ideal way to get beta CAROTene, precursor of Vitamin A, the "night vision" vitamin. I've heard that you get more nutrition out of them if they're cooked. I like them better raw, though.

--Alex

-
- **Follow-Ups:**
 - [Re: Alex's Eye Diet](#)

■ *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>

● **References:**

○ [Re: food for healthy eyes?](#)

■ *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

● Prev by Date: [Re: food for healthy eyes?](#)

● Next by Date: [Re: Alex's Eye Diet](#)

● Prev by thread: [Re: food for healthy eyes?](#)

● Next by thread: [Re: Alex's Eye Diet](#)

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○ [Thread](#)

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Re: Alex's Eye Diet

- *To:* Alex Eulenberg <aeulenbe@indiana.edu>, I SEE <i_see@indiana.edu>
 - *Subject:* Re: Alex's Eye Diet
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Sun, 6 Oct 1996 12:02:19 -0700
 - *Sender:* owner-i_see@indiana.edu
-

At 22:55 10/5/96, Alex Eulenberg wrote:

>For those seeking a compromise between "eating well" and "popping vitamin
>pills" I suggest adding the following nutrient-packed foods to your diet:
>

>brewer's yeast
>home-grown sprouts
>garlic
>carrots

just wanted to add that an reflexology book i am reading insists that
sourkraut is a necessity, eat it everyday the author recommends! she
considers it a panaceae. this is one that i can stomach but i dont find
myself getting too excited about.

-
- Prev by Date: [Alex's Eye Diet](#)
 - Next by Date: [Re: Alex's Eye Diet](#)
 - Prev by thread: [New game](#)
 - Next by thread: [Re: Baby Mode](#)
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Re: Alex's Eye Diet

- *To:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Subject:* Re: Alex's Eye Diet
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - *Date:* Mon, 7 Oct 1996 11:26:44 +0100 (BST)
 - *cc:* I SEE <i_see@indiana.edu>
 - *In-Reply-To:* <Pine.HPP.3.91.961005223902.18089C-100000@hamlet.ucs.indiana.edu>
 - *Reply-To:* m.w.ellwood@rl.ac.uk
 - *Sender:* owner-i_see@indiana.edu
-

On Sat, 5 Oct 1996, Alex Eulenberg wrote:

> Sprouts have got to be the easiest-to-grow and most nutritious food
> available. All you need is a jar and water. I only use filtered water.
>

You had me going for a moment Alex; I thought you were referring to
(e.g. Brussels sprouts - small cabbage-like things, and was wondering
how you grew them in water only).

You mean sprouting seeds / bean-sprouts, of course.

> Garlic is an acquired taste. I have gotten so used to it that I enjoy it
> raw a clove at a time.

For the less brave, there are several garlic preparations on the market.

Mike.Ellwood@rl.ac.uk

- **Follow-Ups:**

- [Re: Alex's Eye Diet](#)

- *From:* MeiTien <a.wu@worldnet.att.net>

- **References:**

- [Alex's Eye Diet](#)

- *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- Prev by Date: [Re: Alex's Eye Diet](#)

- Next by Date: [Re: Alex's Eye Diet](#)

- Prev by thread: [Alex's Eye Diet](#)

- Next by thread: [Re: Alex's Eye Diet](#)

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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

Re: Alex's Eye Diet

- *To:* m.w.ellwood@rl.ac.uk
 - *Subject:* Re: Alex's Eye Diet
 - *From:* MeiTien <a.wu@worldnet.att.net>
 - *Date:* Mon, 07 Oct 1996 13:26:35 -0400
 - *CC:* Alex Eulenberg <aeulenbe@indiana.edu>, I SEE <i_see@indiana.edu>
 - *References:* <Pine.A41.3.95.961007112340.90570W-100000@unixfe.rl.ac.uk>
 - *Sender:* owner-i_see@indiana.edu
-

Mike Ellwood wrote:

```
>
> On Sat, 5 Oct 1996, Alex Eulenberg wrote:
>
> > Sprouts have got to be the easiest-to-grow and most nutritious food
> > available. All you need is a jar and water. I only use filtered water.
> >
>
> You had me going for a moment Alex; I thought you were referring to
> (e..g. Brussels sprouts - small cabbage-like things, and was wondering
> how you grew them in water only).
> You mean sprouting seeds / bean-sprouts, of course.
>
> > Garlic is an acquired taste. I have gotten so used to it that I enjoy it
> > raw a clove at a time.
>
> For the less brave, there are several garlic preparations on the market.
>
> Mike.Ellwood@rl.ac.uk
```

I heard that sulfur (or something else) in garlic in big quantities is not good for the eye. Any details anyone know about?

Mei-Tien

- **References:**

- [Re: Alex's Eye Diet](#)

- *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>

- Prev by Date: [Re: Alex's Eye Diet](#)

- Next by Date: [Re: Baby Mode](#)

- Prev by thread: [Re: Alex's Eye Diet](#)

- Next by thread: [Re: food for healthy eyes?](#)

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- [Thread](#)

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Re: Baby Mode

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: Baby Mode
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Mon, 07 Oct 1996 19:34:18 -0400 (EDT)
 - *Cc:* "L. Wright" <zerobase@speednet.com.au>, i_see@indiana.edu
 - *In-reply-to:* <32507843.192D@blakesys.com>
-

i've followed this conversation and think that it's a wonder-full additive to vt/bates/hypnovision/u name it... it's interesting that working on one aspect of the self tends to uncover other issues... for me baby mode was always present in dance class, until a serious knee injury stopped my pursuance of dance as a possible "career"... all the books i read about healing made me reexamine things i thought were behind me, stuff i went to counseling about, stuff that was painful to recall... part of the baby mode means allowing feelings to flow through you, even difficult feelings... notice how babies cry and scream but as soon as the bottle is given or the diaper is changed it is very easy for them to be in a relaxed happy mode... PRECISELY because they RELEASED whatever emotion welled up within them...

last spring, i was taking aikido. it is a very beautiful, very dancelike martial art, very centered and based on maintaining composure and compassion in all situations... You do a lot of rolling around on the floor, very much like children do... in fact i did assist with the kid's classes because i picked up very quickly and loved the place, so i volunteered... However, while WATCHING a demonstration one evening, as an advanced student sent a very convincing punch to another advanced student, i was immediately emotionally transported to age 17, when my father put my teeth through my lip with a similar punch. I had been laughing and giggling the entire class, this happened completely without warning. and i haven't thought of this stuff in a long time. I began to leak tears, and immediately stopped because people were asking me if i was hurt (concerned about lawsuits, no doubt)... but regardless of the breathing exercises and the self affirmation, my BODY wanted to cry... in no uncertain terms!! it felt as if a vise grip were around my throat... so i quietly excused myself into the hall to let it out... the teacher later came out and i discovered that his wife had actually stopped doing aikido because of a similar reaction... we have similar abusive backgrounds.

He told me of a book called "No Enemies Within" and tho i really didn't need yet ANOTHER 'process your *%#@' book, i got it, cried most of the way thru it, and after 2 more classes with the same reaction, i stopped going to aikido. Made more sense to go to dance class, it always leaves me happy.

Here's the process part: within a week, i had severe lower back pain, like my BODY was saying, ok, you won't cry, i'll give you something to cry about. Ironic, because this is what my father used to SAY. well, after a week i went to a chiropractor and the very next day there were severe chest pains. I thought i was dying. or very seriously ill. keep in mind i am extremely healthy, mostly vegetarian, smoke/alcohol/substance free dancing being... it was very mysterious. that lasted about two weeks. Hasn't happened since. No explanation. Except that recently I've been reading about reincarnation, authors Brian Weiss and Gina Cerminara (BW:Many Lives, Many Masters; Through Time into Healing; -and - GC: Many Mansions)verrrrry interesting. there's a lot of angles to vision, health, and a whole lotta other stuff. Don't close yourself off to other potential perspectives.

... the thing is it was one article i read about reincarnation as it related to health which prompted me to begin VT in the first place...

just
giving you
my 2 cents
to sense... :)

eileen :)

On Mon, 30 Sep 1996, Art Blake wrote:

> L. Wright wrote:

> >

> > Art Blake wrote:

> > >

> > > L. Wright wrote:

> > > >

> > > > Anyone can practice Baby Mode, since I have published this on the Net,
> > > > but if you would like to begin a more or less formal trial, I would be
> > > > more than happy to help. The results of a formal trial would be

> > > > invaluable for helping others to follow the same path to improvement.

> > > > I am planning to write a book about my method, and your experiences

> > > > will definitely constitute a contribution to the effort.

> > >

> > > I would be interested in a formal trial.. just what would that

> > > entail?

> >

> > Hello again Art!

> >

> > A Formal Trial in this case would involve simply documenting your progress

> > as you attempt to follow the method and making it a matter of record. Not
> > being a doctor, and being so far away, we can't do much more. But if you
>
> Where are you anyway? From your e-mail I would guess somewhere in
> Australia...
>
> > would agree to get your eyes tested before you begin, and keep a diary of
> > your thoughts and so forth along the way, we can have it as a matter of
> > record that someone set out to do it and it worked. Completely voluntary
> > of course. You would also have to decide to use this method and no other
> > during the course of the trial, for however long. That's only so we don't
> > get confused as to what is going on.
> >
> > Let me know what you think. It's only an idea. People will use it and get
> > results for themselves, whether anyone else thinks its valid or not. This
> > is a grass roots thing.
> >
> > Best regards,
> >
> > Linda Wright
> >
> > PS. I've attached the latest statement of the method for you to read and
> > distribute to your friends.
> >
> > Good luck!
> >
> > --
> > : "Every human being is a single cell of consciousness.
> > @@ : In Cyberspace, these cells have formed themselves into
> > < : a vast Planetary Brain. The sentient whole has
> > _ : become greater than the sum of its many parts."
> >
> > -----
> >
> > THE WRIGHT METHOD - AN ALTERNATIVE APPROACH TO CORRECTING MYOPIA
> >
> >(deleted)
>
> Thanks for the very interesting and inspiring description of your
> method.
>
> As for the formal trial.. let me digest the information for a bit.
>
> I've known about natural vision improvement techniques for years, and
> have
> been giving it a rigorous try since June.
>
> 2 years ago, my prescription was -6.5 in both eyes. Last June it was

> -6.0
> in both eyes. Since June, I have been going to a vision therapist once
> a
> week and using the accomotrac as well as other techniques like palming,
> shifting etc. I gained a quick improvement over the first month and am
> now at -4.5. After this rapid initial improvement I have not gained
> any more improvement since then.

>
> This seems to jive with your statement to the effect that other methods
> can gain a 2 diopter improvement max...

>
> Currently I am trying to go without my contacts/glasses as much as
> possible and doing palming and shifting. I am trying to use open
> relaxed focus too, and investigating as many techniques and theories
> that I can dig up. It is interesting to note that when I sit quietly
> and pay attention I can actually feel the chronic tension in my eyes--
> it is a constant underlying strain. But I cannot voluntarily make
> it go away. Sometimes I can feel it subside while palming but this is
> rare and I cannot yet reproduce it reliably.

>
> I may not be a good subject for the baby mode formal trial
> because I am so familiar with many other techniques and am not
> starting from ground zero so to speak..

>
> However, I will try (and have already begun to) to give it a go,
> informally.

>
> Baby mode sounds like "the" technique which worked for you but I
> am not sure if it will work for all- due to the fact that it is
> hard for many to actually remember what it was like to have
> our baby vision. I wonder if hypnosis regression would really
> help in this matter afterall...

>
> I believe the baby mode method works because it is based on a sound
> principle which I think we all agree on here- that bad vision is due
> to improper relaxation, stress and tension.

>
> Like I've read and heard before. Perfect vision is mastered once
> perfect relaxation is obtained. The methods of obtaining that
> relaxation are numerous and varied.. some techniques work well
> for some and other techniques work well for others, but the end
> goal is the same regardless of the means.

>
> I'd be interested in hearing as much more as you would care to
> write about the baby mode technique and your progress and recovery.

>
> Thanks again.

> --
> Art Blake -> art@blakesys.com
> Blake Systems, Inc.
>
>

-
- Prev by Date: [Re: Alex's Eye Diet](#)
 - Next by Date: [Re: Need to go on my own](#)
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Re: Need to go on my own

- *To:* b.benowitz@telescience.com
 - *Subject:* Re: Need to go on my own
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Mon, 07 Oct 1996 19:44:52 -0400 (EDT)
 - *Cc:* i_see@indiana.edu
 - *In-reply-to:* <m0vAHzw-001GvvC@kyanite.telescience.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Mon, 7 Oct 1996, Barry D Benowitz wrote:

>
> For the last 6 months I have been taking Vision Therapy in order to
> deal with an exotropia. I have been successful in this as I now am
> getting some real depth perception, plus my eyesight in general is
> better. Currently, I see 20/15 with my current prescription, which no
> longer has a prism in it. Before, I used to measure around 20/40 so I
> am really happy with the results. The therapy was administered under
> the supervision of an OD, working with experienced vision
> therapists. The therapy utilized both plus and minus lenses, and prisms.
>
> The problem is that this regimen has become too expensive, I've had to
> go into debt to have it and there is the kids education and Christmas
> which must be considered. My OD has warned me that I will lose what
> I've got if I don't continue with the therapy, but financially, I've
> had enough. To the OD, working alone won't do it.
>
> He may be right; he hasn't told me anything that was wrong in the
> past, but I can't just sit still and let it slip away.
>
> I plan on continuing the work I've been doing at home and I would like
> to supplement the work using plus and minus lenses and prisms if I
> could get my hand on them inexpensively. Can anyone help?
>

>

>

if you are talking about hard lenses, i don't know. But here at school there is an ad for a place where u can buy contact lenses direct, all u need is your prescription and i think u give them your doctor's phone #.(but i bet they don't call.)

here's the address:

Campus Contacts, Inc.
1382 Third Avenue, Suite 242
New York, NY 10021

Tel: 1-800-792-2678
Int'l:1-212-533-0396
Fax:1-212-533-0594

There's a \$5.00 fee if they call your doctor (that's only if u don't have the prescription to give them)

Prices range from \$20.95 for 6 lenses (B&L, Accuvue, CIBA Newvues) on up to 71.50 for B&L Optima Toric Lenses. I'm sure they'll send u info if u ask.

Otherwise, i'd suggest gettin' a friend in a lens manufacturing plant. smile.

eileen

:)

-
- Prev by Date: [Re: Baby Mode](#)
 - Next by Date: [Re: Disposable Contact Lenses](#)
 - Prev by thread: [Re: Baby Mode](#)
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Re: Disposable Contact Lenses

- *To:* MAX & MAX <mstolfa@rtmol.stt.it>
 - *Subject:* Re: Disposable Contact Lenses
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Mon, 07 Oct 1996 19:09:57 -0400 (EDT)
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *In-reply-to:* <3253C297.28EF@rtmol.stt.it>
 - *Sender:* owner-i_see@indiana.edu
-

well, i wear disposable contacts but i take them out every night. i have separated my prescription into myopia (the contacts) and astigmatism (very thin overspecs) because it is expensive to have the whole thing rolled up into one pair of glasses... after i went thru 2 pairs of glasses in three months, my doctor and i came up with this solution... now, my contacts are -7.25, so they are thicker than the average bear's, and so that is probably why they last so long... i usually do an enzyme cleaning after 2 or 3 weeks, and my "three month supply" (which i think was 6 pairs of lenses) has lasted for a year...

for me, this has been very economical and a rather good solution, as it gives the opportunity to NOT wear the overspecs and still be able to see... plus it's not so cosmetically altering of my face shape. I am fairly diligent about cleaning and usually end up disposing of the lenses because i was sloppy putting them away and inadvertantly tore one ... anyway, that's my experience.

eileen :)
(smile-een)

On Thu, 3
Oct 1996, MAX & MAX wrote:

```
> Hello, I_seers,  
> I should appreciate some comments about the disposable contact lenses  
> wearers and wear. In Italy there are many problems because the persons  
> don't wear the DCL for the right time, but use them for a long time.  
> For example, a weekly disposable contact lens was used for 6 months and  
> not for a week.  
> If you think this is impossible, you can try to use your DCL for a long  
> period and you can discover that this is really possible.
```

> Now, with the daily contact lens, the problems become bigger, because
> the people are wearing this lens for 2-3 months.
> Italian Ophthalmologist don't say anything about this problems and on
> the contrary prescribe very often DCL without any preventive eye
> examination.
> What do you think about this ?
> Excuse my bad writing English and send your experience on this
> argument.
> Bye, Massimiliano.
> --
> Name : Massimiliano Stolfa
> Profession : Master Doctor of Optometry
> Address : Via Maria n.9
> Zip Code :03020 - City : Castelmassimo (FR) - State : Italy
> Tel. : Italy Code + 775 + 30.89.04
> Fax 24/24 hours : Italy Code + 775 + 27.07.71
> E-Mail : mstolfa@rtmol.stt.it
> URL (Home Page) : <http://www.webcom.com/visionet/max.html>
> URL (Welcome Page) : <http://www.webcom.com/visionet/welcome.html>
>
>
>
>

● **References:**

- [Disposable Contact Lenses](#)
 - *From:* MAX & MAX <mstolfa@rtmol.stt.it>

- Prev by Date: [Re: Need to go on my own](#)
- Next by Date: [Carrots](#)
- Prev by thread: [Disposable Contact Lenses](#)
- Next by thread: [RE: Disposable Contact Lenses](#)
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Carrots

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Carrots
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 08 Oct 96 11:22:00 PDT
 - *Encoding:* 12 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

>Carrots of course are the ideal way to get beta CAROTene, precursor of
>Vitamin A, the "night vision" vitamin.

Alex - do you think that carrot juice (no additives, just juiced at home) has enough of all the right stuff? I am trusting that it is mainly fibre that you lose by not eating the whole thing, which is a shame but carrot and grapefruit juice (or carrot, orange and pineapple) are very tempting when you're thirsty.

Caroline

- **Follow-Ups:**
 - [Re: Carrots](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
- Prev by Date: [Re: Disposable Contact Lenses](#)
- Next by Date: [Re: Baby Mode](#)
- Prev by thread: [Re: Need to go on my own](#)
- Next by thread: [Re: Carrots](#)
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 - [Date](#)
 - [Thread](#)

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Re: Baby Mode

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: Baby Mode
 - *From:* Free Radical <zerobase@speednet.com.au>
 - *Date:* Tue, 08 Oct 1996 23:36:25 +1100
 - *CC:* zerobase@speednet.com.au
 - *Organization:* None
 - *References:* <323E1A88.313E@blakesys.com> <32413285.7FC9@zeta.org.au> <3244A6AB.3F44@blakesys.com> <3244DB10.7A15@zeta.org.au> <32457010.6844@blakesys.com> <324DF310.2EE6@speednet.com.au> <32507843.192D@blakesys.com>
-

Art! Hi!

Art Blake wrote:

>

> L. Wright wrote:

> >

> > Art Blake wrote:

> > >

> > > L. Wright wrote:

> > > >

> > > > Anyone can practice Baby Mode, since I have published this on the Net,

Without qualification. :-))

>

> Where are you anyway? From your e-mail I would guess somewhere in

> Australia...

Bingo!

> > PS. I've attached the latest statement of the method for you to read and

> > distribute to your friends.

Along with an attached followup prompted by some of the mail I have received.

> Thanks for the very interesting and inspiring description of your

> method.

No problemos!

>

> As for the formal trial.. let me digest the information for a bit.

>
> I've known about natural vision improvement techniques for years, and
> have
> been giving it a rigorous try since June.
>
> 2 years ago, my prescription was -6.5 in both eyes. Last June it was
> -6.0
> in both eyes. Since June, I have been going to a vision therapist once
> a
> week and using the accomotrac as well as other techniques like palming,
> shifting etc. I gained a quick improvement over the first month and am
> now at -4.5. After this rapid initial improvement I have not gained
> any more improvement since then.
>
> This seems to jive with your statement to the effect that other methods
> can gain a 2 diopter improvement max...
>
> Currently I am trying to go without my contacts/glasses as much as
> possible and doing palming and shifting. I am trying to use open
> relaxed focus too, and investigating as many techniques and theories
> that I can dig up.

> It is interesting to note that when I sit quietly
> and pay attention I can actually feel the chronic tension in my eyes--
> it is a constant underlying strain.

Was it you I was telling about this tension Art? That tension is the real culprit, and some people have lived with it for so long as an ambient condition that they no longer even sense it. Well spotted!

> But I cannot voluntarily make it go away.

I feel it's safe to say that if you could you'd be cured in short order...

> Sometimes I can feel it subside while palming but this is
> rare and I cannot yet reproduce it reliably.

This tells me you haven't yet got your first breakthrough experience with Baby Mode. I developed Baby Mode as an answer to the deficiencies of palming etc, *specifically* the inability to root out this ambient tension, stress and strain which is *always* there when you can't see clearly.

You've had clear flashes? Clear flashes and this tension you mention cannot co-exist. Note too how when the clear flash goes away it is *replaced* by this ambient tension, which returns within seconds of having put your attention back on how you are seeing. Have you ever noticed how clear flashes come on suddenly, when you aren't paying particular attention to how well you can see?

Have you yet figured out a way to bring on a clear flash? Has anyone been able to teach you how to do this? Therein lies the solution...

I'm giving you all the clues mate! But you have to understand it for yourself, because that's the essential part of practicing Baby Mode effectively. It's not hard, *but it can be made that way.*

Complicating the instinctual function of our vision is one way of describing how we went wrong in the first place. That may be the heart of the whole matter.

>
> I may not be a good subject for the baby mode formal trial
> because I am so familiar with many other techniques and am not
> starting from ground zero so to speak..

Neither was I when I began using the Baby Mode technique. Baby Mode was the last thing I tried, after all else had failed or been mined out.

>
> However, I will try (and have already begun to) to give it a go,
> informally.
>
> Baby mode sounds like "the" technique which worked for you but I
> am not sure if it will work for all- due to the fact that it is
> hard for many to actually remember what it was like to have
> our baby vision.

Understood and addressed by my attachment. :-)

> I wonder if hypnosis regression would really
> help in this matter afterall...

My dear friend! Why go to such extremes? You are the perfect candidate for Baby Mode, and you are already so close!!! You already know all you need to know, right now. All the clues are there in what I've already written for you, in your own words, and most importantly, in your own experience. Go back and look. You are within inches of understanding exactly what I am saying! It's going to hit you like a ton of bricks! You'll laugh your head off when you realise how simple it always was, as I did. I'd driven myself nearly batty chasing around for the answer when it was staring me right in the face the entire time. How needlessly complex I had made it for all those years! How absorbed I was *in the problem itself*! Ah, there, you see? I've given the entire game away.

>
> I believe the baby mode method works because it is based on a sound
> principle which I think we all agree on here- that bad vision is due
> to improper relaxation, stress and tension.

This sound principle, by itself, says nothing about the dynamism of actual perfect vision. Remember, relaxation is only half the answer.

>
> Like I've read and heard before. Perfect vision is mastered once
> perfect relaxation is obtained.

Though no one has ever achieved this ideal, to my knowledge, as far as relaxation alone goes. A completely relaxed eye sees nothing at all. Another important clue.

> The methods of obtaining that relaxation are numerous and varied...

Really?

> some techniques work well
> for some and other techniques work well for others, but the end
> goal is the same regardless of the means.

Which is the restoration of one's vision to its original condition, no?
Whether you remember it or not does not matter.

>
> I'd be interested in hearing as much more as you would care to
> write about the baby mode technique and your progress and recovery.
>
> Thanks again.
>
> --
> Art Blake -> art@blakesys.com
> Blake Systems, Inc.

You are so close! Forgive me if I sound teasing, but I anticipate you will write back to me soon, shouting for joy at the utter (childish) simplicity of it! And for the fact that you can see clearly when you want to, if not at first perfectly, for the first time since you put on glasses.

Your friend,

Linda Wright

PS. Attachment 1 is the one you've already read, but 2 is the new one. Feel free to distribute these to your friends (combined if you like, so they don't get separated).

THE WRIGHT METHOD - AN ALTERNATIVE APPROACH TO CORRECTING MYOPIA

Briefly, I wore glasses for almost 20 years, and I have had some remarkable improvement by using the techniques I will describe below. Other programs exist, but I never had much success with them because they were too complex, involving too much discipline. The way I have finally found involves more a gentle change of lifestyle and seeing habits, and seems to get better results.

The Alternative Approach to Myopia is based on the principle that the body, given half a chance will heal itself. This is a fact. It applies to every part of the body, including the brain, as is now being discovered. Why should the eyes be any different?

When you begin to experience this for yourself, you will find that your initial improvement comes as very brief moments of sudden crystal clarity. These moments are called Clear Flashes, and if you have already experienced them then I am speaking to the converted!

Over time, these moments will become more and more frequent, and they will last for longer and longer periods. They will then begin to predominate, until you are seeing very well most of the time. You will still have situations when you can't see quite as well, such as at night, or in dim light, but even that will start to improve.

I am now in the night/dim light phase. I see perfectly out of doors, and now am beginning to see perfectly inside. This would have been impossible for me even a year ago, when I really didn't know *why* my vision was improving... just that it was. Now that I have gotten to the bottom of the Stress Model, I am polishing off the last deficiencies.

But five years ago, I couldn't read the lines in my own palm more than 6 inches away from my face. Today, I do everything without glasses, contacts or squinting. Tomorrow, my vision will be restored to what it was when I was a child, before it was so casually wrecked by slapping crutches on my face.

Here is my story;

When I was 9 years old, it was discovered that I needed glasses. Whether I actually did or not is a subject of some dispute with me, because as I will explain, what I probably needed more was a break from the stress that had temporarily overwhelmed me and my little world.

It began as boredom in school, and was exasperated by a personality conflict with a teacher who probably disliked me almost as much as I did her. For some reason, she could not see that my rambunctious behaviour was my reaction to the things that were bothering me. My homelife was in a turmoil, another child (my sister) was on the way and my mother was ill. I wasn't coping well, and the class was going too slow for me. I read voraciously to stimulate my mind and escape, and even began reading in the dark under the covers by flashlight. I was a case of lifelong myopia in the making.

My teacher had been writing notes on the board for us to copy for the tenth day straight, and I had had enough. I put my pen down and refused to work. She noted this and became angry. I was headed for trouble and I knew it. When she confronted me, she offered me an out; "Can you see that?" she asked, pointing to her boardwork. I said, "no." She immediately wrote a note to my parents to tell them I needed glasses. By accepting that excuse, I was spared a serious punishment, or so I believed!

Having painted myself into a corner, when I was taken to the eye doctor by my folks, I was anxious to fail my test, because then I would not get into trouble. Now I have to say that failing the eye test was not hard, because I did have a bit of a problem seeing because I was genuinely stressed. But at the time I knew exactly what was wrong, and that I didn't really need glasses even though I did have some slight blurring. I just needed someone to realise that the class was going too slow for me and that I wasn't happy in school.

I got my glasses, and my father insisted that I wear them constantly. I kept trying to go without them (as many mildly myopic children in the same situation so often do). But it was no good. I got in trouble every time my parents caught me without them on, and within two weeks I had a *real* problem. My eyes were

wrecked.

Now I see how I contributed to my own problem, but only after having considered the events of that time over almost 20 long years. At age 9, I didn't have the wisdom or the strength of resolve to stand up for myself and say what was really troubling me. The emotional stress I was going through was real however. In relative terms, an adult in the same situation might have turned to drink or drugs. But enough about that.

I never lost the conviction that wearing glasses was wrong. But I was trapped, and for the rest of my childhood I had to pay for my one moment of weakness. I won't bore you with the details of how bad it is to grow up wearing glasses, because surely you already know what it's like.

But the damage was more than just cosmetic or emotional. At age 16 (after only 7 years of wearing glasses) I received a blow to the head which resulted in a torn retina and surgery. Myopia was doing me damage far greater than what I could have imagined. The surgery was successful, but the risk was always there of further injury. I had floaters and white spot flashes, both classic evidences of myopic atrophy of the eye. I got scared.

By age 29 though, I was more or less reconciled to the idea that there was no solution, and that this was my "cross" in life. The news that surgery might fix my nearsightedness excited me only briefly, since I had already had one operation and didn't look forward to another. I always longed for a cure though. I never gave up hope.

I tried contacts for a while, because over the years, my perscription was getting stronger and stronger. Unfortunately I don't remember what it was, but my eye doctors looked grim whenever I asked them if things were getting better. I suppose I really didn't want to know. In talking to ophthamologists since, we've worked out that it was probably about -10 to -12 diopters at its worst. Very bad.

Then, shortly before my 30th birthday, I had a lucky accident. I broke my glasses, for the umpteenth time, but this time, it was over a holiday weekend, and there was nothing I could do. My contacts were not in any state to be used as a substitute. I was in trouble, or so I thought at the time.

I was virtually blind without my glasses. I couldn't see clearly more than a few inches in front of my face. How was I going to make it through the weekend? I was afraid of getting hit by a car, or falling down stairs.

Wandering around the streets, trying to keep from getting hurt, I ended up playing safe by going into a fast food restaraunt. I was feeling very sorry for myself. Munching on my burger, I happened to glance across the street. I read a sign for a sale, then went back to staring at my food. All of a sudden, it hit me; I shouldn't have been able to read that!

I looked back up at the sign, but once again it was just a big orange blur. Too late though, I had caught my eyes in the act of focusing!

I was shocked! There had been a brief improvement, and contrary to the orthodoxy that I had been taught, this shouldn't have happened!

I had discovered quite by accident that my vision was not set in cement, but that it *varied* slightly from hour to hour. A slight variation, to be sure, from extremely disfunctional to very definitely disfunctional! But it had changed.

The fact that it *changed* was the point. Until that time, I didn't believe it could. Right then I swore off glasses for life, and decided I wouldn't replace the pair I had broken. I went home and I threw out my old contacts and everything that reminded me that I had once worn glasses, save one photograph, which I kept for other reasons. Since that day, I have never put another pair of glasses on my face, and never will.

It wasn't easy going cold turkey. I believed that my vision would improve naturally, out of the influence of my glasses, which I had suspected since childhood had been the cause of my problems all along.

In the time that followed, I realised that my eyesight wasn't going to improve in a week or two. I honestly didn't know why it should take so long, but I tried to find out. It was a slow process of discovery, discarding one wrong idea after another, until I finally had the whole picture of what was holding up the show. Eventually I discovered some basic principles that I will share with you;

- 1) Ordinary Myopia is caused by stress, and stress is the main factor inhibiting its improvement.

Not only emotional stress, but environmental stress. Bad seeing habits like squinting, reading in bad light etc. Wearing glasses of the wrong perscription. This and almost any number of like things can contribute. All of these things, as well as childhood emotional trauma played a part in my myopia, beginning at about age 9. And even after I stopped wearing glasses, in my ignorance I was continuing to generate stress by being anxious to see clearly again. I gave myself a very hard time! This was the wrong thing to do, since it inhibited my progress.

- 2) If you get rid of the stress, you stand a better chance of improvement. It's largely what the *eyes* consider to be stressful that is the important thing.

Do you suffer from eyestrain? If you are familiar with eyestrain (and I've never met a myope who wasn't) then you know what stress means to the eye. The mind is willing to go on, but the eyes are not, and so we push our vision past the point where it is able to function normally. If we were lifting weights with our arms, our wills would not be strong enough to push us past the limits of our muscles, but because the eyes are small, they are easily overcome.

The tension of eyestrain is only the grossest form of stress on the eye. There is also what I call "ambient stress" which only myopes seem to have, and that is the stress and strain of the eyes having to stay fixed so that they can see through glasses. This is a technical fact, that when you wear glasses, your eyes must *work* to keep your eyes in place.

Now here's an ill-kept secret; if you've been wearing glasses every waking hour for 20 years, then your eyes have actually atrophied in place, just as if you had worn a cast on your leg for the same amount of time. If you wear a cast on your leg for 3 or four weeks, then when it comes out of the cast, the muscles will have withered away to virtually nothing, and you won't be able to bend your leg without extensive therapy. Why should your eyes be any different? What do you imagine would happen if you wore a cast on your leg for 20 years?? You'd be surprised to find a leg left at all!

So your eyes, having been kept rigid for years by wearing glasses will need to be gently worked back into shape so that they can function normally again. This will take time. However, if you just launch into a program of exercise for your eyes, you may only be inadvertently straining them again. The thing that the eyes need to do is learn to relax, and the chief lesson for the eyes to learn is that **the glasses aren't there any more**!

I discovered that if you could **defuse** this remembered stress and tension, instilled by long years of wearing glasses, you could begin to make rapid progress. How do you do that? That is the question, one that took me a long time to answer. I will give you the answer for free, so you can get started straight away, but first I have to explain a few things;

You can't just tell the eyes to relax. Nor can you simply relax them like any other part of the body. The eyes, when they are perfectly relaxed don't focus at all! This fact adds to the problem of learning to deal with visual stress so as to see better. It poses a paradox, the existence of which explains why all the relaxation techniques in the world will not take your visual improvement more than a couple of diopters in the right direction at best. There is an element of dynamism involved that is missing in the idea of relaxation which is added to the technique I am about to describe.

BABY MODE

It took me a long time to discover **the actual active ingredient** in my improvement. I thought that it was simply a matter of spending time out of doors, looking around, not squinting etc. But there was an exact principle that it took me 5 years to define. Based on this principle, and in conjunction with my Stress Model, I now have worked out a technique which anyone can do, which doesn't involve exercise, and which is the single most effective thing I have ever tried.

I call it Baby Mode, though it is based not so much on how babies see, but on how young children up to the age of 5 look at the world.

It's quite simple. It involves the practice of looking at the world as a child does. That is all. How do you do that? By understanding how a child looks at the world!

What follows is very important and should be considered carefully and understood fully. A child's visual practices are quite distinct from a myopic adult's.

A child;

- Next to never fixates on any single object.
- Their eyes are naturally relaxed, all the time, not tense as myopic eyes

tend to get.

- They blink in liquid motion, not forceably.
- They look at things because *the objects of their attention are inherently interesting*, ie, the world is (still) a fascinating place to them.
- They look to learn (a myopic adult is trying to learn to look!)
- Their attention span flits around a lot. They see many more things in the same amount of time. Myopic adults miss seeing many things, even when they are wearing their glasses!
- They look at the whole of any scene, and see it in greater 3D depth.
- They look at things to learn about them (adults already familiar with the world look at things to IDENTIFY them, thus they never really see the thing once they get the ID. Focusing is curtailed.)
- They don't squint, except of course in strong light, and even then, only rarely.
- They don't read in the dark, or in dim light. It puts them to sleep.
- They yawn a lot, and clear their vision by looking away whenever they get tired.
- They never get eye fatigue because they never force themselves beyond the point where fatigue begins to set in.
- They see clearly without even being aware that they are doing so. They never give this autonomic function so much as a moment's thought.

Observe children closely, and you may pick up a few more pointers. Or better yet, *remember how you used to do it!*

The main idea here, and this is the key to practicing the technique is to remember how *you* used to look at the world, and put your vision back in its original state. You *used* to do it like this, if you were ever non-myopic. Then you stopped. You need to go back to doing it that way. That's the essence.

Whenever I can't see as sharply as I ought, I remind myself to go back to Baby Mode, and my vision clears immediately.

All the other complex ideas concerning how the eye actually works are interesting, as theories, but if they don't yield a practical therapy, then they are simply academic excursions. I have a model of myopia, called the Stress Model. The Stress Model yielded the Baby Mode technique. It works well, and is theoretically *sound*. But you can practice Baby Mode without really knowing how or why it works.

The only trick to Baby Mode is learning how to put your eyes into that state, and then remember to keep them that way. You'll see results. Of course, it will take time, but I've tried everything of which I am aware, and this is the safest route to steady rapid progress that I have so far discovered.

MORE ON BABY MODE

* How to Get Into Baby Mode the First Time

First, by remembering its characteristics from your past, then by putting your eyes *back into their past mode of operation*. When I first started doing it, I used to remember my childhood, and the innocent way in which I looked at the world as if it were brand new and made just for me.

Here are two ways to do it;

- The easy way: Cast your mind back to when you were a child and could see clearly. Put yourself back in time and *feel* how it was for you. Have no fear, the flesh remembers. Recall the sheer delight you felt in looking at all of the bright colours, the play of the light on things, etc. See the world in the round, afresh. Discard the tension around your eyes and set aside your adult cares and concerns.

- If you can't remember what it was like to see as a child, then do it like an actor would, as if you had been asked to give a very convincing performance. BE a child for one brief moment, and set your mind in the frame that a child would have. It's not about personality, or being giggly. It's about the way you see the world.

* How can you tell if you're in Baby Mode?

You will know immediately, because when you are in Baby Mode, you will notice an improvement instantly. It may only be slight, but the fact that it has changed in a positive direction is the indicator. Note how above I said that when I remind myself to get back into Baby Mode, my vision clears up immediately... that's the clinical indicator.

* What about Clear Flashes? How does Baby Mode relate to these?

Baby Mode may or may not induce a Clear Flash every time you go into it, but overall, you will see more Clear Flashes the more you stay in Baby Mode. A Clear Flash is an inadvertent jump into perfect Baby Mode. Baby Mode is a conscious thing you practice till it becomes the unconscious norm. Clear Flashes begin to come more frequently, and last longer.

When I began practicing Baby Mode (the discovery of which was inevitable once I worked out the Stress Model) I started seeing things again that I saw every day as if it was the first time that I had ever observed them. I was startled! Colours became brighter, things got "rounder" and fuller, and lo and behold, sharper! Anything that attracted my attention got it, only I found I wasn't staring at things so intently as I would have before.

But then I would suddenly realise that I was seeing clearly and my *focus* shifted from what my eyes were seeing to what was going on with my eyes. I fell out of Baby Mode and the clouds came over again. No problem... I knew I was onto a good thing. I just slipped back in again, without sweating it, and the same effect occurred again and again.

* Are there any other characteristics of "Baby" vision I should know about? Yes. Children do not constantly check their vision to see if they are seeing clearly.

This is something that myopes tend to do obsessively. It is typical in fact for a child to have a vision problem for weeks before it is picked up, and comes as something of a surprise to them. This is because they give seeing *no attention at all*. It is just something they do automatically.

Its like the situation where most healthy people are not aware of their heart beating, except when it is brought to their attention. A heart patient on the other hand is aware of little else. One can say that even with 20/20 vision, a recovered myope is not cured until seeing no longer absorbs any of their conscious attention. I am almost at that stage after practising Baby Mode. When I've reached

it,
I'll probably write down everything I know about correcting myopia naturally and then disappear off the scene, back into the normal world!

UPDATE

If you keep it in mind that young children with perfect vision are constantly in Baby Mode, and myopic adults are next to never in Baby Mode, you'll realise there is quite a gap to be bridged.

Once you know what it feels like, there is minimal effort or disciplined involved. It is now habit and routine for me. At first it required some conscious thought, but now it only takes a moment of remembrance to set things right again.

Don't think though that when you've done it once or twice, that's it. It's not a magic wand. The rule is that if you think you are doing it, but you aren't experiencing an instant improvement, then you are not doing it! Don't then become obsessed with it again. Just remember to do it right whenever you realise you can't see clearly, and the habit will soon become engrained. That is my last piece of advice.

Soon I will no longer be involved in this field, for the simple reason that myopia will not be an issue for me, and it is better that I stop putting my attention on it. This is one of the principles of Baby Mode, and I know of no other approach which has as its aim the complete elimination of the problem.

You will soon get to this point as well when you are "in the groove" with Baby Mode. Before you leave the scene though, you should pass on this information to others who may be helped by it.

I envisage a time when glasses are no longer prescribed for myopia. Instead, when myopia is detected in both children and adults, a trained person will gently lead the affected person into the (restored) practice of Baby Mode, by getting them to do again what they once were doing, and stop doing what it was that caused the problem in the first place. That is my dream.

But I have no plans of starting a one-woman movement to effect this. This method will live or die on the basis of its results and ease of application. Consequently, if this works for you, if you understand it well and apply it consistently so that you get results, you have then an obligation to reproduce it in others who are in need. One becomes two, two become four, and so on until it becomes common knowledge, and no one would ever *think* to give a child glasses for myopia or operate on corneas again.

September 29, 1996
Linda Anne Wright

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BABY MODE CLARIFIED

There has been a fair bit of discussion on how to get started with Baby Mode, in

particular, concerning the problem of how to remember how you once looked at the world.

I would not want to see the demonstrable benefits of using this technique limited to only those who by some good fortune are able to remember their childhood clearly, thereby excluding those who do not or cannot.

Therefore, I have to correct any mis-impression there might be surrounding the principles of Baby Mode and the supposed need to "remember" one's childhood in order to do it.

Very simply put; It is not necessary to remember one's childhood in order to initiate Baby Mode. The actual active ingredient in Baby Mode is the restoration of the original mode of seeing. Remembering your childhood is but one way of helping in this regard. Memory is a fickle friend, and even those who remember their childhood perfectly do not as a consequence experience Baby Mode. That is because memory remembering your childhood is not the trick.

I don't want this to seem at all cryptic. Please recall my original post introducing Baby Mode. I wrote;

> I call it Baby Mode, though it is based not so much on how babies see, but on how
> young children up to the age of 5 look at the world.

> It's quite simple. It involves the practice of looking at the world as a child
> does. That is all. How do you do that? By understanding how a child looks at
> the world!

Simply by *understanding well* how a child looks at the world, you can accomplish Baby Mode. That is the core principle. Only later on in my post did I introduce the idea of "remembering" how one used to do it. Remembering is a shortcut to understanding, if you can accomplish it. What I am saying is that all that is necessary is adequate understanding and an act of will. It still can be done, and rather easily, even by those who remember nothing of their early years.

I went on to say,

> What follows is very important and should be considered carefully and understood
> fully. A child's visual practices are quite distinct from a myopic adult's.

This is the basis of what must be well understood. In detail, in order to give people a headstart, I enumerated the key points...

> A child;
>
> - Next to never fixates on any single object.
> - Their eyes are naturally relaxed, all the time, not tense as myopic eyes
> tend to get.
> - They blink in liquid motion, not forceably.

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> interesting*, ie, the world is (still) a fascinating place to them.
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> amount of time. Myopic adults miss seeing many things, even when they are
> wearing their glasses!
> - They look at the whole of any scene, and see it in greater 3D depth.
> - They look at things to learn about them (adults already familiar with the
> world look at things to IDENTIFY them, thus they never really see the thing once
> they get the ID. Focusing is curtailed.)
> - They don't squint, except of course in strong light, and even then, only rarely.
> - They don't read in the dark, or in dim light. It puts them to sleep.
> - They yawn a lot, and clear their vision by looking away whenever they get tired.
> - They never get eye fatigue because they never force themselves beyond the point
> where fatigue begins to set in.
> - They see clearly without even being aware that they are doing so. They never
give
> this autonomic function so much as a moment's thought.
>
> Observe children closely, and you may pick up a few more pointers.

You see? Anyone can come to understand the essential principles involved, by reason
alone. There is nothing mysterious or complex about it.

Once you understand it, all you need to do is do it, that is to say, all at once, put
your visual behaviour back into that mode. Not by thinking about a list of things
to do, but by seeing the world as a child does, as you once did. In short,
be a child again in the way you see.

Bad vision is a *habit* for most of us. The old bad habits need to be replaced
with new good habits. How do you do that? That is the secret of Baby Mode. That
is what Baby Mode essentially accomplishes, far more quickly, painlessly and
easily than most other methods I've seen. But the key is understanding, not memory.

The practice of Baby Mode is analogous to realising that you have the habit of
frowning all the time; When you first realise this, and that you look far more
attractive when you smile, you must for a time remind yourself to start smiling
again.

Initially it will be difficult, because it won't seem *right* and it won't look
genuine. So to get it right, you have to smile sincerely from within, by thinking
of something worth smiling about.

Now you can *remember* something worth smiling about, or you can *contrive* something
worth smiling about. But only when you've got it right in your mind will it work on
your face. You will fail many times, and slide back into frowning for weeks yet.
But
you will get it right eventually, and then smiling will be effortless and natural.
That by the way is an almost perfect analogy of how Baby Mode actually works.

Incidentally, just as you can't force a sincere smile, so you can't force Baby Mode.
Force and effort are antithetical to both smiling and seeing. Only three inches
separate the muscles that perform both functions... isn't that interesting!

As well, and some of you have already realised this, Baby Mode is NOT just another relaxation technique. Relaxation will only take you part of the way, a very short distance in fact. Relaxation may prevent your eyes from getting worse, and you may get early improvement from it, but it will not take you the rest of the way. Before I discovered Baby Mode, I was one of those people who'd gone 90% of the way to 20/20 and spent at least two years trying to fix the last 10%. I needed Baby Mode to finish what I had started in throwing away my glasses.

Why is Baby Mode different to the general relaxation techniques we have all been trying to follow with mixed results? Because relaxation is passive, and Baby Mode is active. A *totally* relaxed eye will not be able to focus. The eyes are active organs, constantly in action. They *have* to move in order to work. That's why relaxation is not the entire answer.

SUMMARY

This, then is the full context in which I wrote the line

> Or better yet, *remember how you used to do it!*

Of course, if you can remember, then great. But I must say clearly now, that remembering how you saw as a child *by itself* will accomplish absolutely nothing. I know, because I spent many many hours doing exactly that. Only when I realised that I could put my visual behaviour back into its originally perfect mode of functioning by a conscious act of will did I then directly experience change under conscious control. That one realisation, *that I could do it* was the key. It worked the instant I got it right.

>From that initial success, I persisted, making the rule,

> Whenever I can't see as sharply as I ought, I remind myself to go back to Baby Mode,
> and my vision clears immediately.

There you have it. Rememberance is nothing without the conscious action of the will to restore the vision to the original mode of operation. That you can do by reason, aided by memory, but not by memory without reason.

Finally, in this vein I wrote,

> All the other complex ideas concerning how the eye actually works are interesting, as
> theories, but if they don't yield a practical therapy, then they are simply academic
> excursions.

I would not like Baby Mode to become an academic exercise or a magical mystery tour. It's not a navel-watching thing. It's something that anyone can do. As soon as you've done it once, you'll never forget it or forget how to do it. You will see an instant difference in your vision the minute you've done it. It then

becomes a simple matter of remembering to do it again, every time you become aware that your vision is not 100%. After a few weeks or so, as with correcting a permanent frown, it will become second nature, and your advancement will be steady and predictable.

Of course, if you were never confused about how to do this, and you've already done it for the first time, then there is no problem. But if not, or if you are struggling a little bit, this should hopefully help you get on track.

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1 October, 1996
Linda Wright

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- Prev by Date: [Carrots](#)
- Next by Date: [Re: Carrots](#)
- Prev by thread: [Re: Baby Mode](#)
- Next by thread: [Re: Need to go on my own](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: Carrots

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: Carrots
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - *Date:* Tue, 8 Oct 1996 10:04:20 +0100 (BST)
 - *cc:* I_SEE <i_see@indiana.edu>
 - *In-Reply-To:* <325A9B4C@msmail-gw.bta.bt.com>
 - *Reply-To:* m.w.ellwood@rl.ac.uk
 - *Sender:* owner-i_see@indiana.edu
-

I've heard that some ppl can get addicted to carrots/carrot juice, and it doesn't do the liver much good in vast quantities. I don't necessarily take some of the alarmist reports I've heard about it at face value, but nevertheless, moderation, as in all things, is probably wise.

Mike.Ellwood@rl.ac.uk

- **References:**
 - [Carrots](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- Prev by Date: [Re: Baby Mode](#)
- Next by Date: [Help For Your Eyes...Naturally! Workshops in London, England.](#)
- Prev by thread: [Carrots](#)
- Next by thread: [Help For Your Eyes...Naturally! Workshops in London, England.](#)
- Index(es):

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Help For Your Eyes...Naturally! Workshops in London, England.

- *To:* i_see@indiana.edu
 - *Subject:* Help For Your Eyes...Naturally! Workshops in London, England.
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Tue, 8 Oct 96 07:32:20 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

Two workshops on vision fitness training wil be facilitated by Dr Robert-Michael Kaplan, author of Seeing Without Glasses and The Power Behind Your Eyes on October 30th and November 2nd, 1996. E-Mail Beyond_20/20@sunshine.net for more detailed information.

-
- Prev by Date: [Re: Carrots](#)
 - Next by Date: [MORE ON BABY MODE](#)
 - Prev by thread: [Re: Carrots](#)
 - Next by thread: [MORE ON BABY MODE](#)
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 - [Thread](#)

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MORE ON BABY MODE

- *To:* i_see@indiana.edu
 - *Subject:* MORE ON BABY MODE
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Tue, 8 Oct 1996 06:59:23 -0700
 - *Sender:* owner-i_see@indiana.edu
-

(fwded from Linda Wright)

BABY MODE CLARIFIED

There has been a fair bit of discussion on how to get started with Baby Mode, in particular, concerning the problem of how to remember how you once looked at the world.

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1 October, 1996

Linda Wright

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● **Follow-Ups:**

- [Re: MORE ON BABY MODE](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
- Prev by Date: [Help For Your Eyes...Naturally! Workshops in London, England.](#)
- Next by Date: [Re: MORE ON BABY MODE](#)
- Prev by thread: [Help For Your Eyes...Naturally! Workshops in London, England.](#)
- Next by thread: [Re: MORE ON BABY MODE](#)
- Index(es):
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Re: MORE ON BABY MODE

- To: i_see@indiana.edu
 - Subject: Re: MORE ON BABY MODE
 - From: furmark@pipeline.com
 - Date: Wed, 9 Oct 1996 16:15:48 GMT
 - Sender: owner-i_see@indiana.edu
-

regarding smiling and baby mode. After reading Linda's first post on baby mode I thought about what she was saying then pretended I was a child my face naturally changed I was smiling with my eyes open wide and I could instantly see clearer. It feels like you are loosening your face, relaxing it but also making it more alive. I think from my understanding, this is baby mode to be relaxed and awake, alive at the same time. It is not passive. But it is very natural. You are reaching out to clarity not waiting for it to come to you.

best of luck to all
alexandra

On Tue, Oct 8, 1996 6:59:23 AM, Fr. ALSO wrote:

>The practice of Baby Mode is analogous to realising that you have the
>habit of frowning all the time; When you first realise this, and that
>you look far more attractive when you smile, you must for a time
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-
- Prev by Date: [MORE ON BABY MODE](#)
 - Next by Date: [Re: MORE ON BABY MODE](#)
 - Prev by thread: [Re: MORE ON BABY MODE](#)
 - Next by thread: [Re: MORE ON BABY MODE](#)

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Re: MORE ON BABY MODE

- *To:* "Fr. ALSO" <Bills@vav-nun.com>
 - *Subject:* Re: MORE ON BABY MODE
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - *Date:* Wed, 9 Oct 1996 14:47:52 +0100 (BST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <[v02140b01ae7fab959bbd@\[153.34.139.167\]](mailto:v02140b01ae7fab959bbd@[153.34.139.167])>
 - *Reply-To:* m.w.ellwood@rl.ac.uk
 - *Sender:* owner-i_see@indiana.edu
-

The problem with this baby-mode thing is that babies don't necessarily see perfectly, do they?

I thought this was the whole idea behind "lazy eye" theories.

Not that it's not interesting though.

Mike.Ellwood@rl.ac.uk

-
- **Follow-Ups:**
 - [Re: MORE ON BABY MODE](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - **References:**
 - [MORE ON BABY MODE](#)

■ *From:* Bills@vav-nun.com (Fr. ALSO)

- Prev by Date: [Re: MORE ON BABY MODE](#)
- Next by Date: [Re: MORE ON BABY MODE](#)
- Prev by thread: [MORE ON BABY MODE](#)
- Next by thread: [Re: MORE ON BABY MODE](#)
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Re: MORE ON BABY MODE

- *To:* m.w.ellwood@rl.ac.uk
 - *Subject:* Re: MORE ON BABY MODE
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Wed, 9 Oct 1996 16:33:21 -0600 (MDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <Pine.A41.3.95.961009144603.69062C-100000@unixfe.rl.ac.uk>
 - *Sender:* owner-i_see@indiana.edu
-

On Wed, 9 Oct 1996, Mike Ellwood wrote:

> The problem with this baby-mode thing is that
> babies don't necessarily see perfectly, do they?

Aren't we taking about if YOU saw perfectly as a baby ?

Have fun

-Peter

-
- **Follow-Ups:**
 - [Re: MORE ON BABY MODE](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - **References:**
 - [Re: MORE ON BABY MODE](#)

■ *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>

- Prev by Date: [Re: MORE ON BABY MODE](#)
- Next by Date: [Re: MORE ON BABY MODE](#)
- Prev by thread: [Re: MORE ON BABY MODE](#)
- Next by thread: [Re: MORE ON BABY MODE](#)
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Re: MORE ON BABY MODE

- *To:* i_see@indiana.edu
 - *Subject:* Re: MORE ON BABY MODE
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Wed, 9 Oct 1996 17:50:29 -0500 ()
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

On Linda Wright's writings on Baby Mode...

I feel baby mode is a good thing. It should be active as you pointed out, meaning one should be "working", at least subconsciously, towards better vision. Note, this is contrary to Bates' idea that one should not be thinking about vision. Of course, things change.

I am having trouble seeing the exact difference between relaxation and baby mode though, as for me (and Alex, if I remember right), relaxation is an active technique, you don't just melt down.

Mike Ellwood wrote earlier today
> The problem with this baby-mode thing is that
> babies don't necessarily see perfectly, do they?

That is true. Babies are born usually hyperopic and they don't see perfectly for a year or so until the so called process of emmetropization is complete.

Linda Wright wrote:

> the body,
> given half a chance will heal itself. This is a fact. It applies to every
> part of the body, including the brain, as is now being discovered.

I have an acquaintance who has had the right eye enucleated following an accident. Can you tell me what he could do to grow a new, healthy eye? Thanks.

Stefan Stefanov

-
- Prev by Date: [Re: MORE ON BABY MODE](#)
 - Next by Date: [Another book on the Bates Method](#)
 - Prev by thread: [Re: MORE ON BABY MODE](#)
 - Next by thread: [RE: MORE ON BABY MODE](#)
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Another book on the Bates Method

- *To:* i_see@indiana.edu
 - *Subject:* Another book on the Bates Method
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Date:* Thu, 10 Oct 1996 14:20:44 +0100 (BST)
 - *Sender:* owner-i_see@indiana.edu
-

Some time ago I came across a book on the Bates Method which I have not seen mentioned on the Net. I have to confess to being a little biased in favour of the author as I've had a few lessons from him, which produced my first "clear flashes". Once you've had one of these you'll never doubt the possibility of visual improvement.

The book is not "a how to book", but does describe many of the standard techniques. It also covers how Bates came to his discovery, how the eye works, conditions of sight, diseases of the eye and several case historys.

AUTHOR: Peter Mansfield
TITLE: The Bates Method
PUBLISHER: Optima Books
ISBN: 0 356 21094 4
DATE: 1995 (Revised Edition)

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk
Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

- Prev by Date: [Re: MORE ON BABY MODE](#)
- Next by Date: [Re: MORE ON BABY MODE](#)
- Prev by thread: [RE: MORE ON BABY MODE](#)
- Next by thread: [Re: Another book on the Bates Method](#)
- Index(es):
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Re: MORE ON BABY MODE

- *To:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Subject:* Re: MORE ON BABY MODE
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - *Date:* Thu, 10 Oct 1996 13:00:36 +0100 (BST)
 - *cc:* m.w.ellwood@rl.ac.uk, i_see@indiana.edu
 - *In-Reply-To:* <Pine.A41.3.95.961009163153.75504A-100000@freenet.edmonton.ab.ca>
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On Wed, 9 Oct 1996, Peter F. wrote:

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> > The problem with this baby-mode thing is that

> > babies don't necessarily see perfectly, do they?

>

> Aren't we taking about if YOU saw perfectly as a baby ?

I think I am questioning the premise that any baby sees perfectly. Surely in the early stages they are still learning how to use their eyes properly. They may have the potential to see perfectly, but it may not be realised yet.

I am, by implication, therefore questioning the idea that if only we could somehow reverse the process of having spoiled this once perfect eyesight by lots of close reading, eyes glued to screens watching MS Windows by day, Roseanne/Friends/CNN by night, and get back to that perfect, baby stage, all would be ok.

> Have fun

Life is too short to have fun...and also too short not to have fun...

Mike.Ellwood@rl.ac.uk

- **References:**

- [Re: MORE ON BABY MODE](#)

- *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

- Prev by Date: [Another book on the Bates Method](#)

- Next by Date: [re: more on Baby Mode](#)

- Prev by thread: [Re: MORE ON BABY MODE](#)

- Next by thread: [Re: MORE ON BABY MODE](#)

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re: more on Baby Mode

- *To:* I_SEE@indiana.edu
 - *Subject:* re: more on Baby Mode
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Wed, 9 Oct 1996 22:49:16 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

m.w.ellwood@rl.ac.uk writes:

>

>The problem with this baby-mode thing is that babies don't necessarily see
>perfectly, do they?

Since i'm not sure if Linda has resubbed with her new address, i'll venture to speak for the 'baby mode' as I understand it. The first thing to note is that the term 'baby mode' is an effort to describe a state of mind in seeing the world, one that is interested and open among other things, not specifically to recreate the physical state of the infant (and she also mentions that the age around 5 is more specifically her 'model age' .

Secondly, I have heard that notion that babies dont see well but i believe it to be a misunderstanding of the process. In observing my two kids at that age i noted their eyes tendency to wander and not appear to focus on things. What i believe is actually happening, is that in those first days, the mind is a clean slate and the eyes are collecting lots of colors, textures, and such, but these sensations are 'meaningless'-or rather 'one color/shape/texture is just as good as another '. The front of a chair leg is a rounded and long thing, the carpet is a jumble of little long things, the sky is really large blue. After looking at several long skinny upright smooth things a few more times one starts to notice that all the pieces are connected together to form an object which is a lot like another object with similar characteristics. Sometime later they are informed that this object is a 'chair'. As they become familiar with the *objects* we start to credit them with the ability to *see*. This process gets intensified as we increase our education, to the point that one no longer spends time checking out the nuances of one chair leg or another, we just aim our butt

for it and sit down.

this fact is a **very useful** meditation for vision therapy. Slow down and see all the nuances and dont be concerned with recognizing objects. In this instance, the 'baby mode' is right on i'd say.

>

>I thought this was the whole idea behind "lazy eye" theories.

don't know about those.

-BILL

- **Follow-Ups:**

- [re: more on Baby Mode](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [Re: MORE ON BABY MODE](#)

- Next by Date: [Carrot questions](#)

- Prev by thread: [Re: Another book on the Bates Method](#)

- Next by thread: [re: more on Baby Mode](#)

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Carrot questions

- *To:* i_see <i_see@indiana.edu>, "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Subject:* Carrot questions
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 10 Oct 96 15:52:00 PDT
 - *Encoding:* 25 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

The RDA for vitamin C at least is usually acknowledged to be way below what it ought to be; is the same perhaps true for Vitamin A?

Does anyone know roughly how many fresh, raw carrots equal 20mg beta-carotene?

What is 5,000 IU of vitamin A in terms of mg of beta-carotene (and weight/number of carrots)?

If beta carotene isn't toxic, does that mean that turning orange (if one went that far) would be an inconvenience for as far as wearing red clothes goes, but wouldn't actually matter too much to your health?

Caroline

- > You should note that intakes of beta carotene above 20 mg per day will
 - > probably turn your skin yellow, most notably on the palms of the hands
 - > and soles of the feet and possibly the whites of your eyes. Please
 - > note that the retinol form of Vitamin A is toxic and should not be
 - > substituted for beta carotene. The beta carotene form of Vitamin A is
 - > not toxic. The adult male RDA for Vitamin A is 1,000 RE (5,000 IU) per
 - > day, 10 IU of Vitamin E, 60 mg Vitamin C and 70 mcg of selenium.
-

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Carrot questions

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Carrot questions
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Thu, 10 Oct 1996 14:14:09 -0600 (MDT)
 - *Cc:* i_see@indiana.edu
 - *Reply-To:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Sender:* owner-i_see@indiana.edu
-

Vitamin A, 1 IU Retinol=0.300 - 0.344 "micrograms" (toxic form of vit A)
Vitamin A, 1 IU Beta Carotene = 0.600 "micrograms" (non toxic form of vit A)

I have also seen writen that 25,000 IU of Beta Carotene = 15 "milligrams"

Have fun,

-Peter

-
- Prev by Date: [Carrot questions](#)
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RE: MORE ON BABY MODE

- *To:* Bills <BILLS@vav-nun.com>, i_see <i_see@indiana.edu>
 - *Subject:* RE: MORE ON BABY MODE
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 11 Oct 96 10:22:00 PDT
 - *Encoding:* 19 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

The question is, what do you do when focusing on the list of things that show how a child's vision is different from a myope's doesn't produce any change? I understand everything Linda says intellectually, but can't 'see' any difference. I try not to stare, try to blink, try to look to learn, try to see it all through fresh eyes, try not to try - but all with no result (other than the fact that not fixing on anything tends to disguise the fact that you couldn't read a sign if you did fix on it).

Anyone else have this problem? Anyone solved it? Or is baby mode fine if it just happens to 'click' with you.

Caroline

> It's something that
> anyone can do. As soon as you've done it once, you'll never forget it
> or forget how to do it. You will see an instant difference in your
> vision the minute you've done it.

-
- Prev by Date: [Carrot questions](#)
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RE: Carrot questions

- *To:* "Peter F." <pdf@freenet.edmonton.ab.ca>, "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* RE: Carrot questions
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 11 Oct 96 11:10:00 PDT
 - *Cc:* i_see <i_see@indiana.edu>
 - *Encoding:* 28 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Sorry to persist with this, but I have to work out if one or two carrot and fruit juice drinks a day (3 - 5 carrots) is too much!

0.6 micrograms of beta-carotene gives 1IU of vitamin A

5,000IU of vitamin A would be (5000 x 0.6) = 3000 micrograms beta-carotene, which equals 3mg.

Conclusion - the RDA of beta-carotene is 3mg (and 20mg is enough to turn you yellow but is non-toxic) - anyone disagree?

We're now down to the last two questions:

1. How many carrots = 3mg of beta-carotene?
2. Does turning yellow matter health-wise since beta-carotene is non-toxic? Or does the yellow-ness indicate that the liver can't cope with the breakdown and is therefore under stress? If so, why do people say beta-carotene is non-toxic? Just because it is LESS toxic than retinol?

Caroline

Vitamin A, 1 IU Retinol=0.300 - 0.344 "micrograms" (toxic form of vit A)
Vitamin A, 1 IU Beta Carotene = 0.600 "micrograms" (non toxic form of vit A)

I have also seen written that 25,000 IU of Beta Carotene = 15 "milligrams"

- **Follow-Ups:**

- [RE: Carrot questions](#)

- *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

- Prev by Date: [RE: MORE ON BABY MODE](#)

- Next by Date: [Re: MORE ON BABY MODE](#)

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Re: MORE ON BABY MODE

- To: i_see@indiana.edu
 - Subject: Re: MORE ON BABY MODE
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Thu, 10 Oct 1996 14:52:36 -0500
 - Sender: owner-i_see@indiana.edu
-

Mike.Ellwood@rl.ac.uk wrote:

>I think I am questioning the premise that any baby sees perfectly.

..

>I am, by implication, therefore questioning the idea that if only we could
>somehow reverse the process of having spoiled this once perfect eyesight
>...all would be ok.

I think the idea of returning to pristine sight using children as a model is a very good one. It's one model among many. I happen to disagree with our socially conditioned notions of old age, though, so the "baby mode" model has an appeal for me. We can use the model without getting metaphysical about it. To "reverse the process of having spoiled this once perfect eyesight" by any means is a model and presupposes underlying beliefs, as is the idea of healing eyesight, which, though perhaps not obvious, is really a slightly different model and presupposes less.

But why am I writing all this?

Have space!

Mark

- Prev by Date: [RE: Carrot questions](#)
- Next by Date: [Re: Another book on the Bates Method](#)
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Re: Another book on the Bates Method

- *To:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Subject:* Re: Another book on the Bates Method
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Thu, 10 Oct 96 16:38:42 -0700 (PDT)
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

I have this book and have personally met Peter Mansfield. In actual fact, while visiting Britain later this month, I will be attending a holistic vision conference in Brighton that Peter has put together with a group of vision educators from all over the world. I look forward to sharing and dialoguing with these folk. I like Peter's interpretations and expansion of of the Bate's book and do recommend it to others.

Best wishes,

Robert-Michael Kaplan

>Some time ago I came across a book on the Bates Method which I have
>not seen mentioned on the Net. I have to confess to being a little
>biased in favour of the author as I've had a few lessons from him,
>which produced my first "clear flashes". Once you've had one of these
>you'll never doubt the possibility of visual improvement.

>
>The book is not "a how to book", but does describe many of the
>standard techniques. It also covers how Bates came to his discovery,
>how the eye works, conditions of sight, diseases of the eye and
>several case historys.

>
>AUTHOR: Peter Mansfield
>TITLE: The Bates Method
>PUBLISHER: Optima Books
>ISBN: 0 356 21094 4
>DATE: 1995 (Revised Edition)

>
>

>Peter
>
>--
>Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
>E-mail: P.Croyden@sussex.ac.uk
>Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

-
- Prev by Date: [Re: MORE ON BABY MODE](#)
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Super blue green algae

- To: i_see@indiana.edu
- Subject: Super blue green algae
- From: "Peter F." <pdf@freenet.edmonton.ab.ca>
- Date: Thu, 10 Oct 1996 13:36:22 -0600 (MDT)
- Sender: owner-i_see@indiana.edu

I_seers,

Has anybody heard of this blue green algae stuff? it's suppose to have 70 times more beta carotene then carrots, as well as having large doses of other vitamins and minerals.

Has anybody had any experiences with this stuff ? if so i would like to hear about it ?

I have attached some info on the BGA (blue green algae)

Have fun,

-Peter

Nutritional Profile of

Super Blue Green (tm) Algae (Aphanizomenon flos-aquae)

Overview

- * Rich in Beta Carotene (pro-Vitamin A) (70 times more than carrots, 6 times more than yoghurt).
- * Algae are virtually the only plant to contain all the essential amino acids, and these are present in the ideal proportions for the human body.
- * Excellent Source Of B-12 (65 times more than kelp and 19 times more than spirulina).

- * More than 40 Minerals tested up to now.
- * SBGA contain nearly all the vitamins the body requires.
- * 50% to 70% Vegetable Protein (by dry weight), one of the highest known sources in the world.
- * 97% assimilable by the body.
- * Freeze-dried (not heat processed) to protect the beneficial enzymes and heat sensitive vitamins such as Vitamin F, B1, B12, C and nicotinic acid.

- * Minerals Owing to its being nourished with water from geothermal springs and volcanic mountain streams, the Klamath algae contains a wide range of chelated (organically bound) minerals, including: boron, calcium, chromium, cobalt, copper, iron, magnesium, manganese, potassium, phosphorus, selenium, sodium, sulphur, titanium, vanadium and zinc. On the average, the algae's mineral volume falls roughly between that of alfalfa and seaweeds.
- * Vitamins and Co-vitamins- The algae's vitamin co-factor profile is unusually uniform and complete for any single food. It is particularly rich in the B vitamins, including B-12, and beta-carotene (vitamin A precursor.) (More on beta-carotene shortly.)
- * Protein- Aphanizomenon flos aqua contains as much as 60% pure assimilable protein, perhaps its most significant nutritional feature. While eating 1 or 2 grams of algae per day obviously won't supply much volume of protein per se, it is the qualities of the algae's protein that is the source of researchers excitement. Its amino acid profile (including the so-called "essential amino acids", ie., those that we apparently cannot synthesize ourselves), is strikingly parallel to our own. Because of this, blue-green algae has been found to enhance assimilation and utilization of other proteins consumed, particularly for those eating a vegetarian, raw foods or macrobiotic diet. Many of the foods that would normally nourish us and protect us from disease apparently are but shadows of their former selves, so deeply have we weakened them by depleting the environments in which they're grown (As another example, USA figures show that today's wheat often contains as little as 20% of the protein it used to have.)
One gram of blue-green algae contains about 1400 micrograms of beta-carotene (blue-green algae enthusiasts generally consume roughly one or two grams a day.) To obtain this much beta-carotene, one would have to consume 14 grams of liver, 70 grams of carrot, 14 eggs, or 5 quarts of milk.

- Prev by Date: [Re: Another book on the Bates Method](#)
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Re: Help For Your Eyes...Naturally! Workshops in London, England.

- *To:* <mikpfs@freenet.edmonton.ab.ca>
 - *Subject:* Re: Help For Your Eyes...Naturally! Workshops in London, England.
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Thu, 10 Oct 96 15:24:11 -0700 (PDT)
 - *Cc:* <i_see@indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

Marian inquired on October, 9th, 1996:

```
>Hello fellow listers,  
>     I have "lurked" until now.  
>     Where are these workshops?  
>     In the sun belt?  
>     If they are ever held in Edmonton, or even Calgary, I'll be there.  
>  
>                                     -           Marian  
>
```

```
>On Tue, 8 Oct 1996, Beyond 20/20 Vision wrote:  
>
```

```
>> Two workshops on vision fitness training will be facilitated by Dr  
>> Robert-Michael Kaplan, author of Seeing Without Glasses and The Power  
>> Behind Your Eyes on October 30th and November 2nd, 1996. E-Mail  
>> Beyond\_20/20@sunshine.net for more detailed information.
```

The courses are given in North America as well and I enclose more detailed information for your perusal. We are actually based outside Vancouver, B.C., right in your back yard. Enjoy.

Courses With Robert-Michael Kaplan in 1997

During these past few years I have had the pleasure of educating many people on how to clear perceptions, enhance vision and witness its impact upon the wellness and clarity of sight through the eyes. I realise that my

favourite way of sharing this information is in a get-away 'retreat' setting. The results of these courses are very impressive. It impacts, not only people's eyesight, but the way they begin living more in their truth and from a loving place. Here are some recent comments:

"I learned more about healing than I had ever imagined for myself and others. A kick in the rear to help realise what I am all about."
Darren Sass. 3rd year Optometry student

"You will be challenged. Be prepared for fun, laughter, and tears. Anything can happen in this shamanic journey from healing ourselves to healing the blindness of the planet. Be willing and be open to an abundance of love - your life will be changed forever."
Maggie Eaton - Toronto, Ont. Canada.

"You are a very important player in healing our planet and our people. Everyone present came back with precious gifts to enhance their life and vision."
Kristeen Verge, B.C., Canada

"The Power Behind the Eyes course is a self-directed learning experience to identify, clarify and put into practice self-causal relationships."
Arnold J. Gendleman, Heidleberg, Germany

". . . inspiring, practical and fun. The course is a fascinating, in-depth, way of seeing your vision and your relationship to the world - incredible!"
Sanjay Chaudhuri M.D. - London, England

In 1997 I am offering 2 Ten day events in Western Canada - July 11-20 or August 21-30, 1997 and 2 Seven day courses (different topics) in Southern France - September 1st to 7th and September 8th to 14th, 1997. Because of the experiential nature of these programs the class size is limited to 20 persons. It is therefore imperative you make an early booking. We are providing early bird registrations for those people who wish to commit early and receive a substantial discount.

Sechelt, B.C. Canada-July 11 to 20, & August 21 to 30, 1997
"Seeing Deeply - A clearer vision of your life and purpose " Two 10-day Intensive Retreats in Integrated Vision Therapy. In this course, participants will have the opportunity to deepen their understanding of their vision fitness training. Dr. Kaplan will prepare each person for a program of vision fitness practices. The workshop will include a demonstration of the training eye charts, colour balancing kit•, workbooks and audio tapes used for enhancing vision. Specific training with light, body movement and self-healing with acupressure will be emphasised. You will leave this workshop with concrete steps to guide you in new ways of

seeing clearly in your daily life and gain beginning certification to help others. And more! Early bird registration, if paid in full by May 15th, 1997 is \$2695 (\$2075* U.S.), normally \$2895 (\$2230* U.S.), and includes training materials, taxes, accommodation and gourmet vegetarian meals. A non-refundable deposit of \$695 (\$535* U.S.) secures your space. Visa and Mastercard are accepted in Canadian dollars and a 3% handling fee is added. Contact our office at (604) 885-7118.

Montarel, France - September 1 - 7, 1997

The Power Behind Your Eyes

Explore how your inner perceptions program your vision and eyes to see your world blurry or clear. Discover how to connect more to life through your eyes, sharpening your natural eyesight and restoring function to diseased eye tissue. A recent participant, Nancy Varga, described this course as: "A brilliant marriage of soul and science, personalised for your development."

Montarel, France - September 8 - 14, 1997

Eyes, Sex and The Soul - Creating Freedom For Men and Woman to Connect Transform your personal relationships. Your family tree influences, as revealed by the iris of the eye, is used to create clear perceptions of intimacy, sensuality and sexuality. The course gives single persons or couples the opportunity to open up to their heart felt 'soul love', thus deepening their connection to all aspects of living and loving. Ideal course for single persons or couples.

Early bird registration, if paid in full by June 15th, 1997 is £625*, \$945* U.S. & \$1295 Canadian, normally £725*, \$1095* U.S., \$1495 Canadian and includes training materials, taxes, shared accommodation and gourmet vegetarian meals. A non-refundable deposit of £175* (\$265* U.S., or \$365 Canadian) secures your space. Contact our office at (604) 885-7118 or in Europe call Pélé at 44 171 584-9080. Visa and Mastercard are accepted in Canadian dollars and a 3% handling fee is added.

(* Exchange rates subject to the daily market fluctuations)

RR #5, Site 26, Comp 39, Gibsons, British Columbia, V0N 1V0 Canada

Voice (604) 885-7118 Fax (604) 885-0608 E-Mail Beyond_20/20 @ sunshine.net

Web Page <http://www.sunshine.net/www/0/sn0011/>

-
- Prev by Date: [Super blue green algae](#)

- Next by Date: [RE: Carrot questions](#)
- Prev by thread: [Super blue green algae](#)
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RE: Carrot questions

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* RE: Carrot questions
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Thu, 10 Oct 1996 21:36:14 -0600 (MDT)
 - *Cc:* i_see <i_see@indiana.edu>
 - *In-Reply-To:* <325E8D3B@mmail-gw.bta.bt.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 11 Oct 1996, Richards, Caroline wrote:

>
> Sorry to persist with this, but I have to work out if one or two carrot and
> fruit juice drinks a day (3 - 5 carrots) is too much!
>
>
> 0.6 micrograms of beta-carotene gives 1IU of vitamin A
>
> 5,000IU of vitamin A would be (5000 x 0.6) = 3000 micrograms beta-carotene,
> which equals 3mg.
>
> Conclusion - the RDA of beta-carotene is 3mg (and 20mg is enough to turn you
> yellow but is non-toxic) - anyone disagree?
>
> We're now down to the last two questions:
>
> 1. How many carrots = 3mg of beta-carotene?

I know that the amount of Beta carotene per carrot can have quite a range.

For an average, 70 grams of carrots = 220 % of RDA

Have fun

-Peter

- **References:**

- [RE: Carrot questions](#)

- *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [Re: Help For Your Eyes...Naturally! Workshops in London, England.](#)

- Next by Date: [re: more on Baby Mode](#)

- Prev by thread: [RE: Carrot questions](#)

- Next by thread: [Super blue green algae](#)

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re: more on Baby Mode

- *To:* "Fr. ALSO" <BillS@vav-nun.com>
 - *Subject:* re: more on Baby Mode
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Fri, 11 Oct 1996 17:39:24 -0700 (PDT)
 - *Cc:* I_SEE@indiana.edu
 - *In-Reply-To:* <[v02140b01ae81d725ee50@\[153.34.139.210\]](mailto:v02140b01ae81d725ee50@[153.34.139.210])>
 - *Sender:* owner-i_see@indiana.edu
-

Bill;

I think you are right on with your ideas about how baby's see. If you measure a 6 month old's visual acuity with Visally Evoked Potential, it is 20/20, ie, their visual cortex receives the info. If you measure it behaviorally, ie, with a preferential looking card, it measures 20/200 plus or minus one octave. So the brain IS receiving detailed informatin, but the baby doesn't quite know what to respond to or perhaps how.

On Wed, 9 Oct 1996, Fr. ALSO wrote:

```
>
> m.w.ellwood@rl.ac.uk writes:
> >
> >The problem with this baby-mode thing is that babies don't necessarily see
> >perfectly, do they?
>
> Since i'm not sure if Linda has resubbed with her new address, i'll venture
> to speak for the 'baby mode' as I understand it. The first thing to note is
> that the term 'baby mode' is an effort to describe a state of mind in
> seeing the world, one that is interested and open among other things, not
> specifically to recreate the physical state of the infant (and she also
> mentions that the age around 5 is more specifically her 'model age' .
>
> Secondly, I have heard that notion that babies dont see well but i believe
> it to be a misunderstanding of the process. In observing my two kids at
> that age i noted their eyes tendency to wander and not appear to focus on
```

> things. What i believe is actually happening, is that in those first days,
> the mind is a clean slate and the eyes are collecting lots of colors,
> textures, and such, but these sensations are 'meaningless'-or rather 'one
> color/shape/texture is just as good as another '. The front of a chair leg
> is a rounded and long thing, the carpet is a jumble of little long things,
> the sky is really large blue. After looking at several long skinny upright
> smooth things a few more times one starts to notice that all the pieces are
> connected together to form an object which is a lot like another object
> with similar characteristics. Sometime later they are informed that this
> object is a 'chair'. As they become familiar with the *objects* we start to
> credit them with the ability to *see*. This process gets intensified as we
> increase our education, to the point that one no longer spends time
> checking out the nuances of one chair leg or another, we just aim our butt
> for it and sit down.

>
> this fact is a *very useful* meditation for vision therapy. Slow down and
> see all the nuances and dont be concerned with recognizing objects. In this
> instance, the 'baby mode' is right on i'd say.

> >
> >I thought this was the whole idea behind "lazy eye" theories.

>
> don't know about those.

>
>
> -BILL

>
>
>
>
>

● **References:**

- [re: more on Baby Mode](#)
 - *From:* Bills@vav-nun.com (Fr. ALSO)

- Prev by Date: [RE: Carrot questions](#)
- Next by Date: [blue green algae](#)
- Prev by thread: [re: more on Baby Mode](#)
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blue green algae

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* blue green algae
 - *From:* Virginia Sauer <72607.3335@compuserve.com>
 - *Date:* 11 Oct 96 15:44:05 EDT
 - *Sender:* owner-i_see@indiana.edu
-

In replying to an inquiry about blue green algae, I just realized that I mentioned only Cell-Tech (which is a distributor for what I've been told is the best form).

You can purchase blue green algae (spirulina) at virtually any health food store. I was thinking of Cell-Tech (which is available from distributors) only because that's the kind I've been told is the best, and which I, myself, am about to try. However, I have never actually used it so cannot say for sure one way or the other. (I am very eager to hear others' experiences.)

-
- Prev by Date: [re: more on Baby Mode](#)
 - Next by Date: [Re: any foods BAD for eyes?](#)
 - Prev by thread: [Re: Help For Your Eyes...Naturally! Workshops in London, England.](#)
 - Next by thread: [Re: any foods BAD for eyes?](#)
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Re: any foods BAD for eyes?

- *To:* Virginia Sauer <72607.3335@compuserve.com>
 - *Subject:* Re: any foods BAD for eyes?
 - *From:* MeiTien <a.wu@worldnet.att.net>
 - *Date:* Fri, 11 Oct 1996 16:49:03 -0400
 - *CC:* I_See post <i_see@indiana.edu>
 - *References:* <961010170033_72607.3335_EHM33-1@CompuServe.COM>
 - *Sender:* owner-i_see@indiana.edu
-

Virginia Sauer wrote:

>
> You've all been very helpful about recommending foods that
> are good for the eyes.
>
> Does anyone know of any foods that are known to be BAD
> for they eyes? (I'm still trying to figure out how I could
> have gotten cataracts, and want to keep my eyes healthy.)
>
> I've never drank alcohol or coffee, smoked, or taken any
> drugs/medication beyond an occasional aspirin, and have
> avoided NutraSweet/aspartame. Is there anything else I
> should be avoiding?
>
> Many thanks for any suggestions anyone may have.
>
> Best regards,
> Virginia

>From what I know, sugar , white flour and most processed foods are not
> good for the eyes.

Mei-Tien

- Prev by Date: [blue green algae](#)
- Next by Date: [RE: MORE ON BABY MODE](#)
- Prev by thread: [blue green algae](#)
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RE: MORE ON BABY MODE

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>, i_see <i_see@indiana.edu>
 - *Subject:* RE: MORE ON BABY MODE
 - *From:* Bills@vav-nun.com (Fr. ALSO)
 - *Date:* Fri, 11 Oct 1996 01:03:25 -0700 (PDT)
 - *Sender:* owner-i_see@indiana.edu
-

At 10:22 10/11/96, Richards, Caroline wrote:

> I try not to stare, try to blink, try to look to learn, try
>to see it all through fresh eyes, try not to try - but all with no result

as you note, the key word in this sentence is TRY. Trying is not part of vision-or any form of DOING. I have dealt with this many times myself in many arenas and there is usually a cross-over point when you are suddenly aware of the fact that you are no longer trying-you are actually doing said thing, and then you start refining your technique and wonder how come you had 'that attitude' like you couldnt do this thing!

This baby mode essay has resonated for me on many of the key points that i have discovered along my quest. I see it as obvious and well-stated, but the words are not necesarily going to make a phenomenal change alone. Just more encouragement/provocation.

You will do it alone!

-Bill

44. Thou strivest ever, even in thy yielding thou strivest to yield-and lo!
thou yieldest not.

45. Go thou into the outermost places and subdue all things.

46. Subdue thy fear and thy disgust, then yield!

-Liber Cordis Cincti Serpente

- Prev by Date: [Re: any foods BAD for eyes?](#)
- Next by Date: [Super blue green algae](#)
- Prev by thread: [Re: MORE ON BABY MODE](#)
- Next by thread: [Another book on the Bates Method](#)
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Super blue green algae

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* Super blue green algae
 - *From:* Virginia Sauer <72607.3335@compuserve.com>
 - *Date:* 11 Oct 96 11:16:13 EDT
 - *Sender:* owner-i_see@indiana.edu
-

Peter F. > INTERNET:pdf@freenet.edmonton.ab.ca wrote:

>> Has anybody heard of this blue green algae stuff? it's suppose to have 70 times more beta carotene than carrots, as well as having large doses of other vitamins and minerals.

I have not yet tried this, but am about to do so.

A former colleague has a friend who had been exhausted all the time, and doctors could do nothing. Someone suggested Cell-Tech's super blue green algae, she began taking it, and has been a powerhouse ever since. Several other people (including my former colleague and his wife) tried it, and were also thrilled with the results.

I have not heard anything negative, and have heard many rave reviews. These are from people I trust, and who carefully investigate everything they put in their bodies.

So I'm about to try it.

Virginia

cc: Peter F. > INTERNET:pdf@freenet.edmonton.ab.ca

- Prev by Date: [RE: MORE ON BABY MODE](#)
- Next by Date: [wonder](#)
- Prev by thread: [Super blue green algae](#)
- Next by thread: [Re: Help For Your Eyes...Naturally! Workshops in London, England.](#)
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wonder

- To: i_see@indiana.edu
 - Subject: wonder
 - From: freelynn@exit109.com
 - Date: Fri, 11 Oct 1996 02:06:58 -0400 (EDT)
 - Sender: owner-i_see@indiana.edu
-

Dear Seers:

Something in one of the last Baby Mode posts reminded me of this piece called "Wonder." It's not a direct correlation but in some ways, over, around, and all through it relates to the aspects of vision delineated in Linda's words as "> - They look at things because *the objects of their attention are inherently

> interesting*, ie, the world is (still) a fascinating place to them."

best wishes,

freda

Mel Bucholz from a workshop called "Healing with Hypnosis," Open Center 11-87

There is a man or a woman or simply a being over here that is Wonder. Now this Wonder is in a sense, in varying degrees, glowing and in a shape of an object that you like - whatever it may be. Its skin is extremely delicate. And it is - purely - raw energy. And it may be in the form of a ball in space or it may be a body of some kind. And this has just entered the room here and it is known as Wonder by virtue of my identifying it feeling wondrous in its presence. Its come into the room and it's astounding and awesome for me to engage. I can barely think of proper manners to accord it my attention. In some way I don't know how to be with it without interrupting it - it is so profoundly excellent and purely wonderful. My job, it tells me, is to take it out into the street and to ferry it through the streets and to make sure to be careful because its skin is very delicate and it can be ruptured and broken apart very easily. Yet it tells me that by doing this all of my activities and my experience in my life and everyone who comes into contact with me will be illuminated in a terrific way by virtue of my handling it properly. So that it becomes very important, as I understand it, to move things out of the way and to guide it and direct it in such a manner since it has no eyes or hands or legs of its own. It's simply a floating phenomenon that can be, in some way, directed by the action of my movement and reality - which creates a path for it to move along - it can continue to move out into the world but it requires me to

prepare a way to make sure that it is uninterrupted at any point - that if it is interrupted, in a sense, it will either vanish or withdraw or in some way otherwise completely recede from existence - so with that in mind I am taking it out into the world and ordering a taxi and buying tokens and have to be careful where I'm putting it and in the initial stages I stumble and I'm a little afraid and overly protective - and so on and so forth - to have this incredibly magnificent thing to take care of and shepard around - I also have to park the car and go in and out of where I live and go to stores - and everywhere I go this particular things says to me, "You may carry me with you and bring me with you. I'm interested in being with you everywhere you want to go and things that you want to do. I'm willing to lend to you all of the vitality and the freshness and newness and all of the healing qualities that I am capable of lending to you and that these will work constantly. However, the only requirement that I am given some sort of honoring in terms of watching that I do not get broken or dropped or in some way unfairly represented."

And so on. So it starts to become clearer and clearer to me what it is to do, how to go about doing it, when and where, and who to speak to and how much time to spend in these various encounters. I wonder if you can think of some ways that you can keep yourself in action performing that function of ushering Wonder into the world via your activity. So it's not quite as passive as it would otherwise seem. There is a very active role that you or I consciously would be best advised to take or invent to do this job - simply - yet elegantly well and with an appropriate amount of energy - O.K.

I don't want to spend too much time arguing with someone in a traffic circle about who should come out ahead - because Wonder will be lost. I don't want to argue with someone in a supermarket because Wonder will be waiting in line - next to me. See, I don't want to spend allot of time arguing with myself about which telephone to buy or which pen to get because Wonder will be wondering why I'm taking so long to serve her right now and should it stay around. I need to choose the most appropriate form of utensils, instruments and behavioral styles such that wonder will be available to me to use directly. So my purposes will get increasingly more accurate, more economical, more appropriate to purpose. I will open up great vistas of time for its use and examination. And those contexts, like this, where there is a setting that has been created, that is being administered by somebody else, so that we can safely sit and learn from each person's version of wonder in themselves and examine the sensation of that experience of opening up the feeling - directly, safely.

(This is a transcript of a recording from the above cited workshop. It is typed in such a way to reproduce Mel Bucholtz's cadences as faithfully as possible.)

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Dianetics

- *To:* i_see@indiana.edu
 - *Subject:* Dianetics
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 13 Oct 1996 11:20:52 -0400
 - *Organization:* Blake Systems, Inc.
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

I'm sure you have all heard of 'Dianetics' in one way or another. I had heard of it a long time ago, but never really knew what it was.

A friend lent me the book 'Dianetics' by L. Ron Hubbard, and being of open mind, I read it.

Apparently Dianetics is a technology for ridding the subconscious (or reactive) mind of remembered pain or painful emotion. This subconscious painful emotion being what causes many of our day to day problems. Dianetics also professes that psychosomatic illnesses (illnesses caused by the mind) are also caused by these painful subconscious imprints (or engrams.)

The book spends about a page talking about how various psychosomatic illnesses including myopia and the other vision problems are normally cleared up as a matter of course by someone going through dianetic therapy.

Although the focus of the book is not on vision problems, it struck me interesting that the person who completes the therapy is called a 'clear' (clearness of mind => clearness of vision.)

"Dianetics" is of course wrapped up in Scientology which I do not know much about but am reading more and more.

I am a little leary about proclaimed quick fixes because usually when something sounds to good to be true, ... it is.

However, everything I have read sounds plausible so far. It is all built up upon apparently scientificly proven facts and the therapy has been demonstrated as workable in 100% of cases.

If anyone else has read the book or knows anything about Dianetics and Scientology, I'd be interested in hearing about it.

--

Art Blake -> art@blakesys.com
They call my work "a work of art!"

- **Follow-Ups:**

- [Re: Dianetics](#)
 - *From:* Vic <root@cia.com.au>
- [Re: Dianetics](#)
 - *From:* mikpfs@freenet.edmonton.ab.ca
- [Re: Dianetics](#)
 - *From:* Linda Wright <zerobase@speednet.com.au>

- Prev by Date: [wonder](#)
- Next by Date: [Re: Dianetics](#)
- Prev by thread: [wonder](#)
- Next by thread: [Re: Dianetics](#)
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Re: Dianetics

- To: i_see@indiana.edu
 - Subject: Re: Dianetics
 - From: Vic <root@cia.com.au>
 - Date: Mon, 14 Oct 1996 11:03:33 +1000 (EST)
 - In-Reply-To: <326108D4.3200@blakesys.com> from "Art Blake" at Oct 13, 96 11:20:52 am
 - Sender: owner-i_see@indiana.edu
-

>_From: Art Blake

>

> I'm sure you have all heard of 'Dianetics' in one way or another.
> I had heard of it a long time ago, but never really knew what it was.

>

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> of open mind, I read it.

>

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> (or reactive) mind of remembered pain or painful emotion. This
> subconscious painful emotion being what causes many of our day to
> day problems. Dianetics also professes that psychosomatic illnesses
> (illnesses caused by the mind) are also caused by these painful
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>

> The book spends about a page talking about how various psychosomatic
> illnesses including myopia and the other vision problems are
> normally cleared up as a matter of course by someone going through
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>

> Although the focus of the book is not on vision problems, it struck
> me interesting that the person who completes the therapy is called a
> 'clear' (clearness of mind => clearness of vision.)

>

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> much about but am reading more and more.

>

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> something sounds to good to be true, ... it is.
>
> However, everything I have read sounds plausible so far. It is all
> built up upon apparently scientificly proven facts and the therapy
> has been demonstrated as workable in 100% of cases.
>
> If anyone else has read the book or knows anything about Dianetics
> and Scientology, I'd be interested in hearing about it.

engrams are caused by thetans which are aliens that invade your body.
you can pay ron's mob 1000's of US dollars to certify your are thetan free
or some such nonsense. the principal apparatus of the scientologist is
basically a \$1.5 galvanometer which they will sell you for \$100+, that
measures skin resistance. of course you need an extended training course
to be able to use one of these devices which will set you back more arms
and legs. put in simple terms its an amazing hoax/tax evasion idea that
has gone out of control. stay clear of it... its *complete* crap.

Vic

-
- **Follow-Ups:**
 - [Re: Dianetics](#)
 - *From:* "Art Blake" <art@blakesys.com>

 - **References:**
 - [Dianetics](#)
 - *From:* "Art Blake" <art@blakesys.com>

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Re: Dianetics

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: Dianetics
 - *From:* JRalls7959@aol.com
 - *Date:* Mon, 14 Oct 1996 01:09:09 -0400
-

I remember reading a bit about Scientology in the LA times. I think the founder was crzy-probably manic-depressive. But that doesn't mean there wasn't something to what he was saying. Since I get these clear flashes, I do think there is some sort of quick fix, I just haven't figure it out yet myself. Have fun reading. I think Lisa Marie Presley and Tom Cruise and some other not too stupid Hollywood types are into scientology. But I still say L.Ron Hubbard was weird.

Julie

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Re: Dianetics

- *To:* i_see@indiana.edu
 - *Subject:* Re: Dianetics
 - *From:* Sid Gudes <cougar@roadrunner.com>
 - *Date:* Sun, 13 Oct 1996 21:14:27 -0600 (MDT)
 - *Sender:* owner-i_see@indiana.edu
-

At 11:20 AM 10/13/96 -0400, you wrote:

>I'm sure you have all heard of 'Dianetics' in one way or another.
>I had heard of it a long time ago, but never really knew what it was.
>
<<snip>>

Whatever the merits or demerits of L. Ron Hubbard's theories, in practice it looks like scientology is using his theories to their own ends. To my mind, if you have to join a group to get results, there's something more going on than implementing a theory. I've taken several courses in meditation, and no one ever said I have to join their group or buy their equipment (of course, I did have to pay tuition, but I found that quite reasonable).

I can now practice meditation myself and "clear my mind" (although not at the point where it's affecting my vision)-: However, that can happen: I was at a talk by Jacob Liberman about three years ago, and someone in the audience asked him how he came to 20/20 vision. His response was that he was meditating one day, and in his mind's eye he saw the world clearly. When he opened his physical eyes, the world was clear!

My concern about groups like scientologists is that, consciously or unconsciously, they have a vested interest in maintaining your status quo, at the expense of your growth. Look at optometrists and ophthalmologists, maintaining that vision problems are genetic and you need ever stronger glasses! They may not consciously be promulgating a state that keeps you in glasses, but that's the end result (they're just parroting what they learned in school).

Sorry to ramble, but to me the bottom line is: if the theory is interesting, try it out yourself (and let us know the results, please), but be wary of

organized groups with vested interests.

Sid Gudes

Santa Fe & Vallecitos, New Mexico

cougar@roadrunner.com

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- Prev by Date: [Re: Dianetics](#)
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RE: Dianetics

- *To:* "Art Blake" <art@blakesys.com>, i_see <i_see@indiana.edu>
 - *Subject:* RE: Dianetics
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 14 Oct 96 12:04:00 PDT
 - *Encoding:* 38 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Art

Elena once recommended a fascinating book to me. It was called, "The New Primal Scream", by Janov. It sounds very much what you are describing, but in it he warns against 'copy cat' therapies and says that a third of all his cases are to treat people who have tried something similar (eg rebirthing amongst others) but with a couple of vital elements missing.

I don't know if Janov is correct, or if he was really the first, or if anyone else can do the same things safely, but I thought I'd point you in the direction of his book in the hope that you'll get to the 'real' story if there is one (and that you'll tell us what you find!).

Incidentally, I shouldn't worry about being suspicious of 'quick fixes'; according to Janov; it takes months of re-experiencing feelings that were repressed at the time when they should have originally have been felt.

And that reminds me, has anyone heard from Elena? I was wondering if she has disappeared to go to Janov's clinic.....she was hinting at needing to do something dramatic with the underlying things she had discovered about herself and I can't think of any other interpretation. If so, I guess she'll be gone for some time, but it would be great to know that she's ok if anyone has heard from her.

Caroline

'Dianetics' by L. Ron Hubbard

Apparently Dianetics is a technology for ridding the subconscious

(or reactive) mind of remembered pain or painful emotion. This subconscious painful emotion being what causes many of our day to day problems. Dianetics also professes that psychosomatic illnesses (illnesses caused by the mind) are also caused by these painful subconscious imprints (or engrams.)

I am a little leary about proclaimed quick fixes because usually when something sounds to good to be true, ... it is.

-
- Prev by Date: [Re: Dianetics](#)
 - Next by Date: [Vibrational](#)
 - Prev by thread: [Re: Dianetics](#)
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Vibrational

- *To:* i_see@indiana.edu
 - *Subject:* Vibrational
 - *From:* William George <WE3GEORG@swansea.ac.uk>
 - *Date:* Mon, 14 Oct 1996 14:57:53 GMT0BST
 - *Organization:* University of Wales, Swansea
 - *Priority:* normal
 - *Sender:* owner-i_see@indiana.edu
-

On Thursday, 10 Oct, Peter Croyden wrote.

> Some time ago I came across a book on the Bates Method which I have
> not seen mentioned on the Net. I have to confess to being a little
> biased in favour of the author as I've had a few lessons from him,
> which produced my first "clear flashes". Once you've had one of these
> you'll never doubt the possibility of visual improvement.

>
> The book is not "a how to book", but does describe many of the
> standard techniques. It also covers how Bates came to his discovery,
> how the eye works, conditions of sight, diseases of the eye and
> several case historys.

>
> AUTHOR: Peter Mansfield
> TITLE: The Bates Method
> PUBLISHER: Optima Books
> ISBN: 0 356 21094 4
> DATE: 1995 (Revised Edition)

I have also benefited from this book. I have also found another of Peter's books, "Flower Remedies", (also published by Optima) very useful simply because it provides a discussion of emotional states from the perspective of a vision educator. There seems to be little discussion about the concept of "vibrational healing" on the Net, but it seems to be a subject which cannot be ignored.

WG .

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Light as a cure for cataracts

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Light as a cure for cataracts
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Mon, 14 Oct 1996 15:08:14 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Virginia,

You say that you wear sunglasses. This may be the reason for your cataracts. I quote from "Increasing The Strength of the Eyes and the Eye Muscles Without The Aid of Glasses" by Dr. R. A. Richardson, Kansas City, c1925 (Richardson was a contemporary of Bates and gives credit to Bates in his book):

:Most cataract cases have had many pairs of glasses and a large percentage
:of them have found comfort in wearing smoked glasses which, although they
:are very comfortable, greatly hasten the maturing of the cataract and may
:times result in blindness. As a result of closing out the normal light
:and robbing the tissues of the eye of their normal stimulation from it,
:the lens naturally becomes more opaque and vision worse; whereas, if no
:form of smoked or colored lenses had been prescribed, but instead the
:more recent treatment of building up the circulation of the eye by the
:proper use of undecomposed light and exercise had been used, nature could
:and would absorb the cataract and restore sight.

Also recall that the lens is very close to the pupil, which opens and closes to regulate light. It follows that if the pupil stops working, circulation to the lens suffers. And one more nutritional note: B vitamins are considered good for decreasing light-oversensitivity.

--Alex

-
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Re: Dianetics

- To: i-see@indiana.edu
 - Subject: Re: Dianetics
 - From: "Art Blake" <art@blakesys.com>
 - Date: Tue, 15 Oct 1996 16:26:42 -0400
 - Organization: Blake Systems, Inc.
 - References: <199610140103.LAA03022@spook-le0>
 - Reply-To: "Art Blake" <art@blakesys.com>
-

Vic wrote:

> put in simple terms its an amazing hoax/tax evasion idea that
> has gone out of control. stay clear of it... its *complete* crap.
>
> Vic

Sid Gudes wrote:

> Sorry to ramble, but to me the bottom line is: if the theory is interesting,
> try it out yourself (and let us know the results, please), but be wary of
> organized groups with vested interests.
>

JRalls7959@aol.com wrote:

>
> I remember reading a bit about Scientology in the LA times. I think the
> founder was crzy-probably manic-depressive. But that doesn't mean there
> wasn't something to what he was saying. Since I get these clear flashes, I do
> think there is some sort of quick fix, I just haven't figure it out yet
> myself. Have fun reading. I think Lisa Marie Presley and Tom Cruise and
> some other not too stupid Hollywood types are into scientology. But I still
> say L.Ron Hubbard was weird.
> Julie

Richards, Caroline wrote:

>
> Art
>
> Elena once recommended a fascinating book to me. It was called, "The New
> Primal Scream", by Janov. It sounds very much what you are describing, but

I'll check that one out!

> in it he warns against 'copy cat' therapies and says that a third of all his
> cases are to treat people who have tried something similar (eg rebirthing
> amongst others) but with a couple of vital elements missing.

>
> I don't know if Janov is correct, or if he was really the first, or if
> anyone else can do the same things safely, but I thought I'd point you in
> the direction of his book in the hope that you'll get to the 'real' story if
> there is one (and that you'll tell us what you find!).

>

Kip Bryan wrote:

> Whether it works or not, I don't know, but I'd recommend
> that you test it with someone not affiliated with Scientology.

Thanks for all the input. My own reaction is negative as well... I
can't quite
explain why but something just doesn't seem right with 'Scientology.'

I have been reading the book "What is Scientology?" written by the
church of
Scientology and it appears to be a wholly manufactured religion.

Every thing seems OK except for a few "small" problems.

* god is never mentioned (although L. Ron hubbard is mentioned
everywhere.)

* they do not allow CIA, FBI or secret police members to be audited.

* The book uses obvious marketing and advertising techniques to suck you
in.

e.g. claiming to solve all your problems. Using 'perfect' looking
models
in all the pictures.

* they use Christian motifs (such as the cross) and concepts in various
places, but claim to be separate from all the other religions. In
short

it has the appearance of a Science, "shoe-horned" into a religion
(maybe
to gain tax-exempt status?)

* if Dianetics is so great, how come it is not in standard use in mental
wards etc.

I was grappling with whether or not to check out the church personally,
but I
couldn't figure out why my intuition was screaming at me. Linda's post

pretty much sealed it:

> Finally -
> - Even the church literature and technology states clearly that
> Dianetics
> and Scientology are not there for the express purpose of curing bodily
> ills. It is a religion, even if it *is* one of the most rapacious,
>ruthless
> vindictive, over-organised and grasping religions there ever was.
>Make
> no mistake. Dianetics is the tool of Scientology, and Scientology is
>a
> personality cult of the first order, with L. Ron Hubbard firmly set in
> the
> place of God. Do you really want to be a part of that?

and BTW, the friend who gave me the book is not wrapped up in
Scientology, he went there for a few classes but quickly discovered
that they would not audit him until he had taken many more classes
which he couldn't afford...

It's amazing where this search for clear vision is taking me... I'm
beginning to think it is my life purpose to find clear vision.

--
Art Blake -> art@blakesys.com
They call my work "a work of art!"

● **References:**

- [Re: Dianetics](#)
 - *From:* Vic <root@cia.com.au>
- Prev by Date: [Light as a cure for cataracts](#)
- Next by Date: [Re: Dianetics](#)
- Prev by thread: [Re: Dianetics](#)
- Next by thread: [Re: Dianetics](#)
- Index(es):
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 - [Thread](#)

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Re: Dianetics

- *To:* mikpfs@freenet.edmonton.ab.ca
 - *Subject:* Re: Dianetics
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Wed, 16 Oct 1996 18:38:58 -0400
 - *Organization:* Blake Systems, Inc.
 - *References:* <Pine.A41.3.95.961016143115.64914B-100000@fn2.freenet.edmonton.ab.ca>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
-

mikpfs@freenet.edmonton.ab.ca wrote:

>
> Is this really your first contact with "Dianetics"?
well, yes.

> Do you know anything at all about Scientology?
now I do.

>
> That book is the "bible" of the cult of Scientology, whom Time Magazine
> called "The Cults of Greed" and who do not have a very good reputation.
I'd like to see that article. any idea what issue?

>
> I have read "Dianetics". Anything I've ever read coming out of
> Scientology has sounded like so much double-talk to me.

>
> They have spent the last 18 months of so spamming the newsgroup
> "alt.religion.scientology" with hundred of messages a day from apparently
> fake I.D.s, all in order to shut the newsgroup down. Scientology does not
> seem to want people to be heard who oppose them.

I know, Linda (an ex-Scientology member) pointed me in the right
direction.

>
> If your friend is, in any way, involved with Scientology, I would be
> extremely careful. If he isn't, you would be doing him a favor to arm

> yourself with unbiased information about this group.

actually my friend is not, and he told me the same thing: "be careful"

>

> I would be very cautious about anything connected with Scientology. They
> don't have a very good reputation, and that's putting it mildly.

>

> Here are some useful websites:

>

> <http://www.cybercom.net/~rnewman/scientology/home.html>

> <http://www.cybercom.net/~rnewman/scientology/harasstimeline-95>

> <http://www.csj.org/index.html>

>

> Good luck, and be careful... mikpfs

>

I've since checked out some of the stuff on the web, and I am staying away from scientology. I had a feeling (intuition) that something was not right about it from reading the book, that is why I checked here first...

Thanks for your input.

--

Art Blake -> art@blakesys.com

They call my work "a work of art!"

● **Follow-Ups:**

○ [Re: Dianetics](#)

■ *From:* <mikpfs@freenet.edmonton.ab.ca>

● **References:**

○ [Re: Dianetics](#)

■ *From:* mikpfs@freenet.edmonton.ab.ca

● Prev by Date: [Re: Dianetics](#)

● Next by Date: [Re: Dianetics](#)

● Prev by thread: [Re: Dianetics](#)

● Next by thread: [Re: Dianetics](#)

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○ [Thread](#)

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Re: Dianetics

- *To:* zerobase@speednet.com.au
 - *Subject:* Re: Dianetics
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Wed, 16 Oct 1996 18:44:06 -0400
 - *Organization:* Blake Systems, Inc.
 - *References:* <326108D4.3200@blakesys.com> <3263897B.6A2@speednet.com.au>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
-

Linda Wright wrote:

>

> Hello all!

>

> There are a great many subjects about which I know absolutely nothing,
> and on these I am quite content to say nothing at all. Dianetics and
> Scientology however are not in this category. Though it may get me
> in some considerable hot water, I have to comment, or else I am not
> doing my duty as a participant in I_SEE.

>

I'm curious, what did obtaining the state of 'Clear' do for you? Did you get any benefit from it at all? How much of Dianetics is really true?

I am staying away from Scientology, but I am just curious.

--

Art Blake -> art@blakesys.com
They call my work "a work of art!"

- **References:**
 - [Dianetics](#)

■ *From:* "Art Blake" <art@blakesys.com>

○ [Re: Dianetics](#)

■ *From:* Linda Wright <zerobase@speednet.com.au>

- Prev by Date: [Re: Dianetics](#)
- Next by Date: [Re: Dianetics](#)
- Prev by thread: [Re: Dianetics](#)
- Next by thread: [Re: Dianetics](#)
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Re: Dianetics

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: Dianetics
 - *From:* <mikpfs@freenet.edmonton.ab.ca>
 - *Date:* Wed, 16 Oct 1996 20:05:54 -0600 (MDT)
 - *In-Reply-To:* <32656402.71EF@blakesys.com>
-

On Wed, 16 Oct 1996, Art Blake wrote:

> mikpfs@freenet.edmonton.ab.ca wrote:

> >

> > Is this really your first contact with "Dianetics"?

> well, yes.

>

> > Do you know anything at all about Scientology?

> now I do.

>

> >

> > That book is the "bible" of the cult of Scientology, whom Time Magazine
> > called "The Cults of Greed" and who do not have a very good reputation.

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> > "alt.religion.scientology" with hundred of messages a day from apparently
> > fake I.D.s, all in order to shut the newsgroup down. Scientology does not
> > seem to want people to be heard who oppose them.

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> I know, Linda (an ex-Scientology member) pointed me in the right
> direction.

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> > If your friend is, in any way, involved with Scientology, I would be
> > extremely careful. If he isn't, you would be doing him a favor to arm
> > yourself with unbiased information about this group.

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> >
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> >
> > Good luck, and be careful... mikpfs

> >
> >
> I've since checked out some of the stuff on the web, and I am staying
> away from scientology. I had a feeling (intuition) that something was
> not right about it from reading the book, that is why I checked here
> first...

REPLY: Thank God! They are NOT VERY NICE people.

>
> Thanks for your input.

>
> --
> Art Blake -> art@blakesys.com
> They call my work "a work of art!"

>
Art, So glad to get your reply. Not sure of the date of that Time
article. Pretty sure it was June and it may have been June 6, 1994.
Maybe Time has an archives on the web. They're sure to have a website;
why don't you contact them? By snail-mail, if not on the web.

If you hunt around on the web long enough about Scientology, you
will probably find a mention of it. Might even be mentioned on the
newsgroup "alt.religion.scientology". I have been lurking there for a
long time - but I NEVER post there... - M.

Marian Kemp e-mail: mikpfs@freenet.edmonton.ab.ca

=====>> **<<"RECYCLE - AND SAVE">>** <<=====

● **References:**

- [Re: Dianetics](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: Dianetics](#)
- Next by Date: [Re: Dianetics](#)
- Prev by thread: [Re: Dianetics](#)
- Next by thread: [Re: Dianetics](#)
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 - [Thread](#)

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Re: Dianetics

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: Dianetics
 - *From:* mikpfs@freenet.edmonton.ab.ca
 - *Date:* Wed, 16 Oct 1996 14:58:04 -0600 (MDT)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <326108D4.3200@blakesys.com>
 - *Reply-To:* mikpfs@freenet.edmonton.ab.ca
 - *Sender:* owner-i_see@indiana.edu
-

Is this really your first contact with "Dianetics"?
Do you know anything at all about Scientology?

That book is the "bible" of the cult of Scientology, whom Time Magazine called "The Cults of Greed" and who do not have a very good reputation.

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Good luck, and be careful... mikpfs

On Sun,13 Oct1996, Art Blake wrote:

> I'm sure you have all heard of 'Dianetics' in one way or another.
> I had heard of it a long time ago, but never really knew what it was.
>
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> of open mind, I read it.
>
> Apparently Dianetics is a technology for ridding the subconscious
> (or reactive) mind of remembered pain or painful emotion. This
> subconscious painful emotion being what causes many of our day to
> day problems. Dianetics also professes that psychosomatic illnesses
> (illnesses caused by the mind) are also caused by these painful
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> The book spends about a page talking about how various psychosomatic
> illnesses including myopia and the other vision problems are
> normally cleared up as a matter of course by someone going through
> dianetic therapy.
>
> Although the focus of the book is not on vision problems, it struck
> me interesting that the person who completes the therapy is called a
> 'clear' (clearness of mind => clearness of vision.)
>
> "Dianetics" is of course wrapped up in Scientology which I do not know
> much about but am reading more and more.
>
> I am a little leary about proclaimed quick fixes because usually when
> something sounds to good to be true, ... it is.
>
> However, everything I have read sounds plausible so far. It is all
> built up upon apparently scientifically proven facts and the therapy
> has been demonstrated as workable in 100% of cases.
>
> If anyone else has read the book or knows anything about Dianetics
> and Scientology, I'd be interested in hearing about it.
>
> --
> Art Blake -> art@blakesys.com
> They call my work "a work of art!"
>

- **Follow-Ups:**

- [Re: Dianetics](#)

- *From:* "Art Blake" <art@blakesys.com>

- **References:**

- [Dianetics](#)

- *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: Dianetics](#)

- Next by Date: [Re: Dianetics](#)

- Prev by thread: [Re: Dianetics](#)

- Next by thread: [Re: Dianetics](#)

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- [Thread](#)

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Re: Dianetics

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: Dianetics
 - *From:* Linda Wright <zerobase@speednet.com.au>
 - *Date:* Tue, 15 Oct 1996 23:54:19 +1100
 - *CC:* i_see@indiana.edu
 - *Organization:* None
 - *References:* <326108D4.3200@blakesys.com>
 - *Reply-To:* zerobase@speednet.com.au
 - *Sender:* owner-i_see@indiana.edu
-

Hello all!

There are a great many subjects about which I know absolutely nothing, and on these I am quite content to say nothing at all. Dianetics and Scientology however are not in this category. Though it may get me in some considerable hot water, I have to comment, or else I am not doing my duty as a participant in I_SEE.

Art Blake wrote:

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> I had heard of it a long time ago, but never really knew what it was.

I was an active member of the Church [sic] of Scientology for about 3 years, and a fringe member for another 2 years while I was extricating myself.

>
> A friend lent me the book 'Dianetics' by L. Ron Hubbard, and being
> of open mind, I read it.

As did I, several times over, for the very same reason.

>

> Apparently Dianetics is a technology for ridding the subconscious
> (or reactive) mind of remembered pain or painful emotion. This
> subconscious painful emotion being what causes many of our day to
> day problems. Dianetics also professes that psychosomatic illnesses
> (illnesses caused by the mind) are also caused by these painful
> subconscious imprints (or engrams.)

A fair summary, though you might add that the Dianetic technique,
known as "auditing" has as its aim the eradication of the Reactive
Mind. Not a bad idea, if you accept the fundamental premise.
But read on...

>
> The book spends about a page talking about how various psychosomatic
> illnesses including myopia and the other vision problems are
> normally cleared up as a matter of course by someone going through
> dianetic therapy.

That is the claim at least. It is not true.

>
> Although the focus of the book is not on vision problems, it struck
> me interesting that the person who completes the therapy is called a
> 'clear' (clearness of mind => clearness of vision.)

Usually capitalised as a noun to refer to a person who is clear. I am
a Dianetic Clear, and still am, though I am no longer a Scientologist.
I completed their program in record time, and was a sterling member
until I began to see it for what it really was.

If you are looking for a way of improving your vision, you couldn't pick
a longer and more expensive way to go about it than to get involved
with...

>
> ... *Scientology* which I do not know much about but am reading
> more and more.

Try...

alt.religion.scientology (NG)

a VERY free-form Newsgroup for critics of the organisation - fasten
your
seatbelts folks! See also...

<http://www.tiac.net/users/modemac/cos.html>

a good Website, with references to other sites of interest, including the PRO case.

>
> I am a little leary about proclaimed quick fixes because usually when
> something sounds to good to be true, ... it is.

This is definitely the case here.

>
> However, everything I have read sounds plausible so far. It is all
> built up upon apparently scientifically proven facts and the therapy
> has been demonstrated as workable in 100% of cases.

Not so unfortunately. A) it is no more scientifically proven than most of your better pop-psychology books and B) 100% of cases is simply not a fact in practice.

>
> If anyone else has read the book or knows anything about Dianetics
> and Scientology, I'd be interested in hearing about it.

I know a very great deal about Dianetics and Scientology. I view my experience with them and their technology in the same way that a victim of a particularly bad car crash might; I spent a fair bit of time in and out of a coma, I hurt all over for a long time when it was finished, and I still walk with a bit of a limp. But when all is said and done, I think I'm a stronger person for having survived it, though I wouldn't like to go through it again, not in a million years.

Furthermore -

- Dianetics and Scientology will do nothing to improve your vision.
If

you don't believe me, go into your local Scientology org and ask if there

are any Clears who wear glasses, either on staff or as public. When you meet them, ask them why they wear glasses if they are Clear. Wait patiently while they fumble for an answer. If you are not 100% satisfied with their response, turn right around and never go back. I promise you you will not get a straight answer.

- The fundamental lesson I learned from Dianetics was something I could

have learned in almost any other way; *that I had the power to control

my own mind and emotions any time I wanted, only I didn't know it.*

- If you get involved in the Church proper, you can expect to lose every

cent you have, but if you don't, it won't be because they didn't try.

No matter how smart you are, you have to remember, these guys do this for

a living, and there is no trick they don't know when it comes to getting

money out of people. Leave your wallet at home if you go in, or better

yet, stay right away.

- There are some good people involved, and your friend is probably one of

them. But a misguided group with nothing to offer but hope and promises

is still a net waste of time and money, no matter what they profess.

Finally -

- Even the church literature and technology states clearly that Dianetics

and Scientology are not there for the express purpose of curing bodily ills. It is a religion, even if it *is* one of the most rapacious, ruthless

vindictive, over-organised and grasping religions there ever was.

Make

no mistake. Dianetics is the tool of Scientology, and Scientology is

a

personality cult of the first order, with L. Ron Hubbard firmly set in the

place of God. Do you really want to be a part of that?

Art, mon cher ami, I wish you well. But save yourself a lot of time, money and

heartache. Thank your friend for his concern and drop the subject while you

still can.

- Linda

- **Follow-Ups:**
 - [Re: Dianetics](#)
 - *From:* "Art Blake" <art@blakesys.com>
 - [Re: Dianetics](#)
 - *From:* mikpfs@freenet.edmonton.ab.ca

- **References:**
 - [Dianetics](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: Dianetics](#)
- Next by Date: [Re: Dianetics](#)
- Prev by thread: [Re: Dianetics](#)
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Re: Dianetics

- *To:* zerobase@speednet.com.au
 - *Subject:* Re: Dianetics
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Thu, 17 Oct 96 12:46:09 -0700 (PDT)
 - *Cc:* "Art Blake" <art@blakesys.com>, i_see@indiana.edu
-

Please this is not a dianetics group!
This is a vision/eyesight group. Other modalities can be introduced but let's stick to the topic. What are specific ways vision and eyesight can be enhanced? There are so many helpful techniques from vision therapy, natural vision improvement and Bates that are full of spice and interest. I think it is great that web sites and referrals are made to other sources but lets keep to the topics Alex started I_see with. Thank you for my opinion.

Robert-Michael Kaplan

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>> The book spends about a page talking about how various psychosomatic
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>of a particularly bad car crash might; I spent a fair bit of time in
>and out of a coma, I hurt all over for a long time when it was finished,
>and I still walk with a bit of a limp. But when all is said and done, I
>think I'm a stronger person for having survived it, though I wouldn't
>like to go through it again, not in a million years.
>
>Furthermore -
> - Dianetics and Scientology will do nothing to improve your vision.
>If
> you don't believe me, go into your local Scientology org and ask if
>there
> are any Clears who wear glasses, either on staff or as public.
> When you meet them, ask them why they wear glasses if they are Clear.
> Wait patiently while they fumble for an answer. If you are not 100%
> satisfied with their response, turn right around and never go back. I
> promise you you will not get a straight answer.

>
> - The fundamental lesson I learned from Dianetics was something I
>could
> have learned in almost any other way; *that I had the power to
>control
> my own mind and emotions any time I wanted, only I didn't know it.*
>
> - If you get involved in the Church proper, you can expect to lose
>every
> cent you have, but if you don't, it won't be because they didn't try.
> No matter how smart you are, you have to remember, these guys do this
>for
> a living, and there is no trick they don't know when it comes to
>getting
> money out of people. Leave your wallet at home if you go in, or
>better
> yet, stay right away.
>
> - There are some good people involved, and your friend is probably one
>of
> them. But a misguided group with nothing to offer but hope and
>promises
> is still a net waste of time and money, no matter what they profess.
>
>Finally -
> - Even the church literature and technology states clearly that
>Dianetics
> and Scientology are not there for the express purpose of curing bodily
> ills. It is a religion, even if it *is* one of the most rapacious,
>ruthless
> vindictive, over-organised and grasping religions there ever was.
>Make
> no mistake. Dianetics is the tool of Scientology, and Scientology is
>a
> personality cult of the first order, with L. Ron Hubbard firmly set in
>the
> place of God. Do you really want to be a part of that?
>
>Art, mon cher ami, I wish you well. But save yourself a lot of time,
>money and
>heartache. Thank your friend for his concern and drop the subject while
>you
>still can.
>
>- Linda

- Prev by Date: [Re: Dianetics](#)
- Next by Date: [Re: Dianetics](#)
- Prev by thread: [RE: Dianetics](#)
- Next by thread: [Vibrational](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

Re: Dianetics

- *To:* Linda Wright <zerobase@speednet.com.au>
 - *Subject:* Re: Dianetics
 - *From:* mikpfs@freenet.edmonton.ab.ca
 - *Date:* Thu, 17 Oct 1996 12:25:58 -0600 (MDT)
 - *Cc:* "Art Blake" <art@blakesys.com>, i_see@indiana.edu
 - *In-Reply-To:* <3263897B.6A2@speednet.com.au>
-

On Tue, 15 Oct 1996, Linda Wright wrote:

> Hello all!

>

> There are a great many subjects about which I know absolutely nothing,
> and on these I am quite content to say nothing at all. Dianetics and
> Scientology however are not in this category. Though it may get me
> in some considerable hot water, I have to comment, or else I am not
> doing my duty as a participant in I_SEE.

>

> Art Blake wrote:

> >

> > I'm sure you have all heard of 'Dianetics' in one way or another.
> > I had heard of it a long time ago, but never really knew what it was.

>

> I was an active member of the Church [sic] of Scientology
> for about 3 years, and a fringe member for another 2 years while I was
> extricating myself.

>

> >

> > A friend lent me the book 'Dianetics' by L. Ron Hubbard, and being
> > of open mind, I read it.

>

> As did I, several times over, for the very same reason.

>

> >

> > Apparently Dianetics is a technology for ridding the subconscious
> > (or reactive) mind of remembered pain or painful emotion. This
> > subconscious painful emotion being what causes many of our day to
> > day problems. Dianetics also professes that psychosomatic illnesses
> > (illnesses caused by the mind) are also caused by these painful
> > subconscious imprints (or engrams.)

>
> A fair summary, though you might add that the Dianetic technique,
> known as "auditing" has as its aim the eradication of the Reactive
> Mind. Not a bad idea, if you accept the fundamental premise.
> But read on...

>
> >
> > The book spends about a page talking about how various psychosomatic
> > illnesses including myopia and the other vision problems are
> > normally cleared up as a matter of course by someone going through
> > dianetic therapy.

>
> That is the claim at least. It is not true.

>
> >
> > Although the focus of the book is not on vision problems, it struck
> > me interesting that the person who completes the therapy is called a
> > 'clear' (clearness of mind => clearness of vision.)

>
> Usually capitalised as a noun to refer to a person who is clear. I am
> a Dianetic Clear, and still am, though I am no longer a Scientologist.
> I completed their program in record time, and was a sterling member
> until I began to see it for what it really was.

>
> If you are looking for a way of improving your vision, you couldn't pick
> a longer and more expensive way to go about it than to get involved
> with...

>
> >
> > ... *Scientology* which I do not know much about but am reading
> > more and more.

>
> Try...

>
> alt.religion.scientology (NG)

>
> a VERY free-form Newsgroup for critics of the organisation - fasten
> your
> seatbelts folks! See also...

>

> <http://www.tiac.net/users/modemac/cos.html>

>

> a good Website, with references to other sites of interest, including
> the PRO case.

>

> >

> > I am a little leary about proclaimed quick fixes because usually when
> > something sounds to good to be true, ... it is.

>

> This is definitely the case here.

>

> >

> > However, everything I have read sounds plausible so far. It is all
> > built up upon apparently scientifically proven facts and the therapy
> > has been demonstrated as workable in 100% of cases.

>

> Not so unfortunately. A) it is no more scientifically proven than
> most of your better pop-psychology books and B) 100% of cases is simply
> not a fact in practice.

>

> >

> > If anyone else has read the book or knows anything about Dianetics
> > and Scientology, I'd be interested in hearing about it.

>

> I know a very great deal about Dianetics and Scientology. I view my
> experience with them and their technology in the same way that a victim
> of a particularly bad car crash might; I spent a fair bit of time in
> and out of a coma, I hurt all over for a long time when it was finished,
> and I still walk with a bit of a limp. But when all is said and done, I
> think I'm a stronger person for having survived it, though I wouldn't
> like to go through it again, not in a million years.

>

> Furthermore -

> - Dianetics and Scientology will do nothing to improve your vision.

> If

> you don't believe me, go into your local Scientology org and ask if
> there

> are any Clears who wear glasses, either on staff or as public.

> When you meet them, ask them why they wear glasses if they are Clear.

> Wait patiently while they fumble for an answer. If you are not 100%

> satisfied with their response, turn right around and never go back. I
> promise you you will not get a straight answer.

>

> - The fundamental lesson I learned from Dianetics was something I

> could
> have learned in almost any other way; *that I had the power to
> control
> my own mind and emotions any time I wanted, only I didn't know it.*
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> - If you get involved in the Church proper, you can expect to lose
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> cent you have, but if you don't, it won't be because they didn't try.
> No matter how smart you are, you have to remember, these guys do this
> for
> a living, and there is no trick they don't know when it comes to
> getting
> money out of people. Leave your wallet at home if you go in, or
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> yet, stay right away.
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> - There are some good people involved, and your friend is probably one
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> them. But a misguided group with nothing to offer but hope and
> promises
> is still a net waste of time and money, no matter what they profess.
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> Finally -
> - Even the church literature and technology states clearly that
> Dianetics
> and Scientology are not there for the express purpose of curing bodily
> ills. It is a religion, even if it *is* one of the most rapacious,
> ruthless
> vindictive, over-organised and grasping religions there ever was.
> Make
> no mistake. Dianetics is the tool of Scientology, and Scientology is
> a
> personality cult of the first order, with L. Ron Hubbard firmly set in
> the
> place of God. Do you really want to be a part of that?
>
> Art, mon cher ami, I wish you well. But save yourself a lot of time,
> money and
> heartache. Thank your friend for his concern and drop the subject while
> you
> still can.
>
> - Linda
>
Linda,

Thank-you for very clearly pointing up the risks and dangers of Scientology.

I have never been in Scientology, but friends of friends have. If I had been, I couldn't have said it better myself.

So glad you got out of it with a whole skin.

You have my great admiration and respect.

- Marian

Marian Kemp

e-mail: mikpfs@freenet.edmonton.ab.ca

=====>>

<<"RECYCLE - AND SAVE">>

<<=====

● **References:**

○ [Re: Dianetics](#)

■ *From:* Linda Wright <zerobase@speednet.com.au>

● Prev by Date: [Re: Dianetics](#)

● Next by Date: [Final Comments on Dianetics](#)

● Prev by thread: [Re: Dianetics](#)

● Next by thread: [Re: Dianetics](#)

● Index(es):

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○ [Thread](#)

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Final Comments on Dianetics

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Final Comments on Dianetics
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 17 Oct 1996 19:46:10 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Two more comments on the Dianetics postings. I have conglomerated them and deleted the quoted material to save bandwidth.

--Alex

----- Forwarded message -----
From: mikpfs@freenet.edmonton.ab.ca
Date: Thu, 17 Oct 1996 12:25:58 -0600 (MDT)
To: Linda Wright <zerobase@speednet.com.au>
Cc: Art Blake <art@blakesys.com>, i_see@indiana.edu
Subject: Re: Dianetics

Linda,
Thank-you for very clearly pointing up the risks and dangers of Scientology.
I have never been in Scientology, but friends of friends have. If I had been, I couldn't have said it better myself.
So glad you got out of it with a whole skin.
You have my great admiration and respect.

- Marian

Marian Kemp e-mail: mikpfs@freenet.edmonton.ab.ca

=====>> **<<"RECYCLE - AND SAVE">>** <<=====

----- Forwarded message -----
To: zerobase@speednet.com.au

From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
Subject: Re: Dianetics
Cc: Art Blake <art@blakesys.com>, i_see@indiana.edu

Please this is not a dianetics group!
This is a vision/eyesight group. Other modalities
can be introduced but let's stick to the topic. What are specific ways vision
and eyesight can be enhanced? There are so many helpful techniques
from vision therapy, natural vision improvement and Bates that are full
of spice and interest. I think it is great that web sites and referrals are
made to
other sources but lets keep to the topics Alex started I_see with. Thank
you for my opinion.

Robert-Michael Kaplan

-
- Prev by Date: [Re: Dianetics](#)
 - Next by Date: [Re: Dianetics \(fwd\)](#)
 - Prev by thread: [Light as a cure for cataracts](#)
 - Next by thread: [Re: Dianetics \(fwd\)](#)
 - Index(es):
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Re: Dianetics (fwd)

- To: i_see@indiana.edu
 - Subject: Re: Dianetics (fwd)
 - From: Vic <root@cia.com.au>
 - Date: Fri, 18 Oct 1996 09:40:41 +1000 (EST)
 - Sender: owner-i_see@indiana.edu
-

>_From: Art Blake

>

>

> It's amazing where this search for clear vision is taking me... I'm
> beginning to think it is my life purpose to find clear vision.

you already have clear vision, but you have mishaped eyes which
produce an annoying blur. are your dreams blurred or clear?

Vic

-
- **Follow-Ups:**
 - [mishaped eyes \(NO MORE DIANETICS!\)](#)
 - From: "Art Blake" <art@blakesys.com>
 - [Clear dreams \(was Re: Dianetics\)](#)
 - From: Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - Prev by Date: [Final Comments on Dianetics](#)
 - Next by Date: [mishaped eyes \(NO MORE DIANETICS!\)](#)
 - Prev by thread: [Final Comments on Dianetics](#)
 - Next by thread: [mishaped eyes \(NO MORE DIANETICS!\)](#)
 - Index(es):

- [Date](#)
- [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

mishaped eyes (NO MORE DIANETICS!)

- *To:* Vic <root@cia.com.au>
 - *Subject:* mishaped eyes (NO MORE DIANETICS!)
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Thu, 17 Oct 1996 23:54:59 -0400
 - *CC:* i_see@indiana.edu
 - *Organization:* Blake Systems, Inc.
 - *References:* <199610172340.JAA09594@spook-le0.cia.com.au>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Vic wrote:

```
>  
> >_From: Art Blake  
> >  
> >  
> > It's amazing where this search for clear vision is taking me... I'm  
> > beginning to think it is my life purpose to find clear vision.  
>  
> you already have clear vision, but you have mishaped eyes which  
> produce an annoying blur. are your dreams blurred or clear?  
>  
> Vic
```

I would disagree with the comment that my eyes are misshaped...since I sometimes have clear flashes.. I think its more likely that my eye muscles are chronically tense.

I'd have to say that usually my dreams are pretty clear, but sometimes blurry. Occasionally my dreams are extremely brilliantly clear.

I'd further like to apologize to the list for wasting your

bandwidth with the 'rash' of Dianetics messages.. I didn't expect to uncover what I did and truly thought Dianetics could potentially be useful for improving the vision ...

a little embarresed but glad to now be educated.

--

Art Blake -> art@blakesys.com
They call my work "a work of art!"

- **Follow-Ups:**

- [Re: mishaped eyes \(NO MORE DIANETICS!\)](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>

- **References:**

- [Re: Dianetics \(fwd\)](#)
 - *From:* Vic <root@cia.com.au>

- Prev by Date: [Re: Dianetics \(fwd\)](#)
- Next by Date: [Misshaped eyes](#)
- Prev by thread: [Re: Dianetics \(fwd\)](#)
- Next by thread: [Re: mishaped eyes \(NO MORE DIANETICS!\)](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Misshaped eyes

- *To:* i_see@indiana.edu
 - *Subject:* Misshaped eyes
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Fri, 18 Oct 1996 14:48:47 -0500 ()
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 18 Oct 1996 09:40:41 +1000 (EST) Vic <root@cia.com.au> wrote:

```
> >_From: Art Blake
> >
> >
> > It's amazing where this search for clear vision is taking me... I'm
> > beginning to think it is my life purpose to find clear vision.
>
> you already have clear vision, but you have mishaped eyes which
> produce an annoying blur. are your dreams blurred or clear?
>
> Vic
```

So he has clear vision. Do you mean "internally clear vision"? If yes, then what you are saying is that having a clear 'inside' vision, what the Extreme Emotionalists (like Elena) and most wholistic healers (Lieberman, Kaplan, Goodrich, etc) think is what determines the external (or physical) vision, is not enough to restore external vision to clarity.

Of course, if you mean "externally clear vision" you are blabbing nonsense.

To save some time, here are your answer options:

a) I was wrong. He doesn't have clear(internal) vision.

b) He has clear (internal) vision. But there is a lag between getting one's inside vision clear and then one's physical vision clear. Now that he has clear inside vision he needn't do anything (except maintaining it), clear external vision will just come in time.

c) Why, the hell, do you care about external vision? It's only the inside vision (i.e. the "soul") that matters.

Let's assume that Art has a clear inside vision and that you don't think b) is that right answer. What should Art do to correct the shape of his eyeballs? I agree with you that the physical evidence of his myopia is most likely in the form of elongated eyeballs.

Stefan Stefanov

-
- Prev by Date: [**mishaped eyes \(NO MORE DIANETICS!\)**](#)
 - Next by Date: [**NO MORE DIANETICS!**](#)
 - Prev by thread: [**Clear dreams \(was Re: Dianetics\)**](#)
 - Next by thread: [**Re: Misshaped eyes**](#)
 - Index(es):
 - [**Date**](#)
 - [**Thread**](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

NO MORE DIANETICS!

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* NO MORE DIANETICS!
 - *From:* Virginia Sauer <72607.3335@CompuServe.COM>
 - *Date:* 18 Oct 96 23:26:46 EDT
-

Hi Art:

>> I'd further like to apologize to the list for wasting your bandwidth with the 'rash' of Dianetics messages.

Don't be silly. You were sharing information that appeared helpful - and the last thing we need is for folks to stop sharing things.

As I posted a while ago, I know two people who had eye problems (macular something-or-other) wherein they awakened to see only blobs of grey, and ophthalmologist after ophthalmologist said that the situation was irreversible and there was no hope of recovery. The first man (my uncle) gulped beta carotene and vitamins C and E - and, to the total shock of his ophthalmologists, his vision returned to normal. (That was ten years ago, and he is still fine ... reading, driving, et cetera, without any problems.) The second guy experienced this about two years ago. He, too, was told that the situation was hopeless, and that there was no chance of recovery. But my uncle plied him with beta carotene and vitamins C and E, and his vision returned to normal (to the complete shock of his ophthalmologists); he still sees fine, and can read the "Times" without glasses, et cetera. This certainly isn't "medically proven", but I shared it with the list just in case it was of help to anyone.

In short, you've educated all of us, which was a big favor in itself. I'm sure I'm not the only one who had hitherto known very little about dianetics. Now I know to run from it.

Thanks again.

Best regards,
Virginia

-
- Prev by Date: [Misshaped eyes](#)
 - Next by Date: [Misshaped eyes \(fwd\)](#)
 - Prev by thread: [Re: Misshaped eyes](#)
 - Next by thread: [Misshaped eyes \(fwd\)](#)
 - Index(es):
 - [Date](#)
 - [Thread](#)

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Misshaped eyes (fwd)

- *To:* i_see@indiana.edu
 - *Subject:* Misshaped eyes (fwd)
 - *From:* Vic <root@cia.com.au>
 - *Date:* Sat, 19 Oct 1996 15:13:39 +1000 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

```
>>_From: Stefan Stefanov
>> >_From: Art Blake
>> >
>> >
>> > It's amazing where this search for clear vision is taking me... I'm
>> > beginning to think it is my life purpose to find clear vision.
>>
>> you already have clear vision, but you have mishaped eyes which
>> produce an annoying blur. are your dreams blurred or clear?
>>
>> Vic
>
>
>So he has clear vision. Do you mean "internally clear vision"?
do you know of any other sort?
>If yes,
>then what you are saying is that having a clear 'inside' vision, what
>the Extreme Emotionalists (like Elena) and most wholistic healers
>(Lieberman, Kaplan, Goodrich, etc) think is what determines the external
>(or physical) vision, is not enough to restore external vision to
>clarity.
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>Of course, if you mean "externally clear vision" you are blabbing
>nonsense.
>
>To save some time, here are your answer options:
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>a) I was wrong. He doesn't have clear(internal) vision.
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>b) He has clear (internal) vision. But there is a lag between getting
>one's inside vision clear and then one's physical vision clear. Now
```

>that he has clear inside vision he needn't do anything (except
>maintaining it), clear external vision will just come in time.
>
>c) Why, the hell, do you care about external vision? It's only the
>inside vision (i.e. the "soul") that matters.
>
>Let's assume that Art has a clear inside vision and that you don't
>think b) is that right answer. What should Art do to correct the shape
>of his eyeballs? I agree with you that the physical evidence of his
>myopia is most likely in the form of elongated eyeballs.

I am really curious what you think the distinction is between "internal"
vision and "external" vision?

as for what to do about mishaped eyes, well I have written an entire FAQ on
the subject and I dont really have the time to rewrite it in this small space.
feel free to check it out: www.cia.com.au/vic

vision is a complex beast, so complex in fact that modern science can
say little as to why you see, why you see forms and shapes and colours and
how these come about to be experienced in the theater of consciousness.

consciousness is seen by some as the "last frontier" of scientific endeavour.

now to me the above question was a bit strange, because there is
no real distinction between external/internal vision. all vision is projected
in the same conscious space. external supposedly comes from light hitting the
retina generating form and colour etc information which then works
its way in to the various brain centers which we experience as sight.
so called internal vision supposedly originate from the brain and is the routed
through the visual centers which we also experience as sight. there are
of course clues (like intensity etc) so that we can tell the difference
in origination, otherwise we would all be living in dreamland.

myopia is a lenghtening of the eye ball which projects an out of focus image
on to the retina, which in turn transfers less information into the
brain and into consciousness. the brain extrapolates the missing bits
giving everything a nice soft quality. a bit like a playboy centerfold.
this of course doesnt help if you need to read small print at a distance.
but it does help if you find the world overbearing or too intense.

this brings up the point I wanted to make, if your own internal projections,
ie what some call "inner sight" is blurred what chance do you have to have
clear external sight if "external" vision is passing through some
nice soft focus filters on the way to conscious experience, ?

from my experience modern medicine (there are exceptions) is very keen
to disassociate the mental from having direct influence on the "physical".
placebos for example are looked on as almost a nuisance. and the fact
that the doctors attitude when prescribing placebos plays a crucial role
in the results is also seen as either "statistical error" aberation or

just hypnotic suggestion and not something worthy of further scientific research, leaves me shaking my head. the fact remains the mind is capable of extra-ordinary feats, include seemingly the impossible. for example there are documented cases of multiple personalities where one character is myopic and others have perfect vision. now we are not talking here about "internal" soft focusing filters deep inside the brain we are talking images not focused on the retina. ooh aah I hear you say, is it done with smoke and mirrors? an another clue is that under general anesthetic patients develop incredible flexibility include arthritic patients, who normally can not bend joints, we find that when "out cold" the joints do indeed bend. why is it so? simply the mind/brain keeps a "pattern" of nerve firing to keep the body upright in its never ending battle against gravity. that pattern (the technical term escapes me) includes strange things like arthritic battles in the joints, or over tense or loose muscles around the eye. in other words part of a persons "persona" is a dossier of nerve response and activation patterns. these in turn mould and shape the bodies tissues, which in turn affect the patterns. ie complex feedback loops. who or what is responsible for all this? clearly yourself, your awareness is what programs your brain and body, or sometimes your lack of awareness, sometimes its at the forefront of consciousness sometimes its very dim. somewhere along the line from having had clear vision to the present, your mind ie you made decisions which have changed the way you see the world at large. and under the circumstances you were in at the time it was surely almost inevitable. so lets summarise. in a word: responsibility.

numerous factors have influenced your mind one way or another into letting your sight become short or long. for example, stressfull adolescent years could have seen you add some nice soft focus filters. excess near work can have changed the nerver firings causing eye mucleles to lenghten or shorten in turn altering over years the "at rest" shape of the eyeball. etc etc. etc. etc.

now clearly you have ended up on this list because now you have decide consciously that the state of affairs you chose back then is no longer appropriate now. you now want to see clearly without the aid of those optometrical devices plastered to your face. how do I do this? is it possible? how much improvement is possible? will it last?

well the answer is yes improvement is possible. improvement comes quickly at first then slows down. and yes it can last.

lets quickly look at the various layers.

again its been a while so the technical terms escape me.

physical mopia: comes in two basic flavours. 1) functional(?). early in the morning you will find your sight is at its clearest, by night its less clear. this is temporary myopia. you muscles are tired, you brain isnt firing as much. you just dont see

as much as you did first thing in the morning. this pattern also manifests itself over periods of heavy near work. read like a mad thing and your eyes adjust to the workload easing the load on the muscles by nicely lengthening your eyes for you. your body is extremely cluey. :) problem is sometimes you are not. :) keep this up and the tissue is going to grow into this nice usefull shape for close up work. not usefull for driving cars however. remedy: STOP IT. take lots of breaks, vary your visual worload. china teaches small children basic eye care the result is the lowest rate of myopia in the world.

2) structural myopia, is where you didnt head my advice and treated your eyes like microscopes for years, peering at small print in hefty tomes. ok so now your eyes are a funny shape which you find less then satisfactory for reading street signs in your car at 100km/h in the dark. fixable? tough call. but not totaly without hope. lets be honest, its going to take a long time for your eyes to grow back into a more general purpose shape. before you embark on this route, you really need to ask yourself, do you have the determination to spend as much time and effort as you did to get to where you are now, to change the very structure of a very complex organ? we are talking years here. for most people the answer is no. most want the quick fix, the magic pill, the fast laser or instant scalpel. undo years of ingrained unconscious habits with a couple of overnight miraculous exercises? forget it. it aint going to happen. you will need the kind of patience involved in wearing away a mountain with a cloth by stroking it once a day to get real results. there are a truckload of good books out there that explain what you need to do to go down this route.

mental myopia. this in itself is a complex beast. and I cant really separate it from the above. I am talking about mypoia within the very core of your being. a lack of clarity or desire for less clarity. a desire for withdrawal or simplification or avoidance of pain. there are so many variations on the theme in the mental realm, I cant do them justice but have to lump them under a single heading. do you really want to see clearly? can you cope with the added detail and intensity that comes with sharp vision. does the extra detail equate with ugliness or beauty? or you hiding from the world or do you want to participate and experience it fully, with all its beauty, love, pain and grief? its no good deciding that you want clearer vision if your mind is full of counterproductive habits that will work against your newly found determination. you must really get to know yourself and your mind and work to eliminate poor habits and limiting beliefs that no longer help you. you have to get to know both the intelectual and emotional side of you that may have an impact on your sight, both physical and mental.

here is an example, people have very complex personas, some people project a confident educated strong character, but deeper are insecure. these people may find they need the external support of glasses to give them "real" support to justify clarity. they want to be clear and sharp but dont think they can achieve this themselves. no amount of work is going to keep this person out of glasses, without first some

deep confidence boosting. another person may have had a traumatic childhood and reduced the information from the external world by softening it and pushing it away. this person may not even want glasses but cant get do ordinary tasks without them. this person simply isnt interested in having the external world assert itself into his or her domain. without first bringing this person out to want to interact with the world at large, to want to drink from its limitless variety and intensity, sight just isnt going to improve, is it?

anyway there are probably as many variations on the theme as there are people :) human beings are vastly complex creatures, with numerous physical mental interacting feedback layers. the mental aspect ultimately, within the confines of the physical restrictions determine how, who and what you are.

anyway I havnt posted for a long time and have gone on a bit, but I hope I have cleared things up for you a little :)

Vic

-
- Prev by Date: [NO MORE DIANETICS!](#)
 - Next by Date: [baby mode enquiry](#)
 - Prev by thread: [NO MORE DIANETICS!](#)
 - Next by thread: [baby mode enquiry](#)
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baby mode enquiry

- *To:* "Baby Mode Author" <zerobase@speednet.com.au>
 - *Subject:* baby mode enquiry
 - *From:* Chiu Kam Hung <khchiu@hk.super.net>
 - *Date:* Sat, 19 Oct 1996 19:12:18 +-800
 - *Cc:* "I see group" <i_see@indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

I have been reading the articles about Baby mode and Bates method, and have started to practise some of the methods suggested. Last week, I decided not to wear my glasses for a period of time to see what would happen. I found that I felt tire more easily. I am a teacher and a part-time editor. I spent about 8 hours today on paper work and have experienced very frequent eye strain. Should I wear my glasses when I am working?

Katherine Chiu

- Prev by Date: [Misshaped eyes \(fwd\)](#)
- Next by Date: [Clear dreams \(was Re: Dianetics\)](#)
- Prev by thread: [Misshaped eyes \(fwd\)](#)
- Next by thread: [Clear flashes](#)
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Clear dreams (was Re: Dianetics)

- *To:* i_see@indiana.edu
 - *Subject:* Clear dreams (was Re: Dianetics)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Sat, 19 Oct 1996 09:49:08 -0400 (EDT)
 - *In-Reply-To:* <199610172340.JAA09594@spook-le0.cia.com.au>
 - *Sender:* owner-i_see@indiana.edu
-

Funny you should ask... I have been having dreams where I could suddenly see with crystal clarity and without effort. And not just clear flashes, but sustained clear vision, with heightened sense of awareness. This has started in the last couple of weeks, as I have gone without contacts or glasses (I had been wearing reduced perscription disposable contacts -3.50). I haven't noticed any great improvement in my waking vision, but it is wonderful to be able to read and use the computer without any lenses. I am taking it as a good sign....

Mary Marlowe

On Fri, 18 Oct 1996, Vic wrote:

```
> >_From: Art Blake
> > It's amazing where this search for clear vision is taking me... I'm
> > beginning to think it is my life purpose to find clear vision.
>
> you already have clear vision, but you have mishaped eyes which
> produce an annoying blur. are your dreams blurred or clear?
>
> Vic
>
```

- **References:**

- [Re: Dianetics \(fwd\)](#)
 - *From:* Vic <root@cia.com.au>

- Prev by Date: [baby mode enquiry](#)
- Next by Date: [Re: Misshaped eyes](#)
- Prev by thread: [Re: mishaped eyes \(NO MORE DIANETICS!\)](#)
- Next by thread: [Misshaped eyes](#)
- Index(es):
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Re: Misshaped eyes

- To: i_see@indiana.edu
 - Subject: Re: Misshaped eyes
 - From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - Date: Sat, 19 Oct 96 08:59:04 -0700 (PDT)
 - Sender: owner-i_see@indiana.edu
-

Stefan Stefanov wrote on Oct 18, 1996:

snip

>So he has clear vision. Do you mean "internally clear vision"? If yes,
>then what you are saying is that having a clear 'inside' vision, what
>the Extreme Emotionalists (like Elena) and most wholistic healers
>(Lieberman, Kaplan, Goodrich, etc) think is what determines the external
>(or physical) vision, is not enough to restore external vision to
>clarity.

>

>Of course, if you mean "externally clear vision" you are blabbing
>nonsense.

>

>To save some time, here are your answer options:

>

>a) I was wrong. He doesn't have clear(internal) vision.

>

>b) He has clear (internal) vision. But there is a lag between getting
>one's inside vision clear and then one's physical vision clear. Now
>that he has clear inside vision he needn't do anything (except
>maintaining it), clear external vision will just come in time.

We all have clear internal vision, the problem is that most of have forgotten. The process is to remember why we are here on Earth and bring that clear vision into our daily life. (Clue: I believe we are here to help others and therefore ourselves to remember how to unconditionally connect from the heart and serve.) Then the eye and its structures can remember their perfect shape to hold the brilliant clear flashes of perfect 20/20.

>

>c) Why, the hell, do you care about external vision? It's only the

>inside vision (i.e. the "soul") that matters.

>

>Let's assume that Art has a clear inside vision and that you don't
>think b) is that right answer. What should Art do to correct the shape
>of his eyeballs? I agree with you that the physical evidence of his
>myopia is most likely in the form of elongated eyeballs.

Elongated eyeballs, in my experience, is the inappropriate practising of looking from the mind of an unclear purpose (Vision). The nerves and muscles of our body respond to the energetic vibrations of our thoughts and mental impressions of who we think we are. They also vibrate with the Soul knowing of who we are. It depends on which of these two we practise on a daily basis. I use my vision therapy activities to remind me of mySoul truth and bypass my ego gratifying and addictive patterns of seeing. Then my near Presbyopic eyesight sharpens up to about a 30 year old. I am much older! The clear flashes of nearsightedness is a similar process in reverse, that is at twenty feet.

A few of my autumn thoughts, thanks
Robert-Michael Kaplan

-
- Prev by Date: [Clear dreams \(was Re: Dianetics\)](#)
 - Next by Date: [Re: Misshaped eyes](#)
 - Prev by thread: [Misshaped eyes](#)
 - Next by thread: [Re: Misshaped eyes](#)
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Re: Misshaped eyes

- *To:* stefansi@usa.net, I_SEE@indiana.edu
 - *Subject:* Re: Misshaped eyes
 - *From:* JRalls7959@aol.com
 - *Date:* Sat, 19 Oct 1996 15:53:43 -0400
 - *Sender:* owner-i_see@indiana.edu
-

I'm still very much lost about these clear flashes. If my eyes are so misshapen, how is it possible for these clear flashes to occur? Something has to change instantaneously, and I can't imagine my eye length suddenly getting that much shorter, then longer again. And Linda Wright's experience at such a high level of myopia. Those flashes have to be, I think, either muscular or neurologic in origin (and I think some sort of energy state may be behind it all). So has anyone really monitored people who are getting these flashes to determine what the mechanism is?

Julie

- **Follow-Ups:**
 - [Re: Misshaped eyes](#)
 - *From:* Vic <root@cia.com.au>
 - [Re: Misshaped eyes](#)
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
- Prev by Date: [Re: Misshaped eyes](#)
- Next by Date: [Clear flashes](#)
- Prev by thread: [Re: Misshaped eyes](#)
- Next by thread: [Re: Misshaped eyes](#)
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Clear flashes

- *To:* i_see@indiana.edu
 - *Subject:* Clear flashes
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Sat, 19 Oct 1996 16:29:01 -0400 (EDT)
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

On Sat, 19 Oct 1996 15:53:43 -0400 JRalls7959@aol.com wrote:

> I'm
still very much lost about these clear flashes. If my eyes are so
> misshapen, how is it possible for these clear flashes to occur? Something
> has to change instantaneously, and I can't imagine my eye length suddenly
> getting that much shorter, then longer again. And Linda Wright's experience
> at such a high level of myopia. Those flashes have to be, I think, either
> muscular or neurologic in origin (and I think some sort of energy state may
> be behind it all). So has anyone really monitored people who are getting
> these flashes to determine what the mechanism is?
> Julie

GREAT questions, Julie! Although this is veering off the thread, it's a very interesting topic. Bottom line is that I am exactly where you are, wondering what changes for a brief instant and then snaps back to its prior state. Today's realities leave me with little time for high-quality thinking but here are three possible explanations:

1. Neurologic. There is an optimal level of stress. The brain functions best at that level. As today the stress level is often higher than optimal (with the individual often unsuspecting), a relaxation reduces the stress towards optimal and improves brain signal processing. An assumption is that the brain tries to maintain the right focus/clarity (this is mute... touches on the cold turkey vs the 20/40 stimulation issue) . Memory of how things should like helps, if present. When the state of true relaxation is gone, the clear flash is gone.

2. Muscular. In the very short term this involves only the ciliary. A reduction in stress or near-point focusing effort causes a relaxation

of the lens which could induce up to about 2.0 D decrease in refractive power, thereby alleviating myopia. This doesn't seem an especially good explanation.

2. Wholistic. The eye is in not misshapen. Through avoiding your true(real) self you have lapsed into (false) myopia as a way of escape and sealing yourself off from reality. During a clear flash you connect with your true self but fear of the reality and responsibility scares you back into the blurred state. Your mission is to overcome that fear and reunite with/rediscover your real self.

Note that the wholistic explanation seems least flawed, although, *in essence*, it is the same as the dianetic preaches. However, cadaver eye studies as well as ultrasound measurements in live eyes prove that myopic eyes *are* longer. Being kind of a schizophrenic ;) I can relate to all the explanations, but think I know to a great extent who will like which one. My position is that in the case of clear flashes the driving force is psychological. I am interested in what others have to say. My knowledge of neurology is very limited.

-
- Prev by Date: [Re: Misshaped eyes](#)
 - Next by Date: [Re: Misshaped eyes](#)
 - Prev by thread: [baby mode enquiry](#)
 - Next by thread: [cataracts & MSM](#)
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Re: Misshaped eyes

- *To:* i_see@indiana.edu
 - *Subject:* Re: Misshaped eyes
 - *From:* Vic <root@cia.com.au>
 - *Date:* Mon, 21 Oct 1996 09:56:24 +1000 (EST)
 - *In-Reply-To:* <961019155330_1514326828@emout10.mail.aol.com> from "JRalls7959@aol.com" at Oct 19, 96 03:53:43 pm
 - *Sender:* owner-i_see@indiana.edu
-

>_From: JRalls7959@aol.com

>

> I'm still very much lost about these clear flashes. If my eyes are so
> misshapen, how is it possible for these clear flashes to occur? Something
> has to change instantaneously, and I can't imagine my eye length suddenly
> getting that much shorter, then longer again. And Linda Wright's experience
> at such a high level of myopia. Those flashes have to be, I think, either
> muscular or neurologic in origin (and I think some sort of energy state may
> be behind it all). So has anyone really monitored people who are getting
> these flashes to determine what the mechanism is?

> Julie

>

>

as far as I am aware no one has ever done a study on clear flashes
although I tried volunteering for one once. put into perspective your
eye is 1mm too long for every 3 diopters of myopia. thats not a lot
of change required for a clear flash to occur.

Vic

-
- **References:**
 - [Re: Misshaped eyes](#)

■ *From:* JRalls7959@aol.com

- Prev by Date: [Clear flashes](#)
- Next by Date: [cataracts & MSM](#)
- Prev by thread: [Re: Misshaped eyes](#)
- Next by thread: [Re: Misshaped eyes](#)
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cataracts & MSM

- *To:* "Virginia B. Sauer" <72607.3335@compuserve.com>
 - *Subject:* cataracts & MSM
 - *From:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Date:* Sun, 20 Oct 1996 22:22:56 +0000 ()
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <960930155806_72607.3335_EHM96-1@CompuServe.COM>
 - *Reply-To:* Rob Barnett <rbarnett@wsp1.wspice.com>
 - *Sender:* owner-i_see@indiana.edu
-

MSM - Methylsulfonylmethane (CH₃SOCH₃)

I went to a seminar last week and discovered MSM. The substance is classified as a food. MSM is supposed to help cataracts, dry eyes, floaters and other things not related to the eye. I have been using it for a week now and have noticed that my eyes are less red than usual and more lubricated during the day. I wear hard contacts so lubrication is a must.

I also have floaters. I just leaned back to try to detect them and I could find them. At the moment they seem to be less noticeable.

I have a friend that does not wear glasses but does have difficulty seeing things close up. She says words appear to swim. She tried the drops and reading a map was not a problem to her. She usually has to turn the map a little to focus in on it.

My point is, I would try the drops first, before I do any surgery to remove cataracts.

You can get the drops from "JoAnn & Dave Health Products".
800/700-5402.

Rob Barnett

On 30 Sep 1996, Virginia B. Sauer wrote:

> I have cataracts in both eyes. Both my eye doctor and my
> ophthalmologist have expressed shock at anyone my age getting
> a cataract, especially in such healthy eyes. (I had always
> thought one had to be AT LEAST about fifty to even
> think about such things <sigh>.) The one bright spot is
> that my eyes are reportedly very healthy save for the
> cataracts.

>
> I am not diabetic (nor are any of my relatives, living or
> dead), have never had any eye problems, have never used
> aspartame, and have never taken any drugs or medication
> save for an occasional Aspirin or Excedrin. I also try to
> get the proper nutrition, especially C, E, beta carotene,
> bilberry, and everything else known to be good for the
> eyes.

>
> To answer several of Alex's questions, I live in the
> suburbs, but work in a major city. I design computer
> systems. I don't wear prescription glasses, but do wear
> sunglasses.

>
> I'm a nervous wreck about this. Any ideas/suggestions
> anyone has would be very welcome.

>
> Thank you VERY much.

>
> Best regards,
> Virginia

-
- Prev by Date: [Re: Misshaped eyes](#)
 - Next by Date: [a](#)
 - Prev by thread: [Clear flashes](#)
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a

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* a
 - *From:* Virginia Sauer <72607.3335@compuserve.com>
 - *Date:* 21 Oct 96 00:06:49 EDT
 - *Sender:* owner-i_see@indiana.edu
-

Rob Barnett > INTERNET:rbarnett@wsp1.wspice.com wrote:.
... MSM is supposed to help cataracts, dry eyes, floaters
and other things not related to the eye.

I don't wear contacts, have no problems with dry eyes, and
don't even know what a floater is ... but I do have
cataracts <sigh>.

Is anyone else on this list familiar with MSM? It sure
sounds fantastic!

Virginia

-
- Prev by Date: [cataracts & MSM](#)
 - Next by Date: [Re: mishaped eyes \(NO MORE DIANETICS!\)](#)
 - Prev by thread: [cataracts & MSM](#)
 - Next by thread: [The quest](#)
 - Index(es):
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Re: mishaped eyes (NO MORE DIANETICS!)

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: mishaped eyes (NO MORE DIANETICS!)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Mon, 21 Oct 1996 09:13:40 -0500
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* Your message of "Thu, 17 Oct 1996 23:54:59 EDT."
<3266FF93.3A13@blakesys.com>
-

Art Blake wrote:

```
>I'd further like to apologize to the list for wasting your  
>bandwidth with the 'rash' of Dianetics messages.. I didn't  
>expect to uncover what I did and truly thought Dianetics  
>could potentially be useful for improving the vision ...
```

No appology necessary, as far as I'm concerned.
I learned something about that Dianetics stuff
and it's cult from the exchange.

Mark

-
- **References:**
 - [mishaped eyes \(NO MORE DIANETICS!\)](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [a](#)
- Next by Date: [The quest](#)
- Prev by thread: [mishaped eyes \(NO MORE DIANETICS!\)](#)
- Next by thread: [Clear dreams \(was Re: Dianetics\)](#)
- Index(es):
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The quest

- *To:* i-see@indiana.edu
 - *Subject:* The quest
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Mon, 21 Oct 1996 00:32:39 -0400 (EDT)
 - *Priority:* NORMAL
 - *Sender:* owner-i-see@indiana.edu
-

On Sat, 19 Oct 1996 15:13:39 +1000 (EST) Vic <root@cia.com.au> wrote:

```
> 2) structural myopia, is where you didnt head my advice and treated your eyes
> like microscopes for years, peering at small print in hefty tomes.
> ok so now your eyes are a funny shape which you find less then
> satisfactory for reading street signs in your car at 100km/h in
> the dark.  fixable?  tough call.  but not totaly without hope.  lets be honest,
> its going to take a long time for your eyes to grow back into a more
> general purpose shape.  before you embark on this route, you really
> need to ask yourself, do you have the determination to spend as much
> time and effort as you did to get to where you are now, to change
> the very structure of a very complex organ?  we are talking years here.
> for most people the answer is no.  most want the quick fix, the magic pill,
> the fast laser or instant scalpel.  undo years of ingrained unconscious
> habits with a couple of overnight miraculous exercises?  forget it.
> it aint going to happen.  you will need the kind of patience involved
> in wearing away a mountain with a cloth by stroking it once a day
> to get real results.
```

That's it, very well said! Reducing myopia naturally is a long process, which regardless of means - spitual only, plus lens, or combination thereof - should bring about the reduction of axial length. If the refractive components of the eye are miscorrelated, there is no way to get around it, let's not fool ourselves. The brain can certainly interpret some blur, but there are limits. Note, it took Antonia Orfield seven (7) years to nearly eliminate her 4.0 D myopia, using mainly lens control. It took Linda Wright six years. We are generally speaking about this neighborhood, given strong commitment. The nasty thing is that usually for every two steps forward we make 1.5 steps back. The effect of an eye-relaxing weekend is quickly unwound by the visual demands of the workplace. Ideally, one should look at the screen/book so corrected that the print is slightly beyond infinity.

Imagine doing that at work - one wouldn't be able to see anybody. How I tried to resolve this problem will be the subject of another post. Using the plus lens therapy and related techniques raises another question: Are we getting hooked for life? As I mentioned about two months ago, holding gains is largely psychologically controlled and requires "upgrading" of the personality.

> I am really curious what you think the distinction is between "internal"
> vision and "external" vision?
> there is
> no real distinction between external/internal vision. all vision is projected
> in the same conscious space. external supposedly comes from light hitting the
> retina generating form and colour etc information which then works
> its way in to the various brain centers which we experience as sight.
> so called internal vision supposedly originate from the brain and is the routed
> through the visual centers which we also experience as sight.

When I am speaking about internal and external vision, I refer to these terms from a wholistic standpoint. Liberman uses "inner", and "outer", Kaplan may be using something else.

Internal vision is the feeling of the degree of unity with one's true self (=God), the sense of purpose, direction, and meaning. At its desirable level, internal vision equals harmony, or, the way I prefer to put it, Contradiction in Dynamic Equilibrium (a bit of a mouthful but I find it better).

External vision is simply the physical vision, i.e. the eye as matter, the brain, etc. You are trying to get a distinction between internal and external vision within the physical realm. There may be some, I am not a neurologist, but that was not my point.

As to your last post on the clear flash mechanism, I think 1 mm is too much to expect that the eyeball suddenly contracts (that much) and then springs back. Note that the cornea, which accounts for roughly 2/3rds of the eye's refractive power is about 0.5 mm thick. Of course, the tissues are different but I really don't think the eyeball is that springy. Also, consider the speed/acceleration, clear flashes come and go in an instant. To me, clear flashes still remain a mystery.

To recap, the quest for clear vision is a long process (years) that includes (re)discovering one's true self *and* bringing eye components into correlation.

Stefan Stefanov

- Prev by Date: [Re: mishaped eyes \(NO MORE DIANETICS!\)](#)
- Next by Date: [Re: Misshaped eyes](#)
- Prev by thread: [a](#)
- Next by thread: [Plus-one glasses instead of sunglasses](#)
- Index(es):
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Re: Misshaped eyes

- *To:* i_see@indiana.edu
 - *Subject:* Re: Misshaped eyes
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Mon, 21 Oct 96 12:21:13 -0700 (PDT)
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

>>_From: JRalls7959@aol.com

>>

>> I'm still very much lost about these clear flashes. If my eyes are so
>> misshapen, how is it possible for these clear flashes to occur? Something
>> has to change instantaneously, and I can't imagine my eye length suddenly
>> getting that much shorter, then longer again. And Linda Wright's experience
>> at such a high level of myopia. Those flashes have to be, I think, either
>> muscular or neurologic in origin (and I think some sort of energy state may
>> be behind it all). So has anyone really monitored people who are getting
>> these flashes to determine what the mechanism is?

>> Julie

>

and Vic responded:

>as far as I am aware no one has ever done a study on clear flashes
>although I tried volunteering for one once. put into perspective your
>eye is 1mm too long for every 3 diopters of myopia. thats not a lot
>of change required for a clear flash to occur.

Informed Behavioural optometrists use an instrument called a retinoscope to evaluate the changes in retinal light reflection when the patient experiences change in thinking. The light changes are a print-out of the patient's thoughts, beliefs and inner clarity. I have personally used the retinoscope to observe changes when the patient has a clear flash. The retinal reflex brightens up. At the same time there seems to a brighter expression in the patient's eyes. I remember Optometrist John Streff reading this retinal reflex like a lie detector test. He would ask the person a question and then study the reflex and know if the answer was true, by the intensity and motion. A clear flash in my opinion comes from the mind and does not occur as a result of a linear change in the eyeball. The mind

change is a hyperopic or farsighted perceptual shift in thinking and consequent projection through the eyeball that remains myopic. A Kaballah reminder says: *You can only see what the mind projects*

I will be travelling for a few weeks to England and will check my e-mail after the 5th November, 1996. Enjoy the changes in season. I love the yellow/orange leaves. It awakens my retina.

Robert-Michael Kaplan.

-
- Prev by Date: [The quest](#)
 - Next by Date: [Re: Misshaped eyes](#)
 - Prev by thread: [Re: Misshaped eyes](#)
 - Next by thread: [NO MORE DIANETICS!](#)
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Re: Misshaped eyes

- *To:* I_SEE@indiana.edu
 - *Subject:* Re: Misshaped eyes
 - *From:* P.Croyden@sussex.ac.uk (Peter Croyden)
 - *Date:* Mon, 21 Oct 1996 15:12:23 +0100 (BST)
 - *In-Reply-To:* <961019155330_1514326828@emout10.mail.aol.com> from "JRalls7959@aol.com" at Oct 19, 96 03:53:43 pm
 - *Sender:* owner-i_see@indiana.edu
-

JRalls7959@aol.com wrote:

>
> I'm still very much lost about these clear flashes. If my eyes are so
> misshapen, how is it possible for these clear flashes to occur? Something
> has to change instantaneously, and I can't imagine my eye length suddenly
> getting that much shorter, then longer again. ...

Why not? The muscles that surround the eye are clearly capable of moving very quickly - the saccadic movements can take place in 1/50th of a second. If the dynamic equilibrium altered in the correct way, then the eyeball could be squeezed or released thus altering its shape. The problem is how does the correct way happen? The recent reports of Elena and Linda Wright look very promising.

Whilst on the subject of muscles, have you noticed how close the muscle that controls the upper eyelid is to the obliquus superior (one of the muscles that Bates reckoned controlled accommodation) Perhaps this accounts for the success with blinking that Adam Klein had.

<SNIP>

>... So has anyone really monitored people who are getting
> these flashes to determine what the mechanism is?
> Julie

The failure of mainstream ophthalmologists to investigate such reports is very depressing. Even if they did it to prove that it's only in the imagination (which I don't believe)

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk
Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

- **References:**

- [Re: Misshaped eyes](#)
 - *From:* JRalls7959@aol.com

- Prev by Date: [Re: Misshaped eyes](#)
- Next by Date: [Plus-one glasses instead of sunglasses](#)
- Prev by thread: [Re: Misshaped eyes](#)
- Next by thread: [Re: Misshaped eyes](#)
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Plus-one glasses instead of sunglasses

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Plus-one glasses instead of sunglasses
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Tue, 22 Oct 1996 11:27:17 -0500 (EST)
 - *In-Reply-To:* <961015193937_72607.3335_EHM45-1@CompuServe.COM>
 - *Sender:* owner-i_see@indiana.edu
-

More background here: Jacob Raphaelson, O.D., who practiced in the beginning of the century, wrote several books in the fifties and sixties extolling the virtues of "plus-one-spherical" glasses, that is, glasses that "correct" for one diopter of farsightedness, or, put another way, allow the eyes to focus one diopter less, optically simulating a distance environment. He said that the use of plus one spherical glasses by all for all close work would eliminate myopia. In addition, he said they could be used instead of tinted glasses to improve the eyes' tolerance of sunlight. He said this is because of their "decongesting" effect on the eyes.

Anyway, to answer your question, most plus-one glasses that they sell in stores are plastic. At least that's true in the US.

--Alex

On 15 Oct 1996, Virginia Sauer wrote:

```
> Many thanks for the helpful information about sunglasses!  
> (And, no, mine were not prescribed by a doctor.)  
>  
> With respect to plus one glasses, does anyone know if  
> they're available with plastic lenses? I believe that the  
> only ones I've seen were made of glass, and I'm very  
> reluctant to wear anything that could shatter and blind me.  
>  
> Thanks again!
```

>
> Best regards,
> Virginia
>
>
>
>

-
- Prev by Date: [Re: Misshaped eyes](#)
 - Next by Date: [Help me.. please](#)
 - Prev by thread: [The quest](#)
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Help me.. please

- *To:* i_see@indiana.edu
 - *Subject:* Help me.. please
 - *From:* Babul Gogoi <babul@m-net.arbornet.org>
 - *Date:* Thu, 24 Oct 1996 05:05:18 -0400 (EDT)
 - *Cc:* aeulenberg@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Dear friends,

Recently one of my friend (Navin) of Jamuguri near Golaghat have got eye injury due to a bomb blast which made him almost blind. Later, from the treatment at Sri Sankaradeva Netralaya and also in Apolo Hospital, Hyderabad his eye sight is improved to some extent. One doctor at Apolo Hospital mentioned that his eye can be treated more effectively with a machine ... so called 'caratoprothesis', which is not set up in their hospital. So if any one of this field can assist any sort of help, please inform. May be there is any treatment available in US (he is ready to go abroad for treatment).

Thank you.

Babul

The report of Sri Sankaradeva Netralaya, Guwahati, India is:

Clinical Diagnosis

Ciliary staphyloma - OD
Retinal corneal multiple foreign bodies - OD
Corneal lucoma - OD
Neovascular change in the cornea - OD

Conjunctival scarring - OD

Dry Eye - OD

Phthisis bulbi - OS

Signed by:

Dr Harsha Bhattacharya

Medical Director

=====

Babul Gogoi

babul@arbornet.org

<http://www.cyberspace.org/~babul>

=====

-
- Prev by Date: [Plus-one glasses instead of sunglasses](#)
 - Next by Date: [Vision Progress](#)
 - Prev by thread: [Plus-one glasses instead of sunglasses](#)
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Vision Progress

- To: i_see@indiana.edu
- Subject: Vision Progress
- From: cheryl_lee@rdrorl.com
- Date: Thu, 24 Oct 96 14:07:38
- Sender: owner-i_see@indiana.edu

Hi Everyone,

Just wanted to drop a progress report to everyone and possibly help with any general support and motivation.

1956	school told my parents I needed glasses - 8 yrs old, refused to wear them
1963	started wearing hard contact lenses
1970s	did yoga eye exercises - no apparent changes
1980s	did Bates - no apparent changes
1990s	started switching between contacts and glasses started doing specific emotional release work

I have always felt that if my vision got worse it should also be able to get better - somehow. If you could fix everything else - why not your eyes? I could never find an optometrist who could help until ...

old prescription	R	-4.75	-2 axis 90	L	-6.50	-1 axis 15
2-12-95 Dr. Sirota	R	-3.25	-1.50 axis 90	L	-4.00	
12-1-95 Dr. Mancini	R	-2.75	-1.50 axis 90	L	-3.50	
6-7-96 Dr. Mancini	R	-2.75	-1.00 axis 90	L	-3.50	
9-5-96 Dr. Mancini	R	-2.75		L	-3.00	

Dr. Sirota is in the Chicago area. Very brief description - He determines your prescription thru a long unconventional exam that primarily consists of trying on different lenses and asking you how does it feel. The exam was very emotional for me.

Dr. Mancini is in Concord, New Hamshire. He determines your

prescription by having you try on lenses and he feels the energy fields around your head - my interpretation. He determines the clarity your body is emotionally and energetically ready to deal with. His prescriptions do not cause any stress in your body, consequently it can shift easier.

My path has primarily consisted of wearing no glasses or training glasses 95% of the time. The other 5% consists of nighttime driving when very dark or raining. I see a doctor monthly who does traditional osteopathy which is similar to cranial-sacral work. I have done rolfing, breath work, defusions, massage, yoga, eye exercises, relaxation, a workshop with Dr. Kaplan, any other various energy work. I am starting bioenergetic work next Mon. I totally believe my vision blur is emotional. My astigmatism (vision distortions) have disappeared. I use pin hole glasses and play racquetball regularly (very well) without glasses or with my training glasses. I am very health conscious food wise as well - macrobiotic, vegetarian, and whole foods. I am currently doing a body/colon cleanse this week and plan on trying the coffee enemas this weekend. They are supposed to be very good for cleaning the liver which affects the eyes according to Chinese medicine.

Well, I think that is all I wanted to say about my vision progress right now. Thanks everyone for your discussions. It is good to know I am not in this alone.

Later, Cheryl

PS: I have done computer programming since 1970, licensed massage therapist (1991), Three In One Facilitator (1991), flower essence practitioner (1992). I am now attending Dr. Michael Mams School of Healing and Enlightenment in San Diego - hands on healing stuff. He used to be with Barbara Brennan.

-
- Prev by Date: [Help me.. please](#)
 - Next by Date: [First Time with reduced lenses](#)
 - Prev by thread: [Help me.. please](#)
 - Next by thread: [First Time with reduced lenses](#)
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 - [Date](#)

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First Time with reduced lenses

- To: i_see@indiana.edu
 - Subject: First Time with reduced lenses
 - From: p9205755@student.anu.edu.au (Al)
 - Date: Fri, 25 Oct 1996 11:15:40 +1000
 - Sender: owner-i_see@indiana.edu
-

Hi all,

Does anyone have any hints for someone who just got their first pair of reduced lenses.

I have been wearing them for two days now and at night I find that my eyes are just really tired. I must admit that I don't palm during the day and when I try to do work at night but my eyes get so tired that I end up giving up.

I also have noticed that my eyesight is alot better during then day when I am outdoors rather than when inside or at night.

Alistair Phillips

```
<o/ / It's not falling that hurts
# | It's hitting the ground
< \ |
/ Alistair Phillips
/ a.phillips@student.anu.edu.au
```

-
- Prev by Date: [Vision Progress](#)

- Next by Date: [Re: First Time with reduced lenses](#)
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Re: First Time with reduced lenses

- To: I_SEE@indiana.edu
 - Subject: Re: First Time with reduced lenses
 - From: JRalls7959@aol.com
 - Date: Sat, 26 Oct 1996 20:35:36 -0400
 - Sender: owner-i_see@indiana.edu
-

My eyes get tired too. If they are relaxed for distance vision and just passively receiving an image, I don't understand why they get tired. Any ideas?

Julie

- **Follow-Ups:**
 - [Re: First Time with reduced lenses](#)
 - From: P.Croyden@sussex.ac.uk (Peter Croyden)
- Prev by Date: [First Time with reduced lenses](#)
- Next by Date: [phylosophy behind focusproblems](#)
- Prev by thread: [First Time with reduced lenses](#)
- Next by thread: [Re: First Time with reduced lenses](#)
- Index(es):
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phylosophy behind focusproblems

- To: i_see@indiana.edu
 - Subject: phylosophy behind focusproblems
 - From: dijk@noord.bart.nl (fabian dijk)
 - Date: Fri, 25 Oct 1996 19:43:42 GMT
 - Sender: owner-i_see@indiana.edu
-

Hello all,

I want to think with you all about what the problem actually is. What can you really say about seeing problems?

If you take the problem very simple, you could say that our eyes are out off shape.

So the light that comes in, misses the right direction, it doesn't find the point where it get's absorbed the right way.

Isn't it very simple, that our being just "hangs" to much in our enviroment, and by that our eye is out off the right shape?

And when we look at the sun, this big aggressive light, so that it makes our being to go back in our selves?

And because off that we get the right shape back and see suddenly clear again?

Aind the problem just that our being hasn't got his right place, in our selves?

Because off misunderstandings in our enviroment, we lost the balanse between our selves and the enviroment.

And this finds his plase in our eyes, where we 'lean' to much to the outside.

Aind it just that simple?

The balanse between our selves and the enviroment, and our eyes that stands between these two.

Aind the answer, getting the right balanse back?

And is our 'leaning' to the outside not caused by, not holding on to our selves, in some kind off way?

To solve our problems, we have to get the right balanse back.

By getting back into our selves, by getting out off our enviroment.

Whatever the method is, it will come down to this.
I hope i've giving some off you insperation.

- Prev by Date: [Re: First Time with reduced lenses](#)
- Next by Date: [None](#)
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None

- *To:* i_see@indiana.edu
 - *Subject:* None
 - *From:* cheryl_lee@rdrorl.com
 - *Date:* Fri, 25 Oct 96 13:43:15
 - *Sender:* owner-i_see@indiana.edu
-

You wrote:

>Hi all,

>Does anyone have any hints for someone who just got their first pair
>of reduced lenses.

Go without any lenses as much as possible. Then when you put the reduced back on, you can see better than without any lenses.

>I have been wearing them for two days now and at night I find that my
>eyes are just really tired. I must admit that I don't palm during the
>day and when I try to do work at night but my eyes get so tired that
>I end up giving up.

I think it took me at least a week to get thru the tiredness. I did do more eye massage. I have never been a big palmer. I do look out the window a lot and relax my eyes that way - with and without glasses.

>I also have noticed that my eyesight is alot better during then day
>when I am outdoors rather than when inside or at night.

Yes, that is true and will be until ...? My clear flashes occur mostly outdoors in the sunshine. I can see so well then.

>Alistair Phillips

Later, Cheryl

- Prev by Date: [phylosophy behind focusproblems](#)
- Next by Date: [Re: First Time with reduced lenses](#)
- Prev by thread: [phylosophy behind focusproblems](#)
- Next by thread: [strange clear flashes](#)
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Re: First Time with reduced lenses

- To: I_SEE@indiana.edu
 - Subject: Re: First Time with reduced lenses
 - From: P.Croyden@sussex.ac.uk (Peter Croyden)
 - Date: Mon, 28 Oct 1996 08:45:29 +0000 (GMT)
 - In-Reply-To: <961026203535_1314600614@emout13.mail.aol.com> from "JRalls7959@aol.com" at Oct 26, 96 08:35:36 pm
 - Sender: owner-i_see@indiana.edu
-

JRalls7959@aol.com wrote:

>
> My eyes get tired too. If they are relaxed for distance vision and just
> passively receiving an image, I don't understand why they get tired. Any
> ideas?
> Julie

Are they really relaxed? How do you tell? One's perceptions are not always accurate.

I understood Bates to say that if your eyes are relaxed and you are not straining to see, then you will see perfectly. The difficulty is in knowing how to achieve such a state :-)

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk
Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

- **References:**

- [Re: First Time with reduced lenses](#)
 - *From:* JRalls7959@aol.com

- Prev by Date: [None](#)
- Next by Date: [Re: First Time with reduced lenses](#)
- Prev by thread: [Re: First Time with reduced lenses](#)
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Re: First Time with reduced lenses

- To: I_SEE@indiana.edu
 - Subject: Re: First Time with reduced lenses
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Mon, 28 Oct 1996 15:17:48 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 08:35 PM 10/26/96 -0400, Julie <JRalls7959@aol.com> wrote:
>My eyes get tired too. If they are relaxed for distance vision and just
>passively receiving an image, I don't understand why they get tired. Any
>ideas?
>
>Julie

Some headings from below:

RELAXED AT DARK FOCUS, NOT DISTANCE
SLEEP IS RELAXED -- SO ARE EYES
MEASURE YOUR DARK FOCUS (TA)
USING TA TO SEE CLEARLY
ADVICE ON TIREDNESS
DARK OR "OPEN LOOP" VERGENCE
REFERENCES

RELAXED AT DARK FOCUS, NOT DISTANCE

I'd imagine that there are a great many causes for visual tiredness (asthenopia?) One that I subscribe to is the idea that your eyes are relaxed when they're focussed at your "dark focus" distance, also known as tonic of accommodation or "TA". This is where they focus when you're asleep, or your eyes are shut, or you palm. This state is a neutral balance between the EFFORT to focus close and the EFFORT to focus far. When you make an EFFORT for a long time, you get tired.

SLEEP IS RELAXED -- SO ARE EYES

I don't believe any of the conventional wisdom about "relaxing"

being the same as seeing far. Sorry Bates. I think your common sense will tell you that you're relaxing while you sleep, and your eyes usually do too, and they don't focus for distance when you're sleeping!

MEASURE YOUR DARK FOCUS (TA)

You can measure your dark focus by seeing at what distance you can see clearly when it's very dark. You may have to wait a bit for your eyes to dark adapt first.

Your TA (dark focus) distance changes after looking at a certain distance for a while, but then it gradually recovers to where it was before.

USING TA TO SEE CLEARLY

You can use this as a trick for seeing clearly further -- look as far as you can clearly. Shut your eyes. Wait a few seconds, and open your eyes again. Your eyes will "start" their focus attempt from the TA of the moment (not yet reverted back to your normal TA) and be able to focus a bit further. Repeat.

ADVICE ON TIREDNESS

As for constructive advice on visual tiredness, I'd say "vary your accommodation" in order not to get tired. Put on your minus glasses now and then (even to read or see the computer), put on (or take off) plus lenses now and then too. It's the same as if you sit in one position for too long. You need to get up and stretch now and then.

DARK OR "OPEN LOOP" VERGENCE

Incidentally, there is a parallel to TA for vergence, as well. Your eyes don't necessarily point in the same direction when you shut them. You can see this by doing a trick I first saw in Kaplan's "Seeing without Glasses" book as the "two-eyed patch" on page 95. You can do this with one hand, using 3 or 4 fingers held in front of your nose, blocking the "common view" between the eyes. You shouldn't be able to see any point from BOTH eyes if you're doing it right. Now your brain has no info to use to figure out how to line up your eyes, so they drift. It feels good. Now yank your hand away and you'll feel your eyes snapping back into a unified view of the world again (back to vergence). You might feel a strain here.

REFERENCES

For more on visual tiredness, see

http://www.prio.com/Visual_Strain.html

<http://www.webcom.com/visionet/scsing.html>

For more on sympathetic innervation ('effort to see far'), see

Stephens, KG; Effect of the sympathetic nervous system on accommodation.
Am J Optom Physiol Opt. 1985; 62:402-406

Gilmartin, B; A review of the role of sympathetic innervation of the
ciliary muscle in ocular accommodation. Ophthal Physiol Opt 1986; 6:23-37

Time course and variability of dark focus, IOVS 24, 1528-1531 (1983)
Baker B, Brown B, Garner L

-
- Prev by Date: [Re: First Time with reduced lenses](#)
 - Next by Date: [strange clear flashes](#)
 - Prev by thread: [Re: First Time with reduced lenses](#)
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strange clear flashes

- *To:* i_see@indiana.edu
 - *Subject:* strange clear flashes
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Mon, 28 Oct 1996 14:20:07 -0500
 - *Organization:* Blake Systems, Inc.
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

It seems like my clear flashes are getting more and more frequent...

But they are strange. Let me describe:

I see a double image .. in both eyes. Of the two images in each eye, one is clear (very close to 20/20) and the other is blurry (around 20/200-- about what my vision is when I am not having a clear flash.)

With both eyes open, I see a total of 4 images which are at slightly different angles from each other, two of them clear, two blurry.. they combine to make a sort of "hash" of the image.. ...

These "clear flashes" usually occur after a blink, and then hold for a few seconds.. or until I blink again. Sometimes they occur spontaneously.

I can make them occur at will.

While riding in a car on a sunny day, if my glasses are removed, I can actually clear up street signs 100+ feet away at will- but there is usually this 'quad image'.

Occasionally, I have a short clear flash that doesn't have the blurry aferimages... but this is very rare.

I've forgone my glasses completely since last Friday (today is Monday and I'm still going!) and I notice that my vision is yet even clearer.

I wish I could go all the time without glasses, but it is so hard to do with my work & travel ..

I've also been fasting since last Thursday (you might recall a post a few months ago about wanting to try this ..) and I think that has helped clear my vision a lot ... it has definately increased the incidents of "clear flashes"

any explanation for the quad image??

--

Art Blake -> art@blakesys.com
They call my work "a work of art!"

-
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- [FW: Vision Care](#), *Richards, Caroline*
 - <Possible follow-up(s)>
 - [Re: FW: Vision Care](#), *Richards, Caroline*
 - [Vision Care](#), *Virginia Sauer*
 - [RE: Vision Care](#), *Richards, Caroline*
 - [RE: Vision Care](#), *Kip Bryan*
 - [FW: Vision Care](#), *Richards, Caroline*
 - [Re: FW: Vision Care](#), *Richards, Caroline*
 - [FW: FW: Vision Care](#), *Richards, Caroline*

- [Re: First Time with reduced lenses](#), *Kip Bryan*

- [eyes in the news](#), *Art Blake*

- [New to list](#), *MikeM727*

- [Re: New to list](#), *Betty Martini*
- [Re: New to list](#), *Peter Croyden*
 - [Re: New to list](#), *Dawn Isaacson*

<Possible follow-up(s)>

- [Re: New to list](#), *Kip Bryan*
- [Re: New to list](#), *Kip Bryan*
- [Re: New to list](#), *JRalls7959*
- [Re: New to list](#), *JRalls7959*
 - [Re: New to list](#), *eileen*
 - [Re: New to list](#), *Mark Jones*
 - [Re: New to list](#), *eileen*

- [BLUE-GREEN ALGAE???](#), *Virginia Sauer*
- [Central Fixation](#), *Peter F.*
- [How's I SEE been, lately?](#), *Alex Eulenberg*
- [glad to see other pilots here.....](#), *jeff rimland*

<Possible follow-up(s)>

- [Re: glad to see other pilots here....](#), *MikeM727*

- [Re: nutritional supplements](#), *Betty Martini*

<Possible follow-up(s)>

- [Re: nutritional supplements](#), *marif*

- [The truth about "film" in glasses](#), *Alex Eulenberg*

- [Re: The truth about "film" in glasses](#), *Betty Martini*
- [radiation reduction](#), *Art Blake*

<Possible follow-up(s)>

- [Re: The truth about "film" in glasses](#), *Kip Bryan*

- [Re: Good Book](#), *mikpfs*

<Possible follow-up(s)>

- [Good Book](#), *JRalls7959*

- [Re: Good Book: Improve your Vision/Beresford](#), *Kip Bryan*

- [Re: Newbie here](#), *marif*

- [Emotions & poor vision?](#), *jeff rimland*

<Possible follow-up(s)>

- [Re: Emotions & poor vision?](#), *cheryl_lee*
- [Re: Emotions & poor vision?](#), *marif*
 - [Re: Emotions & poor vision?](#), *Free Radical*
- [Re: Emotions & poor vision?](#), *marif*

- [The Happy Eye Pillow](#), *jeff rimland*

<Possible follow-up(s)>

- [The Happy Eye Pillow](#), *Virginia Sauer*

- [Re: how do I get one?](#), *Art Blake*

<Possible follow-up(s)>

- [Re: how do I get one?](#), *Dawn Isaacson*

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- [RE:](#), *Dawn Isaacson*

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- [RE: RE:](#), *Richards, Caroline*
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- [Referrals & Energy](#), *cheryl_lee*

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- [Re: Referrals & Energy](#), *Kip Bryan*
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 - [Re: Referrals & Energy](#), *Peter F.*
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- [Re: i don't understand...](#), *Dawn Isaacson*
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- [Re: Contact Lenses](#), *Dawn Isaacson*

- [Against Plus Lenses](#), *Tim Patterson*

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<Possible follow-up(s)>

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- [Convergence \(was: Pinhole glasses\)](#), *MikeM727*
- [Plus lenses, pin hole glasses, etc.](#), *marif*

<Possible follow-up(s)>

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 - [Re: Computer Screen vs. Books](#), *Herbert T. Black*
 - [Re: Computer Screen vs. Books](#), *Art Blake*

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 - [Re: Divergence](#), *Mary Marlowe*

- <Possible follow-up(s)>
- [Re: Divergence](#), *Dawn Isaacson*
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- [Computer Screens](#), *Tim Patterson*
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- *From:* Kip Bryan <kipb@world.std.com>
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- **Re: glad to see other pilots here....**
 - *From:* MikeM727@aol.com
- **Re: nutritional supplements**
 - *From:* Betty Martini <betty@noel.pd.org>
- **The truth about "film" in glasses**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: The truth about "film" in glasses**
 - *From:* Betty Martini <betty@noel.pd.org>
- **radiation reduction**
 - *From:* "Art Blake" <art@blakesys.com>
- **Re: Good Book**
 - *From:* mikpfs@freenet.edmonton.ab.ca
- **Re: New to list**
 - *From:* JRalls7959@aol.com
- **Re: Good Book: Improve your Vision/Beresford**
 - *From:* Kip Bryan <kipb@world.std.com>
- **Re: The truth about "film" in glasses**
 - *From:* Kip Bryan <kipb@world.std.com>
- **Re: Newbie here**
 - *From:* marif@btigate.com
- **Re: nutritional supplements**
 - *From:* marif@btigate.com
- **Emotions & poor vision?**
 - *From:* jeff rimland <jcr127@psu.edu>
- **The Happy Eye Pillow**
 - *From:* jeff rimland <jcr127@psu.edu>
- **The Happy Eye Pillow**
 - *From:* Virginia Sauer <72607.3335@CompuServe.COM>
- **Good Book**
 - *From:* JRalls7959@aol.com
- **Re: how do I get one?**
 - *From:* "Art Blake" <art@blakesys.com>
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 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **Radiation**
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **RE:**
 - *From:* Dawn Isaacson <charade@worldnet.att.net>

- [Referrals & Energy](#)
 - *From:* Cheryl_lee@rdrorl.com
- [Re: Emotions & poor vision?](#)
 - *From:* Cheryl_lee@rdrorl.com
- [Re: Spelling has never been my strongest....](#)
 - *From:* marif@btigate.com
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 - *From:* marif@btigate.com
- [Re: Referrals & Energy](#)
 - *From:* Kip Bryan <kipb@world.std.com>
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 - *From:* Stefan Stefanov <stefansi@usa.net>
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 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- [Re: New to list](#)
 - *From:* JRalls7959@aol.com
- [Re: 20/40 vs cold turkey](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- [palming=Qi Gong, maybe](#)
 - *From:* JRalls7959@aol.com
- [i don't understand...](#)
 - *From:* jeff rimland <jcr127@psu.edu>
- [Re: i don't understand...](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: i don't understand...](#)
 - *From:* marif@btigate.com
- [Palming--Why?, How?](#)
 - *From:* marif@btigate.com
- [Re: New to list](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
- [Re: Referrals & Energy](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- **Contact Lenses**
 - *From:* cheryl_lee@rdrorl.com
- **Re: New to list**
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- **Against Plus Lenses**
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>
- **Re: i don't understand...**
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- **Mixed vision**
 - *From:* David Sward <sward@clark.net>
- **Vision Freedom**
 - *From:* cheryl_lee@rdrorl.com
- **None**
 - *From:* jeff rimland <jcr127@psu.edu>
- **Re: Referrals & Energy**
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
- **Re:**
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- **re: Palming--Why?, How?**
 - *From:* jeff rimland <jcr127@psu.edu>
- **Sun/palm for better night vision**
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- **Re: New to list**
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
- **Convergence (was: Pinhole glasses)**
 - *From:* MikeM727@aol.com
- **re: i don't understand...**
 - *From:* MikeM727@aol.com
- **Re: Referrals & Energy**
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
- **Re: your mail**
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
- **FW: FW: Vision Care**
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **RE: Against Plus Lenses**
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **re: i don't understand...**
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **Fwd: i don't understand...**
 - *From:* MikeM727@aol.com

- [Re: Sun/palm for better night vision](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
- [RE: Against Plus Lenses](#)
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
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 - *From:* marif@btigate.com
- [re: Palming--Why?, How?](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [Re: Referrals & Energy](#)
 - *From:* Tara Banfield <terror@eskimo.com>
- [RE: Against Plus Lenses](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
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 - *From:* MikeM727@aol.com
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 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- [Re: Contact Lenses](#)
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- [Re: Against Plus Lenses](#)
 - *From:* SteveF8953@aol.com
- [Re: Relax to see far - NOT! \(was: Convergence\)](#)
 - *From:* Kip Bryan <kipb@world.std.com>
- [Plus lens risk? Presbyopia?](#)
 - *From:* Kip Bryan <kipb@world.std.com>
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 - *From:* JRalls7959@aol.com
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- [Re: Computer Screen vs. Books](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- [Re: Computer Screen vs. Books](#)
 - *From:* "Art Blake" <art@blakesys.com>
- [Re: Computer Screen vs. Books](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>
- **Re: Emotions & poor vision?**
 - *From:* Free Radical <zerobase@speednet.com.au>
- **Re: Emotions & poor vision?**
 - *From:* marif@btigate.com
- **None**
 - *From:* jeff rimland <jcr127@psu.edu>
- **Re: Relax to see far - NOT! (was: Convergence)**
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **Divergence**
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- **Re: None**
 - *From:* "Art Blake" <art@blakesys.com>
- **Computer Screens**
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>
- **To the woods!**
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- **Re: Divergence**
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- **Re: Divergence**
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- **Re: Divergence**
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- **Re: None**
 - *From:* kbradley@atl.mindspring.com (Kevin Bradley)
- **Re: Myopter Viewer**
 - *From:* MikeM727@aol.com

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FW: Vision Care

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* FW: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 04 Nov 96 09:26:00 PST
 - *Encoding:* 42 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Any other experience of this product? If it really works it would seem to me to take away the need for a whole host of the things that we do to improve our eyes. I knew about the benefits of far and near focussing to prevent presbyopia (or whatever it is called), but not for general myopia.

Any thoughts appreciated.

Caroline

Hi Caroline,

[snip]... Kedalene who also bought the Vision Care equipment has confirmed definitely definitely that her vision has improved tremendously after using the Vision Care equipment. In the past, she had problems looking for her friend at the MRT station. Now she has no worry about looking for her friend as her vision has improved and she could see much sharper and clearer image. In fact, now that she could see much better she is beginning to be lazy doing the eye exercise. But of course she knows she has to carry on to have perfect vision. She had over 600 degrees on one eye and over 200 degree on the other (before she embarked on this eye care programme). We bought and collected our equipement on 8th August and that means just 2 and a half months and you see tremendous results.

[snip]...My sister called one day and was panicky that her daughter (6 years old) has a lazy eye. She wanted to take her to the specialist immediately as she is afraid that the lazy eye will get worse when she starts school next year. I told her all the specialist would ask her to do is to use an eye patch which kids don't usually like as it restrict their

vision. I told her to come over to my place and try the equipment I bought. She came immediately and I let the girl read the eye chart before using the equipment. The good eye could read up to the second last line. The lazy eye could read up to 4 lines above the good eye. After using the equipment, bravo!!!! the lazy eye could read all the way down to the same line as the good eye. It was amazing, my sister asked that she take my equipment home while I buy another one for myself. A few days later I called her to checked if the lazy eye has begin to "work". She said the lazy eye can see as far down as the good eye now even without using the equipment. In fact, the little girl is lazy in using the equipment now that she could see. Marvellous, isn't it. The equipment works on the principle of strengthening the eye muscles by stimulating it to focus far and near. Simple but it works.....

-
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Re: FW: Vision Care

- *To:* cheryl_lee <cheryl_lee@rdrorl.com>, I_SEE <i_see@indiana.edu>
 - *Subject:* Re: FW: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Wed, 06 Nov 96 13:02:00 PST
 - *Encoding:* 16 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

No Cheryl, you didn't miss anything. I don't actually know any more than what you've seen at the moment.

But if you are interested I can go back to my Singaporean colleague and find the company/price details. I was just wondering before I did that whether someone on the list would tell me not to bother due to prior experience.....

Caroline

I must have missed this. What is it? How much is it? And where do you get it?

Cheryl

-
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Re: First Time with reduced lenses

- To: I_SEE@indiana.edu
 - Subject: Re: First Time with reduced lenses
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Sat, 02 Nov 1996 23:45:12 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 03:17 PM 10/28/96 -0500, Kip Bryan wrote:

>At 08:35 PM 10/26/96 -0400, Julie <JRalls7959@aol.com> wrote:

>>My eyes get tired too. If they are relaxed for distance vision and just
>>passively receiving an image, I don't understand why they get tired. Any
>>ideas?

...

>ADVICE ON TIREDNESS

>

>As for constructive advice on visual tiredness, I'd say "vary
>your accommodation" in order not to get tired. Put on your
>minus glasses now and then (even to read or see the computer),
>put on (or take off) plus lenses now and then too. It's the
>same as if you sit in one position for too long. You need to
>get up and stretch now and then.

Apparently someone invented a 'REFOCUS VDT Mover' that has the purpose of relieving visual stress by varying the accommodation. You can do it a lot cheaper by moving your head in and out or by swapping glasses as I suggested above, but I can see how an automatic system might be useful.

This is from URL:

<http://research.opt.indiana.edu/AA095PB/MonPM/MonBVPOP.html>

REDUCTION OF VDT-RELATED ACCOMODATIVE
STRESS MEASURED BY DARK FOCUS OF
ACCOMODATION - THE "REFOCUS" SCREEN
MOVER. Felix M. Barker, OD, MS, Dane Spriggle, BS, Jon

Schoenfeld, BS, Sara C. Rojas-Mendez, OD, Hafter Family Light and Laser Institute, Pennsylvania College of Optometry , Philadelphia, PA 19141; Roger M. Birkbeck, Omnigon Corporation, Heston Hall, Suite 208, 1790 Yardley-Langhorne Road , Yardley, PA 19067.

PURPOSE: The purpose of this study was to determine the effect of sustained near point work on a video display terminal (VDT) on the dark focus of accommodation, and the potential mitigating effect of varying the screen distance during the task. METHODS: Subjects were two Optometry students with active accommodation (ages:23 and 26) who viewed a VDT at 16 in. for a period of 1 hour or while the screen was moved from 16 in. to 23 in. (rate =27in./min) on a 'REFOCUS' VDT mover (US Pat. # 5263678). Dark focus of accommodation (DFA) was measured using a HeNe laser optometer with a rotating drum located at 15 feet. Accommodative status was determined by matching the speed of the moving speckles generated with an optically generated speckle pattern. Subjects viewed the laser and the optical speckle patterns through a +8 D lens, which eliminated all stimuli to accommodation. RESULTS: Pre and post-task DFA comparison indicated inward shifting of accommodation (32 % change) a change that was virtually eliminated with continuous alteration of viewing position by use of the REFOCUS Device (<1% change). DISCUSSION: The dramatic effects of this study offer a potential for a real solution to accommodatively based eyestrain syndromes among computer workers. (Study funded by a grant from ALMAY)

Here's the abstract from the patent for the VDT mover:
(found from URL <http://patents.cnidr.org/access/search-bool.html>)

A device for slowly and smoothly displacing the display unit of a terminal such as a computer work station has a base and a platform movably supported on the base. The platform supports the display terminal and is oscillated back and forth along a path by a linear actuator disposed in the base. A shaft is mounted for rotation on a longitudinal axis and has a groove along the length of its outer surface helically inclined at an angle to the longitudinal axis. A motor rotates the shaft and a follower rides in the groove on the shaft and is connected for transmitting linear motion to the platform as the shaft rotates. The groove includes bidirectional helices joined at the ends by a circumferential groove section. The motor can be a synchronous motor with a gear arrangement providing an output which is laterally and downwardly displaced

relative to the motor, whereby the shaft is compactly located immediately adjacent the base of the device providing the device with a low profile capability.

-end-

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Vision Care

- *To:* <I_SEE@indiana.edu>
 - *Subject:* Vision Care
 - *From:* Virginia Sauer <72607.3335@compuserve.com>
 - *Date:* 04 Nov 96 14:34:30 EST
 - *Sender:* owner-i_see@indiana.edu
-

I read Caroline Richards's post about Vision Care products and would like to know if anyone else on the list has had any experience (good or bad) with them.

Thank you.

-
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eyes in the news

- *To:* i_see@indiana.edu
 - *Subject:* eyes in the news
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Thu, 07 Nov 1996 13:49:18 -0500
 - *Organization:* Blake Systems, Inc.
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

check out:

<http://cnn.com/WORLD/9611/06/fringe/eyerobics/index.html>

they call it "eyerobics" but it looks more like Chinese eye massage techniques.

--

Art Blake -> art@blakesys.com

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New to list

- *To:* i_see@indiana.edu
 - *Subject:* New to list
 - *From:* MikeM727@aol.com
 - *Date:* Thu, 7 Nov 1996 18:03:53 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Hey folks,

I'm a new guy on the list and I thought I'd introduce myself before I bombard you with all my questions. My name is Mike and I am a 27 year old airline pilot. I was 20/20 all my life until just a few years ago. I have never worn negative lenses, except for a short trial period of using Ortho-K lenses. I am now about -.50 D myopic, and I want to return to perfect, uncorrected vision.

I have read Brian Severson's "Vision Freedom" material, Otis Brown's "How to Avoid Nearsightedness", and Donald Rehm's "The Myopia Myth". I have read a number of articles on the subject on the net, including PhD theses for the University of Queensland in Australia. I then discovered the "sci.med.vision" newsgroup and started / participated in some discussions there. From there I was introduced to the I_See web page and this list. I read Alex's essay and a bunch of the mailing list archives.

My first question is a simple one: Has anyone on the list returned to **perfect** uncorrected vision. It seems like the "final step" to 20/20 is the hardest / slowest to achieve. With my low degree of myopia, my entire recovery consists of this "final step". While a friend of mine who is much more myopic has had dramatic improvements, my progress has been less than stellar.

Mike
Airline Transport Pilot / Flight Engineer,
Boeing 727

- **Follow-Ups:**

- [Re: New to list](#)

- *From:* Betty Martini <betty@noel.pd.org>

- [Re: New to list](#)

- *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

- Prev by Date: [eyes in the news](#)

- Next by Date: [Re: New to list](#)

- Prev by thread: [eyes in the news](#)

- Next by thread: [Re: New to list](#)

- Index(es):

- [Date](#)

- [Thread](#)

[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

Re: New to list

- *To:* MikeM727@aol.com
 - *Subject:* Re: New to list
 - *From:* Betty Martini <betty@noel.pd.org>
 - *Date:* Fri, 8 Nov 1996 13:08:56 -0500 (EST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <199611081505.KAA19994@miagra.ucs.indiana.edu>
 - *Sender:* owner-i_see@indiana.edu
-

Dear Mike: FIRST AND MOST IMPORTANT QUESTION - Do you use aspartame marketed as NutraSweet, Equal, Spoonful and who knows what since the patent expired?

A lot of pilots sip diet drinks and put Equal in their coffee. The wood alcohol (methanol) in aspartame converts to formaldehyde and then formic acid in the retina of the eye and destroys the optic nerve. It commonly causes tunnel vision, retinal detachments, blurred vision, floaters, flashes, black spots and blindness. On our auto-responder are documents by physicians, Dr. H. J. Roberts and the late Dr. Morgan Raiford. The I-See web page has NutraSweet, poison to the eye. I will forward you a post I do for pilots which lists a bouquet of aviation magazines that have warned pilots off aspartame.

Also, because of the altitude the wood alcohol is more prone to cause aspartame problems in pilots. Aspartame is not an additive, but a drug, that changes brain chemistry, changes the dopamine level of the brain, and interacts with other drugs. It is a seizure triggering drug and is causing pilots to have grand mal seizures. On HARDCOPY a couple of weeks ago they had two pilots, one that had a grand mal seizure, Haynes Dunn, who was a pilot for Continental - and with a plane load of passengers, and also a pilot who blacked out. I just had a pilot contact me who said he couldn't make a decision on aspartame and had an accident. WE fly packets around the world to air traffic controls to warn pilots.

Dr. H. J. Roberts, world expert on aspartame, and author of many publications and books and tapes has written DEFENSE AGAINST ALZHEIMERS DISEASE and explains the memory loss and how aspartame is escalating Alzheimers. He also has tapes. Not exactly for pilots - many pilots state they get confused. You can get his publications by calling 1 800

-814-9800.

You may have read in the paper Dr. Olney's new study on aspartame and how brain tumors of the type that developed in the original studies in the rats are now escalating throughout the publication, and not just in America. The news is now worldwide on it and is coming in from many countries.

Instructions for our auto-responder are beneath my signature. I'll send you our warning flyer which quotes FLYING SAFETY, journal of the U.S. Air Force who has warned all pilots off aspartame. They say it doesn't take any more aspartame than in a piece of sugarfree gum. Dr. Roberts says thats one of the worst because its just like putting nitroglycerin under your tongue, small molecules, goes straight to the brain. The wood alcohol also causes headaches.

Watch for more news on aspartame in the media.

Regards,
Betty Martini
Founder
Mission Possible (warning the world about aspartame)

Also NOTE TO THE I-SEE NEWS GROUP. I don't know how many of you know this who use computers that affect eyesight, but when you get a pair of glasses you can ask for a film that will prevent computer damage to the eyes. Immediately over a year ago I noticed vision problems when I got on internet and got a screen, and put sea salt in packets on the computer. When I still had problems i began t use bilberry and Vitamin A &D. However, as my days became 18 and more sometimes and I became very very busy, I stopped taking supplements because I would forget. Finally I realized I couldn't read print in the paper. Somebody called me from IDT and said: There are screens and more expensive screens, the difference in using good or better sun glasses, - and anymore who stays on a computer as long as you do should without fail ask for the film to put on your glasses to prevent computer damage. So I went to the eye doctor and sure enough my right eye had gone from 20/20 to 20/100. I have to pickup my new glasses today which now have the film on them. I wish somebody had told me over a year ago, and it was just absurd to stop taking bilberry and other material that had kept my eyesight okay. Now I'll do it all. Just a warning to the wise.

Regards,
Betty

To get more information on aspartame, email betty@pd.org as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

Betty Martini
Mission Possible
PO Box 28098
Atlanta GA 30358
USA

1. Take the 60-day No-Aspartame test and send us your case history.
2. Tell your doctor and your friends.
3. Return Aspar-Poisoned foods to the store.
(Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On Thu, 7 Nov 1996 MikeM727@aol.com wrote:

> Hey folks,

>

> I'm a new guy on the list and I thought I'd introduce myself before I bombard
> you with all my questions. My name is Mike and I am a 27 year old airline
> pilot. I was 20/20 all my life until just a few years ago. I have never
> worn negative lenses, except for a short trial period of using Ortho-K
> lenses. I am now about -.50 D myopic, and I want to return to perfect,
> uncorrected vision.

>

> I have read Brian Severson's "Vision Freedom" material, Otis Brown's "How to
> Avoid Nearsightedness", and Donald Rehm's "The Myopia Myth". I have read a
> number of articles on the subject on the net, including PhD theses for the
> University of Queensland in Australia. I then discovered the
> "sci.med.vision" newsgroup and started / participated in some discussions
> there. From there I was introduced to the I_See web page and this list. I
> read Alex's essay and a bunch of the mailing list archives.

>

> My first question is a simple one: Has anyone on the list returned to
> *perfect* uncorrected vision. It seems like the "final step" to 20/20 is the
> hardest / slowest to achieve. With my low degree of myopia, my entire
> recovery consists of this "final step". While a friend of mine who is much
> more myopic has had dramatic improvements, my progress has been less than
> stellar.

>

> Mike
> Airline Transport Pilot / Flight Engineer,
> Boeing 727

>

>

● **References:**

- [New to list](#)

- *From:* MikeM727@aol.com

- Prev by Date: [New to list](#)
- Next by Date: [BLUE-GREEN ALGAE???](#)
- Prev by thread: [New to list](#)
- Next by thread: [Re: New to list](#)
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 - [Thread](#)

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BLUE-GREEN ALGAE???

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* BLUE-GREEN ALGAE???
 - *From:* Virginia Sauer <72607.3335@compuserve.com>
 - *Date:* 09 Nov 96 18:22:59 EST
 - *Sender:* owner-i_see@indiana.edu
-

A few weeks ago, there was a discussion about blue-green algae/Cell-Tech, and someone helpfully mentioned that she used Cell-Tech for some time without experiencing any noticeable improvement, but then tried something new and almost immediately felt more energetic. She kindly provided the 800 number, and I know I saved it - but darned if I can find it anywhere. Would that kind person (or any other kind soul who may have saved this information) PLEASE be so kind as to EMail it to me? (I say "to me" to avoid further imposing on list members who are either not interested or who saved it the first time.) (This is NOT Cell-Tech: it is the company someone said she, herself, considered better than Cell-Tech.)

On the subject of eyes, an uncle by marriage recently lost most of his vision and was diagnosed as having a blood clot in his eye. (He had had a complete eye exam less than a month ago, and was told that his eyes were in excellent shape with no problems.) He is now being treated with cortisone, and his vision is slowly returning. Does anyone know what causes a blood clot in the eye, and HOW TO AVOID THIS PROBLEM?

Thank you VERY much.

Virginia

- Prev by Date: [Re: New to list](#)
- Next by Date: [Central Fixation](#)
- Prev by thread: [Re: New to list](#)
- Next by thread: [Central Fixation](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Central Fixation

- *To:* i_see@indiana.edu
 - *Subject:* Central Fixation
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Sun, 10 Nov 1996 11:48:14 -0700 (MST)
 - *Sender:* owner-i_see@indiana.edu
-

I_seers,

I was reading Aldous Huxleys book The Art of Seeing. When i stumbled upon one of the vision games. Here it is:

Take both of your index fingers and place them two feet from your face and about 18 inches apart. Look at the either finger. The finger that you look at should be more ditinct then the opposite one. For example when looking at the right finger, it should be seen clearer then the left. You can change the distance of your fingers if you like. Aldous says that this proves the phenomenon of central fixation.

When i look at a finger, the opposite one is more distinct, does this mean my central fixation is out of whack? keep in mind that i do this without my glasses. I am a high myope also.

I do the central fixation game that Bates mentions in his book. It has to do with looking at a letter, for example the top of the letter and seeing it better then the bottom of the letter. Then doing the opposite looking at the bottom and seeing the top worse. Then doing the same for the sides of the letter.

Are there anymore vision games one can do for improving central fixation?

Does anyone notice the same results ?

I would appreciate any comments or suggestion.

Have fun and keep smiling,

-Peter

-
- Prev by Date: [BLUE-GREEN ALGAE???](#)
 - Next by Date: [RE: Vision Care](#)
 - Prev by thread: [BLUE-GREEN ALGAE???](#)
 - Next by thread: [How's I SEE been, lately?](#)
 - Index(es):
 - [Date](#)
 - [Thread](#)

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RE: Vision Care

- *To:* Barry D Benowitz <bbenowit@telescience.com>
 - *Subject:* RE: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 05 Nov 96 11:27:00 PST
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 28 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Barry

I'm afraid I don't know. I had assumed that the company was called Vision Care, but I may be wrong. It's some kind of miniature eye chart that you view through an eye piece. Then you move the eye chart further away on a slider and read it again. I know that's a bit vague, but I haven't actually seen one of these, I've just had it described to me. I think it just sounds like a pure 'focussing at different distances' exercise, which is why it puzzles me when people say it is having such immediate and dramatic results. If it really works like this, firstly you wouldn't need a machine in order to do the exercise and secondly, why are we all trying other things that take months or years when something so immediate is available?

I guess it goes along the 'too good to be true' lines, except that the person who sent me this message and some of those who have tried it are ex-colleagues of mine, so I trust that when they say their eyes have improved, they have.

Caroline

Hi Caroline-

I guess I'm picking this thread up in the middle. What is the Vision Care product, and who sells it to the best of your knowledge.

Barry

- Prev by Date: [Central Fixation](#)
- Next by Date: [How's I SEE been, lately?](#)
- Prev by thread: [Vision Care](#)
- Next by thread: [RE: Vision Care](#)
- Index(es):
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 - [Thread](#)

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How's I SEE been, lately?

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* How's I SEE been, lately?
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 10 Nov 1996 14:39:52 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Hi all! This is your moderator speaking, Alex Eulenberg. I'd like to apologize for the delays in approving letters over the past week or so. I have recently started a new full-time job (as telephone consultant) and as a result starting paying less attention to I SEE. In general, I have been less active on the list, as I'm sure many of you have noticed.

I have also not been archiving the list (on the web site) since March of this year. Most of my justification for moderating the list was that I wanted to slow the list down, thus making the monthly archives smaller (my disk space is finite). Now I'm beginning to think that not everyone would want their comments preserved in perpetuity. So I'm going to make I SEE unmoderated again, saving me some keystrokes, and speeding up delivery of messages.

I'd also like to hear comments on how the list is doing. It's almost two years old now (Founded January 1995).

It's likely I won't have access to a free majordomo list for much longer. Perhaps March of 1997 will be the end of it, at least with me as moderator/administrator. If anyone has the ability or inclination to pick up the torch, let me know.

--Alex

- Prev by Date: [RE: Vision Care](#)
- Next by Date: [Re: New to list](#)
- Prev by thread: [Central Fixation](#)
- Next by thread: [glad to see other pilots here....](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: New to list

- To: i_see@indiana.edu
 - Subject: Re: New to list
 - From: P.Croyden@sussex.ac.uk (Peter Croyden)
 - Date: Mon, 11 Nov 1996 14:59:07 +0000 (GMT)
 - In-Reply-To: <199611081505.KAA19994@miagra.ucs.indiana.edu> from "MikeM727@aol.com" at Nov 7, 96 06:03:53 pm
 - Sender: owner-i_see@indiana.edu
-

MikeM727@aol.com wrote:

>
> Hey folks,
>
> I'm a new guy on the list and I thought I'd introduce myself before I bombard
> you with all my questions. My name is Mike and I am a 27 year old airline
> pilot. I was 20/20 all my life until just a few years ago. I have never
> worn negative lenses, except for a short trial period of using Ortho-K
> lenses. I am now about -.50 D myopic, and I want to return to perfect,
> uncorrected vision.
Welcome. -0.50 would be good enough for me :-)

[SNIP]

> My first question is a simple one: Has anyone on the list returned to
> *perfect* uncorrected vision.

Since I've been on the list (about a year), there have been two reports of going from -8.0ish and -10.0ish to 20/20, but they haven't been on the list for a while.

> It seems like the "final step" to 20/20 is the
> hardest / slowest to achieve. With my low degree of myopia, my entire
> recovery consists of this "final step". While a friend of mine who is much
> more myopic has had dramatic improvements, my progress has been less than
> stellar.

I've heard second hand reports (always more difficult to believe - probably rightly so) of people who come from moderate/high myopia finding it easier to go the whole way, than those who start off with mild myopia. Once they've found out what they've been doing wrong,

then its more obvious to them.

Peter

--

Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
E-mail: P.Croyden@sussex.ac.uk
Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

- **Follow-Ups:**

- [Re: New to list](#)

- *From:* Dawn Isaacson <charade@worldnet.att.net>

- **References:**

- [New to list](#)

- *From:* MikeM727@aol.com

- Prev by Date: [How's I SEE been, lately?](#)
- Next by Date: [glad to see other pilots here....](#)
- Prev by thread: [Re: New to list](#)
- Next by thread: [Re: New to list](#)
- Index(es):
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 - [Thread](#)

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glad to see other pilots here....

- *To:* i_see@indiana.edu
 - *Subject:* glad to see other pilots here....
 - *From:* jeff rimland <jcr127@psu.edu>
 - *Date:* Mon, 11 Nov 1996 19:17:18 GMT
 - *Sender:* owner-i_see@indiana.edu
-

>MikeM727@aol.com wrote:

>>
>> Hey folks,
>>
>> I'm a new guy on the list and I thought I'd introduce myself before I bombard
>> you with all my questions. My name is Mike and I am a 27 year old airline
>> pilot. I was 20/20 all my life until just a few years ago. I have never
>> worn negative lenses, except for a short trial period of using Ortho-K
>> lenses. I am now about -.50 D myopic, and I want to return to perfect,
>> uncorrected vision.

Hi. Mike(and everyone else)

i'm new to the list too. I'm a 20 year old college student with about 40 flight hours logged. My vision is about 20/30 to 20/50, depending on how stressed out i am. I would love to be an airline pilot in a few years but i need to do some serious vision correction first... does anyone have any input about those programs such as Michael Kaplan's course with the audio cassettes and that sort of thing...i'm new at this and any advice would be tremendously appreciated.....

thanks
Jeff
jcr127@psu.edu

-
- Prev by Date: [Re: New to list](#)
 - Next by Date: [Re: New to list](#)

glad to see other pilots here....

- Prev by thread: [How's I SEE been, lately?](#)
- Next by thread: [Re: glad to see other pilots here....](#)
- Index(es):
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Re: New to list

- *To:* Peter Croyden <P.Croyden@sussex.ac.uk>
 - *Subject:* Re: New to list
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Mon, 11 Nov 1996 21:37:08 -0800
 - *CC:* i_see@indiana.edu
 - *References:* <m0vMxpL-0002w1C@solx1.central.susx.ac.uk>
 - *Sender:* owner-i_see@indiana.edu
-

Peter Croyden wrote:

```
>
> MikeM727@aol.com wrote:
> >
> > Hey folks,
> >
> > I'm a new guy on the list and I thought I'd introduce myself before I bombard
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> > lenses. I am now about -.50 D myopic, and I want to return to perfect,
> > uncorrected vision.
> Welcome. -0.50 would be good enough for me :-)
>
> [SNIP]
>
> > My first question is a simple one: Has anyone on the list returned to
> > *perfect* uncorrected vision.
>
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> been on the list for a while.
>
> > It seems like the "final step" to 20/20 is the
> > hardest / slowest to achieve. With my low degree of myopia, my entire
> > recovery consists of this "final step". While a friend of mine who is much
> > more myopic has had dramatic improvements, my progress has been less than
> > stellar.
> I've heard second hand reports (always more difficult to believe -
> probably rightly so) of people who come from moderate/high myopia
```

> finding it easier to go the whole way, than those who start off with
> mild myopia. Once they've found out what they've been doing wrong,
> then its more obvious to them.
>
> Peter
>
> --
> Peter Croyden, Computing Service, University of Sussex, BRIGHTON BN1 9QJ, UK
> E-mail: P.Croyden@sussex.ac.uk
> Tel: +44 (0) 1273 606755 x2964 FAX: +44 (0) 1273 271956

Greetings to you all! I'm also new to the list. As someone above said, -.50 would be fab with me! I'm currently in the -8.00, -9.00 range & finally found a nearby doctor who believes in this stuff. I'm researching like crazy and would do anything even for a -2.00! The doctor I'm seeing has prescribed +1.00 lenses to wear reading over my contacts. That's about as far as I've gotten. I have heard of pilots correcting vision before, but that's about it. For me, this is a last chance before I go for PRK. I hope it works!!!!

Has anyone heard of an accomatrack?

: -)

● **References:**

○ [Re: New to list](#)

■ *From:* P.Croyden@sussex.ac.uk (Peter Croyden)

● Prev by Date: [glad to see other pilots here....](#)

● Next by Date: [RE: Vision Care](#)

● Prev by thread: [Re: New to list](#)

● Next by thread: [Re: New to list](#)

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○ [Thread](#)

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RE: Vision Care

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* RE: Vision Care
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Tue, 12 Nov 1996 10:22:33 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

Barry had written:

>I guess I'm picking this thread up in the middle. What is the Vision
>Care product, and who sells it to the best of your knowledge.

At 11:27 AM 11/5/96 PST, "Richards, Caroline" <richardc@sydney.btap.bt.com>
wrote:

>
>Barry
>
>I'm afraid I don't know. I had assumed that the company was called Vision
>Care, but I may be wrong. It's some kind of miniature eye chart that you
>view through an eye piece. Then you move the eye chart further away on a
>slider and read it again. I know that's a bit vague, but I haven't actually
>seen one of these, I've just had it described to me. I think it just sounds
>like a pure 'focussing at different distances' exercise, which is why it
>puzzles me when people say it is having such immediate and dramatic results.
> If it really works like this, firstly you wouldn't need a machine in order
>to do the exercise and secondly, why are we all trying other things that
>take months or years when something so immediate is available?

>
>I guess it goes along the 'too good to be true' lines, except that the
>person who sent me this message and some of those who have tried it are
>ex-colleagues of mine, so I trust that when they say their eyes have
>improved, they have.

>
>Caroline

I don't know anything about "Vision Care", but I have a little vision
tester that's like what you described that I wrote about to this list

in August (edited to put in correct prices):

>>At 02:19 PM 8/19/96 -0400, Marco Terry wrote:

>> >Anyone knows where can I get a cheap eyechart (I need to start baseline
>> >measurements)

>>

>>You can buy an eye chart from Edmund Scientific (<http://www.edsci.com>) for
>>\$7.95 (A52,517). I bought one of theirs long ago.

>>You might also be interested in their "Self-Screening Vision Tester"

>>which is a cute little device with a (cheap plastic) plus lens

>>and a very tiny Snellen chart that you slide back and forth. You

>>find the distance at which you can see the 20/20 line and you

>>read your diopters of nearsightedness right off the scale. You can

>>also measure the near point too (and need for plus lenses).

>>I've enjoyed playing with it, but I'd really rather have a more

>>repeatable measurement of refractive error. It's \$14.95 (A38,624).

You can reach Edmund at 609-573-6250 M-F 8a-8p ET, Sat 9a-4p ET
(\$5.95 shipping up to \$25 order)

I had spent a lot of time playing with this little tester but I
don't think it magically fixed my vision. The best thing I found
for fixing vision was practicing focussing far and practicing
clear flashes, described in my 10/29/96 note to this list.

I've seen the identical eye chart (not the little vision tester)
at small medical supply shops too.

Also in reply to the same question came this from Beyond 20/20 Vision:

>From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)

>

>we have a laminated chart called an Eye -C chart which is logrithmically
>designed and a greater training chart. has exercise instructions on the back
> and a conversion chart into percentages Cost -\$10 includes shipping and
>handling

-
- Prev by Date: [Re: New to list](#)
 - Next by Date: [Re: New to list](#)
 - Prev by thread: [RE: Vision Care](#)
 - Next by thread: [FW: Vision Care](#)
 - Index(es):
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- [Thread](#)

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Re: New to list

- *To:* i_see@indiana.edu
 - *Subject:* Re: New to list
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Tue, 12 Nov 1996 11:19:01 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

At 09:37 PM 11/11/96 -0800, Dawn Isaacson <charade@worldnet.att.net> wrote:
>Has anyone heard of an accomatrack?

The accommotrac was invented by Joseph Trachtman in 1986. See US patent number 4,660,945 "Methods and apparatus for accommodation training":
<http://patents.cnidr.org/cgi-bin/linker3?/pto7/NEW/INDEX+4660945+F>

(It shines an infrared light into your eye and measures the reflections, and makes different beeping noises according to how you're focussing.)

"Methods and apparatus for performing accommodation training under clinical conditions are provided in accordance with the teachings of the present invention. An infrared optometer is employed to measure a patient's accommodation and outputs therefrom are employed to generate tone information and viewable patient information indicative of the state of focus in a rapid manner. A patient is trained at an empirical rate determined by the viewable information until a predetermined proficiency in the voluntary control of accommodation is achieved. Thereafter, stimuli to accommodation, the accommodation convergence reflex and blur cue information are selectively introduced to generalize the voluntary control of accommodation achieved to a conventional environment so that the same may serve to reduce various visual acuity problems in a patient being trained."

Someone promoting Accommotrac in their practice:
<http://www.pathwaysdc.com/vision.html>

Not accommotrac, but related inventions:

US Patent number 5,374,193 also by Trachtman (filed 1990):

<http://patents.cnidr.org/cgi-bin/linker3?/pto7/NEW/INDEX+5374193+F>

"Methods and apparatus for use in alpha training, EMG training and dichotic learning"

This measures your brainwaves as well as eye parameters to help train you on strabismus, nystagmus and eccentric fixation.

US Patent number 4,997,269 is for

"Scheiner-principle pocket optometer for self evaluation and bio-feedback accommodation training" See on the web:

<http://patents.cnidr.org/cgi-bin/linker3?/pto7/NEW/INDEX+4997269+F>

US Patent number 4,778,268 is for

"Visual accommodation trainer-tester"

"The invention is an apparatus for training of the human visual accommodation system. Specifically, the apparatus is useful for training a person to volitionally control his focus to his far point (normally infinity) from a position of myopia due to functional causes. The functional causes could be due, for example, to a behavioral accommodative spasm or the effects of an empty field. The device may also be used to measure accommodation, the accommodation resting position and the near and far points of vision. The device comprises a number of optical elements arranged on a single optical axis (74). Several of the elements are arranged in order on a movable stage (20) in fixed relationship to each other: a light source (30), a lens (32), a target (36), an aperture (42), (48) or (52) and second lens (58). On base (18) and in fixed relationship to each other are eyepiece (70) and third lens (64). Stage (20) generates an image (72) of target (36) and the stage is movable with respect to base (18) by means of knob (22). The device is utilized for the various training and test functions by following a series of procedural steps, and interchanging the apertures as necessary for the selected procedure. "

-
- Prev by Date: [RE: Vision Care](#)
 - Next by Date: [Re: New to list](#)
 - Prev by thread: [Re: New to list](#)
 - Next by thread: [Re: New to list](#)
 - Index(es):
 - [Date](#)

Re: New to list

- [Thread](#)

[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

Re: New to list

- To: i_see@indiana.edu
 - Subject: Re: New to list
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Tue, 12 Nov 1996 11:52:03 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 02:59 PM 11/11/96 +0000, P.Croyden@sussex.ac.uk (Peter Croyden) wrote:
>MikeM727@aol.com wrote:

>> My first question is a simple one: Has anyone on the list returned to
>> *perfect* uncorrected vision.

>

>Since I've been on the list (about a year), there have been two
>reports of going from -8.0ish and -10.0ish to 20/20, but they haven't
>been on the list for a while.

In most cases of back to "normal" vision that I've heard of, the person still has some trouble seeing at night. I also can see 20/20 during the day with good sunlight outdoors (I started 1 year ago at about -4 D) but my indoor and night vision has a ways to go. It's slow but continuous improvement (with about 1 in 10 days seeming hopeless, though.)

>> It seems like the "final step" to 20/20 is the
>> hardest / slowest to achieve. With my low degree or myopia, my entire
>> recovery consists of this "final step". While a friend of mine who is much
>> more myopic has had dramatic improvements, my progress has been less than
>> stellar.

>I've heard second hand reports (always more difficult to believe -
>probably rightly so) of people who come from moderate/high myopia
>finding it easier to go the whole way, than those who start off with
>mild myopia. Once they've found out what they've been doing wrong,
>then its more obvious to them.

One suggestion for helping with the "final step" is to wear plus lenses. Use, say, +1 D outdoors and +2 D when reading or working on the computer. Use stronger lenses if you can still work with them. Hang an eye chart near where you work and look at it periodically

and read the smallest letters you can -- with your plus lenses still on. If you can, spend time every day with an eye chart OUTDOORS or in as bright sunlight as you can manage. It doesn't matter for this purpose how far the eye chart is, so long as you can read 30 to 70% of the way through it.

(You can get plus lenses ("reading glasses") at drug stores for \$10-15.)

If you get good at bright light vision, then start practicing with dimmer light.

-
- Prev by Date: [Re: New to list](#)
 - Next by Date: [Re: glad to see other pilots here....](#)
 - Prev by thread: [Re: New to list](#)
 - Next by thread: [Re: New to list](#)
 - Index(es):
 - [Date](#)
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[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

Re: glad to see other pilots here....

- To: i_see@indiana.edu
 - Subject: Re: glad to see other pilots here....
 - From: MikeM727@aol.com
 - Date: Tue, 12 Nov 1996 19:07:49 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-11-11 14:30:50 EST, Jeff, jcr127@psu.edu writes:

```
> Hi. Mike(and everyone else)
>           i'm new to the list too.  I'm a 20 year old college student with
> about
> 40 flight hours logged.  My vision is about 20/30 to 20/50, depending on
how
> stressed out i am.  I would love to be an airline pilot in a few years but
i
> need to do some serious vision correction first... does anyone have any
> input
> about those programs such as Michael Kaplan's course with the audio
cassetes
> and that sort of thing...i'm new at this and any advice would be
> tremendously
> appreciated.....
```

After a lot of reading, the most informative literature I have found is this book:

THE MYOPIA MYTH; The Truth About Nearsightedness and How to Prevent it.
By Donald S. Rehm,
International Myopia Prevention Association
RD 5, Box 171
Ligonier, PA 15658

(\$15 including S&H)

Best 15 bucks I ever spent!

Also, check out these PhD theses on vision research on the web:

<http://www.vthrc.uq.edu.au/vthrc/Theses/Theses.html>

(Not all the theses are on vision, but you can look around and find some really interesting stuff.)

Good luck,
Mike

PS, if all else fails, you can still be a pilot as long as you are "corrected" to 20/20. However, try to keep your medical clean (no requirement for lenses). (I have had the best luck with plus lens therapy.)

-
- Prev by Date: [Re: New to list](#)
 - Next by Date: [Re: nutritional supplements](#)
 - Prev by thread: [glad to see other pilots here....](#)
 - Next by thread: [Re: nutritional supplements](#)
 - Index(es):
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Re: nutritional supplements

- *To:* Virginia Sauer <72607.3335@CompuServe.COM>
 - *Subject:* Re: nutritional supplements
 - *From:* Betty Martini <betty@noel.pd.org>
 - *Date:* Fri, 15 Nov 1996 22:51:09 -0500 (EST)
 - *cc:* I_SEE@indiana.edu
 - *In-Reply-To:* <961115235124_72607.3335_EHM79-2@CompuServe.COM>
 - *Sender:* owner-i_see@indiana.edu
-

Dear Virginia: You are right that some vitamins contain aspartame and the major culprit is Twin Labs. When Return To Eden, an organic market and health food store, insisted on knowing how many of their products contained aspartame Twin Labs admitted to 30. Twin Labs said if we could show proof that aspartame was a poison they would take it out. They were sent over 100 sheets of technical information, articles, scientific studies, case histories of those who had gone blind on aspartame, etc., etc. They wrote back and said they were not going to take it out, period.

So we Boycott Twin Labs and don't trust anything they have. I have a friend who is allergic to formaldehyde and was using Twin Labs, and she couldn't understand why she was so sick.

If you happened to see HardCopy a couple of weeks ago you may remember the little girl they thought was dead. She was revived at the hospital and the culprit turned out to be aspartame in her vitamins.

And now the Director of the National Yogurt Association has petitioned the FDA to not have to label it as having aspartame in it. And its being put in things you might not think have it, like Fresca and Winterfresh gum. And in June they approved it in everything in the grocery store.

So you have to be extra careful. A lot of the media now are exposing it, and I'm constantly asked to write magazine articles, etc.

Regards,,
Betty

P.S. The only way to be sure is to ask the people who make the line of

vitamins if they contain aspartame.

To get more information on aspartame, email betty@pd.org as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

Betty Martini	1. Take the 60-day No-Aspartame test
Mission Possible	and send us your case history.
PO Box 28098	2. Tell your doctor and your friends.
Atlanta GA 30358	3. Return Aspar-Poisoned foods to the store.
USA	(Nutrasweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On 15 Nov 1996, Virginia Sauer wrote:

> jeff rimland > INTERNET:jcr127@psu.edu wrote: "i've been
> taking a supplant from Preventive Nutrition called "Ocular
> Formula." it comes in a funky-blue bottle at GNC. I can't
> tell for sure quite yet but it seems pretty good. it is
> pricy, though.. \$19.95 for a 30 day supply."

>
> Having just paid \$ 43 for a 30-day supply of TwinLabs's
> OcuGard Plus, \$ 19.95 sounds like a bargain <sigh>. It
> contains approximately the same ingredients (except for
> eyebright, which I already get in tea), along with Lutein -
> which apparently accounts for the high cost, since I do not
> believe that OcuGuard was quite this costly (and am sure I'd
> remember if it was).

>
> Does anyone know how Lutein helps the eyes?

>
> And, Betty, if you're reading this, I believe that you once
> mentioned that even vitamins can contain aspartame. How can
> I determine whether or not this does? (It isn't listed
> anywhere I can see.)

>
> Many thanks!

>
> Best regards,
> Virginia

- Prev by Date: [Re: glad to see other pilots here....](#)
- Next by Date: [The truth about "film" in glasses](#)
- Prev by thread: [Re: glad to see other pilots here....](#)
- Next by thread: [Re: nutritional supplements](#)
- Index(es):
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The truth about "film" in glasses

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* The truth about "film" in glasses
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sat, 16 Nov 1996 12:23:57 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Betty says that after using the computer for a while, she has become nearsighted in her right eye (20/100). As a result, she went to LensCrafters and got diagnosed with astigmatism and was prescribed bifocals with a special film that she claims lets her see better in the night.

I seriously doubt that the "film" has improved her night vision. How can any coating on a lens (albeit an "invisible" one) improve night vision? Far more likely, it is the "minus" or "myopic-astigmatic" part of Betty's prescription that is doing the job.

The fact is, the effects of myopia are aggravated in low-light situations. This is called "night myopia." Bright light often brings vision of low myopes up to 20/20, as our pilots on this list have observed. This is due at least in part to the fact that the pupil gets smaller in response to light (there may also be some other considerations involving the lens). The smaller the aperture, the greater the focal range. This is how pinhole glasses work.

If you want to decrease radiation from your computer screen, you should get a anti-radiation/glare screen (not all anti-glare screens are anti-radiation -- read the fine print!). This can be had for \$30-\$50 -- less than a pair of prescription glasses, and then anyone who uses your computer can benefit. This screen will cut out radiation to all of your body, not just your eyes.

I'd also like to add at this point that I believe Betty would be able to get herself back to 20/20 by using spherical (not astigmatic!) plus lenses for close work. I'm curious what her prescription is now, though.

Betty?

--Alex

- **Follow-Ups:**
 - [Re: The truth about "film" in glasses](#)
 - *From:* Betty Martini <betty@noel.pd.org>
 - [radiation reduction](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: nutritional supplements](#)
- Next by Date: [Re: The truth about "film" in glasses](#)
- Prev by thread: [Re: nutritional supplements](#)
- Next by thread: [Re: The truth about "film" in glasses](#)
- Index(es):
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Re: The truth about "film" in glasses

- *To:* Alex Eulenberg <aeulenbe@indiana.edu>
- *Subject:* Re: The truth about "film" in glasses
- *From:* Betty Martini <betty@noel.pd.org>
- *Date:* Sat, 16 Nov 1996 13:24:26 -0500 (EST)
- *cc:* I SEE <i_see@indiana.edu>
- *In-Reply-To:* <Pine.HPP.3.91.961116114706.19254J-100000@hamlet.ucs.indiana.edu>
- *Sender:* owner-i_see@indiana.edu

Hi Alex: Thank you for telling me about the anti-radiation screen. I just picked up the only one they had, and didn't know what to ask for. But I'll definitely change it. And I'll print out your note and give it to the optician and ask for a copy of the prescription. The only thing he mentioned was the 20/100 in my right eye. I'm glad to hear you think I can regain my vision.

Regards,
Betty

To get more information on aspartame, email betty@pd.org as follows:
Subject: sendme help

The subject line must be typed exactly like the above line.

Betty Martini	1. Take the 60-day No-Aspartame test
Mission Possible	and send us your case history.
PO Box 28098	2. Tell your doctor and your friends.
Atlanta GA 30358	3. Return Aspar-Poisoned foods to the store.
USA	(NutraSweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

On Sat, 16 Nov 1996, Alex Eulenberg wrote:

> Betty says that after using the computer for a while, she has become
> nearsighted in her right eye (20/100). As a result, she went to
> LensCrafters and got diagnosed with astigmatism and was prescribed
> bifocals with a special film that she claims lets her see better in the

> night.
>
> I seriously doubt that the "film" has improved her night vision. How can
> any coating on a lens (albeit an "invisible" one) improve night vision? Far
> more likely, it is the "minus" or "myopic-astigmatic" part of Betty's
> prescription that is doing the job.
>
> The fact is, the effects of myopia are aggravated in low-light situations.
> This is called "night myopia." Bright light often brings vision of low
> myopes up to 20/20, as our pilots on this list have observed. This is due
> at least in part to the fact that the pupil gets smaller in response to
> light (there may also be some other considerations involving the lens).
> The smaller the aperture, the greater the focal range. This is how pinhole
> glasses work.
>
> If you want to decrease radiation from your computer screen, you should
> get a anti-radiation/glare screen (not all anti-glare screens are
> anti-radiation -- read the fine print!). This can be had for \$30-\$50 --
> less than a pair of prescription glasses, and then anyone who uses your
> computer can benefit. This screen will cut out radiation to all of your
> body, not just your eyes.
>
> I'd also like to add at this point that I believe Betty would be able to
> get herself back to 20/20 by using spherical (not astigmatic!) plus
> lenses for close work. I'm curious what her prescription is now, though.
> Betty?
>
> --Alex
>
>

● **References:**

- [The truth about "film" in glasses](#)

- *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- Prev by Date: [The truth about "film" in glasses](#)
- Next by Date: [radiation reduction](#)
- Prev by thread: [The truth about "film" in glasses](#)
- Next by thread: [radiation reduction](#)
- Index(es):
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radiation reduction

- To: i-see@indiana.edu
 - Subject: radiation reduction
 - From: "Art Blake" <art@blakesys.com>
 - Date: Sat, 16 Nov 1996 14:08:09 -0500
 - Organization: Blake Systems, Inc.
 - References: <Pine.HPP.3.91.961116114706.19254J-100000@hamlet.ucs.indiana.edu>
 - Reply-To: "Art Blake" <art@blakesys.com>
 - Sender: owner-i-see@indiana.edu
-

Alex Eulenberg wrote:

> ...

>

> If you want to decrease radiation from your computer screen, you should
> get a anti-radiation/glare screen (not all anti-glare screens are
> anti-radiation -- read the fine print!). This can be had for \$30-\$50 --
> less than a pair of prescription glasses, and then anyone who uses your
> computer can benefit. This screen will cut out radiation to all of your
> body, not just your eyes.

> ...

Another option is to use an LCD display (such as on a laptop.) These displays are supposedly radiation free (not sure if this is possible, wouldn't the display be pitch black if it was truly radiation free?) and also flicker free! I've noticed that laptop screens are definately easier on my eyes. Of course the laptop display may be too small for extended viewing comfort.

A company called SCEPTRE has a new product which is a 15" LCD display made for the desktop computer. In addition to being radiation and flicker free, it is much less bulky and much lighter than traditional

tube displays. You can get the new display for about \$3000 and it only does 800x600 ... but you'll have to decide if your eyes are worth it..

Sceptre is supposedly also going to have a 17" version out soon. I may get one, when they come out ...

I've got a brochure on the monitor.. to get one, call

Link Computer, Inc (a Sceptre distributor)
16800 East Gale Avenue
City of Industry, CA 91745
Contact: Terry (800) 800-8546 x2105

This is not a sales pitch!

--
Art Blake -> art@blakesys.com
They call my work "a work of art!"

- **References:**

- [The truth about "film" in glasses](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- Prev by Date: [Re: The truth about "film" in glasses](#)
- Next by Date: [Re: Good Book](#)
- Prev by thread: [Re: The truth about "film" in glasses](#)
- Next by thread: [Re: The truth about "film" in glasses](#)
- Index(es):
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Re: Good Book

- To: JRalls7959@aol.com
 - Subject: Re: Good Book
 - From: mikpfs@freenet.edmonton.ab.ca
 - Date: Sat, 16 Nov 1996 19:14:36 -0700 (MST)
 - Cc: I_SEE@indiana.edu
 - In-Reply-To: <961112004748_1182932135@emout08.mail.aol.com>
 - Sender: owner-i_see@indiana.edu
-

Where is it available?

Can you order it direct from the publisher? How much?

- Marian

On Tue, 12 Nov 1996 JRalls7959@aol.com wrote:

> I just found a nice little book on vision therapy that I will be giving to
> all my geek friends for Christmas. It covers the function of the eye, common
> visual problems, and vision therapy alternatives. It outlines a number of
> exercises with drawings, and covers focusing exercises, accupressure, palming
> and more. It goes for \$10. Look for Improve Your Vision WWithout Glasses or
> Contact Lenses, a new program of therapeutic eye exercises, by Drs.
> Beresford, Muris, Allen and Young, a fireside book, Simon and Schuster, 1996.
> Julie
>

Marian Kemp

e-mail: mikpfs@freenet.edmonton.ab.ca

=====>>

<<"RECYCLE - AND SAVE">>

<<=====

-
- Prev by Date: [radiation reduction](#)
 - Next by Date: [Re: New to list](#)
 - Prev by thread: [Re: The truth about "film" in glasses](#)

- Next by thread: [Good Book](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: New to list

- *To:* MikeM727@aol.com, I_SEE@indiana.edu
 - *Subject:* Re: New to list
 - *From:* JRalls7959@aol.com
 - *Date:* Sat, 16 Nov 1996 22:23:16 -0500
 - *Sender:* owner-i_see@indiana.edu
-

You can get a referral to a vision therapist in your area by calling the Optometric Extension Program Foundation in Santa Ana, CA at 714-250-8070.

I thought the Bates stuff was too weird but..... I think it was the year before last that I was given the book *_Healing and the Mind_*, by Bill Moyers. A friend who is a massage therapist introduced me to Jin Shin Jytsu, a form of accutouch. I also went to some Kundalini yoga classes at the gym.

Bates palming and swinging look very much like exercises used to open up energy blocks. Another friend lent me this video on Qi Gung- kind of like Tai Chi. The guy in it goes over some movements to open up your chakra points, one exercise looks exactly like swinging. Much of the world recognizes that there is a human energy field. I have read abstracts on controlled studies on accupuncture showing a measurable effect. I think that implies that there is a human energy field. I'm presently reading David Eisenberg, M.D.'s book *_Encounters with Qi_*. You've probably seen things on TV about major surgeries being done with only accupuncture as anesthesia. It is more and more clear to me that there is a human energy field and it can be manipulated by needles, accupressure, accutouch and probably crystals and prayer (see books by Larry Dossey, M.D.-)Try and keep an open mind on this.

Just for one week, do 100 long swings morning and evening and see if you don't notice an improvement.

Dolores Kreiger's *_The Therapeutic Touch_* or Tom Harper's *_The Uncommon Touch_* give nice outlines on some of the research on energy medicine. I'm inclined to think European based cultures lost their best practitioners of energy medicine, their chi gung masters, by burning them at the stake as witches. There's a fascinating book on the history of the witch burnings in Europe- I think it is called *_Witch Craze_* By an Anne L....., I can't find the book, I must have lent it out or stuck it somewhere.

Julie

- Prev by Date: [Re: Good Book](#)
- Next by Date: [Re: Good Book: Improve your Vision/Beresford](#)
- Prev by thread: [Re: New to list](#)
- Next by thread: [Re: New to list](#)
- Index(es):
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Re: Good Book: Improve your Vision/Beresford

- To: I_SEE@indiana.edu
 - Subject: Re: Good Book: Improve your Vision/Beresford
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Sat, 16 Nov 1996 23:13:27 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 07:14 PM 11/16/96 -0700, Marian Kemp wrote:

>Where is it available?

>Can you order it direct from the publisher? How much?

> - Marian

>On Tue, 12 Nov 1996 JRalls7959@aol.com wrote:

>> I just found a nice little book on vision therapy that I will be giving to
>> all my geek friends for Christmas. It covers the function of the eye, common
>> visual problems, and vision therapy alternatives. It outlines a number of
>> exercises with drawings, and covers focusing exercises, accupressure, palming
>> and more. It goes for \$10. Look for Improve Your Vision WIThout Glasses or
>> Contact Lenses, a new program of therapeutic eye exercises, by Drs.
>> Beresford, Muris, Allen and Young, a fireside book, Simon and Schuster, 1996.
>> Julie

After reading Julie's recommendation, I bought this book and read it.

I've read perhaps 20 vision books in the past year, and I thought this was the best. It's not perfect, but it's a great combination of specific advice, including how to integrate the advice into your busy lifestyle, as well as an appendix with more technical details (some, anyway) such as what prescriptions to get, specifications for bifocals, and how your acuity can increase, with or without a change in measured refractive error. This latter point is almost always ignored -- "how can you get better acuity without changing your prescription for 'best' vision?" It happens, that's a fact, but why? How?

I also found in it the first plausible explanation I'd seen for how one

can prevent cataracts in presbyopes (not my problem yet!)

Many of the exercises I thought I had invented (though based upon the giants' shoulders I stood on) so I can say that they worked for me.

The authors actively solicit feedback from the book's readers. They say they've done these techniques on 10,000 people with success.

Like Julie, I've already been giving away copies... (\$9 at a bookstore near me, \$10 at barnes and noble) Thanks for the inspiration, Julie!

Amazon books has this for \$9 (plus 95c/book plus \$3/order shipping) at <http://www.amazon.com/exec/obidos/ats-query/7205-3614232-551002>

-
- Prev by Date: [Re: New to list](#)
 - Next by Date: [Re: The truth about "film" in glasses](#)
 - Prev by thread: [Good Book](#)
 - Next by thread: [Re: Newbie here](#)
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Re: The truth about "film" in glasses

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Re: The truth about "film" in glasses
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Sat, 16 Nov 1996 23:49:38 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

At 12:23 PM 11/16/96 -0500, Alex Eulenberg wrote:

>Betty ... was prescribed

>bifocals with a special film that she claims lets her see better in the
>night.

>

>I seriously doubt that the "film" has improved her night vision. How can
>any coating on a lens (albeit an "invisible" one) improve night vision? Far
>more likely, it is the "minus" or "myopic-astigmatic" part of Betty's
>prescription that is doing the job.

When light crosses between two materials with differing indexes of refraction (such as air into glass, or glass back into air), a certain amount of the light is reflected, and the rest goes through.

The smaller the difference between the two indexes of refraction, the less light is reflected, and the more light goes through.

So, if air is 1.0 and glass is (say) 1.3, you might put in 10 layers of material between the air and the glass. The indexes of refraction then might go 1.0 (air) 1.03 1.06 1.09 ... 1.27 1.30 (glass). The boundary to each layer lets most of the light through. All told, even though there are so many surfaces to reflect, the total reflection is ONE TENTH what it would be if you had simply air and glass. That is, more light reaches your eyes so you can see better at night.

This is what you get when you buy "anti-reflective coating" on glass. They have to send it out (at least Lenscrafters does) because it is time consuming and requires special liquids to dip the glass into, and you can only do it AFTER the lens is ground to the right prescription.

They dip it many times, letting it dry each time. This is why they charge \$60 or so for it.

If you see someone wearing a pair of glasses with one lens with anti-reflective (AR) coating and the other lens without it, you see a DRAMATIC difference between the two eyes. Through the AR coating lens you can easily see the eye. In the other lens, you see reflections of everything as usual. The AR coating can thus improve the cosmetic appearance of glasses as well.

All the above is true, but it's more important for high-index glass. For $N=1.6$ glass, with light coming straight through, 95% of the light goes through and 5% is reflected. With 10 layers of AR coating, 99.4% of the light goes through. If you want to work this out for yourself, the equation for amount of reflected light is $R = (N'-N)^2 / (N'+N)^2$ where N' is the glass index of refraction (say, 1.6) and N is air's (1.0) and 2 means squared. For ordinary crown glass, $N=1.52$, $R=4.3\%$. For Lanthan Glass, $N=1.89$, $R=9.5\%$ (but I've also seen 17% from a Usenet post by Bram Vingerling who does this for a living.)

Reference: Modern Optical Engineering, 2nd Ed, Warren J. Smith, p.187

In any case, Alex is certainly right that "correcting" the myopia plays the biggest part in improving night vision.

I also don't know for sure that this is the "film" that Betty got, but it does seem to fit the facts we've seen so far, except the extra cost.

-
- Prev by Date: [Re: Good Book: Improve your Vision/Beresford](#)
 - Next by Date: [Re: Newbie here](#)
 - Prev by thread: [radiation reduction](#)
 - Next by thread: [Re: Good Book](#)
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Re: Newbie here

- To: i_see@indiana.edu
 - Subject: Re: Newbie here
 - From: marif@btigate.com
 - Date: Sun, 17 Nov 1996 07:53:45 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Hello all! Thanks to those who responded to my post. I appreciate the welcome. :-)

Dawn wrote:

>My next step was to visit a lecture on PRK.
>Believe it or not, the surgeon (probably the best in NJ) gave me the name of
>an optometrist who uses the accomatrak.

What's PRK?

I didn't get in on the discussion about the "accomatrak" here.

(Yes, Alex, it's spelled "Accomotrak", I hear ya.)

>From reading the Natural Vision FAQ at <http://www.cia.com.au/vic/faq.html>

I understand it's some kind of biofeedback device?

How much is it and does it work?

If everyone is sick of talking about this, some kind person could always send me the info privately. :-)

I'm going to try the simple every day eye exercises first before I rush out and start spending a lot of money on all kinds of eye improvement gadgets. I'm looking at this as a life style change.

>As for exercises, etc, there's tons of books. I like the one "Natural
>Vision Improvement" by Janet Goodrich. Although it's kind of hokey, it has
.some of the best advise I've seen. She works some of (my favorite) Asian
>"Yoga" eye massages into the routine.

Thanks for recommending a good book for eye exercises. I'm finding that a lot of vision improvement books are heavy on theory and then only give a few eye exercises to do. I did find a book at the library that has lots of exercises. It's called "Visionetics--The Holistic Way To Better Eyesight, by Lisette Scholl, copyright 1978, ISBN: 0-385-13279-4. She has yoga stuff in there too. It must be out of print, because none of the local bookstores

could order it. I am currently trying to get the book through a hard-to-find book source on the Internet. In the meantime, I photocopied a lot of the book so I could practice the exercises.

The eye massages feel wonderful! Gentle pounding around the bony perimeter of the eyes with your middle fingers is one I like. Also massaging certain acupressure points like the upper inside part of the bony ridge above our eyes, and the ones by our nose--to find them, place your middle fingers beside your nostrils to get your index fingers the right distance from your nose, then rub in circular motions with the index fingers. Use your thumbs to support your chin. I don't have any problem finding these acupressure points, because they are very sore.

Drawing imaginary figure eights in the air with my nose while "sunning" feels great too.

What is your favorite eye exercise everyone?

Kip wrote:

>Could you describe this "top of my left eye" part better? Do you mean
>you look at a point, and you see things ABOVE that point clearly though
>the point itself is not so clear? William Bates' books talk a lot about
>that, saying you need to work on your 'Central Fixation'.

What I am actually looking at is what I see best, so I don't believe this would be called a central fixation problem? For example, when I look at the letter "C" on the eyechart the letter is fuzzy if I am looking straight ahead at it. (Left eye is patched.) If, while still looking directly at the letter "C", I tilt my head so that my right eye rolls up and to my left the letter "C" is clear. Weird, huh?

~Mari

-
- Prev by Date: [Re: The truth about "film" in glasses](#)
 - Next by Date: [Re: nutritional supplements](#)
 - Prev by thread: [Re: Good Book: Improve your Vision/Beresford](#)
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Re: nutritional supplements

- To: i_see@indiana.edu
 - Subject: Re: nutritional supplements
 - From: marif@btigate.com
 - Date: Sun, 17 Nov 1996 07:53:47 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Virginia wrote:

>Does anyone know how Lutein helps the eyes?

Hi Virginia,

Evidently, lutein is a carotenoid (as is beta carotene).

It's found in dark green, leafy vegetables such as spinach and also broccoli.

Lutein is concentrated in the macula, the central area of the retina of the eye.

It may help prevent age-related macular degeneration, a very common cause of vision problems in old age.

Goto

<http://ultra.infoseek.com/>

and search on "lutein"

for more details

About TwinLabs putting aspartame in their products...could someone provide some kind of proof or documentation on this? I'm a little leary of vague damaging rumors like this. I happen to us TwinLabs products and it says right on the bottle "no artificial sweeteners".

~Mari

-
- Prev by Date: [Re: Newbie here](#)
 - Next by Date: [Emotions & poor vision?](#)
 - Prev by thread: [Re: nutritional supplements](#)
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Emotions & poor vision?

- To: i_see@indiana.edu
 - Subject: Emotions & poor vision?
 - From: jeff rimland <jcr127@psu.edu>
 - Date: Sun, 17 Nov 1996 16:25:09 GMT
 - Sender: owner-i_see@indiana.edu
-

>Hey, has anyone read anything on the emotional nature of poor vision? It is
>mentioned in the Natural Vision FAQ, I would like to read more about this.
>Any books you can recommend on the topic?

>~Mari

>

>

Mari,

i've never read anything about it, but my personal experience is that emotions have an immense effect on vision. my vision is normally in the 20/40 to 20/50 myopic range, but if i'm upset or stressed out for a few days in a row my vision becomes dramatically worse. since i've been doing eye exercises and wearing +3.25 lenses a few hours a day, it seems that stress doesn't affect my vision nearly as much. i guess when the muscles of the eye are strengthened, they aren't as susceptible to stress related problems. i'd be interested in reading more about this subject as well, Mari....

jeff

jcr127@psu.edu

- Prev by Date: [Re: nutritional supplements](#)
- Next by Date: [The Happy Eye Pillow](#)
- Prev by thread: [Re: Newbie here](#)
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Emotions & poor vision?

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The Happy Eye Pillow

- *To:* i_see@indiana.edu
 - *Subject:* The Happy Eye Pillow
 - *From:* jeff rimland <jcr127@psu.edu>
 - *Date:* Sun, 17 Nov 1996 20:59:35 GMT
 - *Sender:* owner-i_see@indiana.edu
-

hi everyone,

i never really liked palming and found it difficult to relax while holding my hands over my eyes... the other day i found the "Happy Eye Pillow" at one of those nature stores...its a little rayon pillow with flax seeds inside. i've been using that instead of palming and getting much better results...with the pillow over my eyes i can see almost no light at all even with my eyes open.. they cost 10 bucks..but they're well worth it...

call 1800 486 2896 for more info....

jeff

-
- Prev by Date: [Emotions & poor vision?](#)
 - Next by Date: [The Happy Eye Pillow](#)
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The Happy Eye Pillow

- *To:* <I_SEE@indiana.edu>
 - *Subject:* The Happy Eye Pillow
 - *From:* Virginia Sauer <72607.3335@CompuServe.COM>
 - *Date:* 17 Nov 96 17:39:09 EST
 - *Sender:* owner-i_see@indiana.edu
-

jeff rimland > INTERNET:jcr127@psu.edu wrote: "i never really liked palming and found it difficult to relax while holding my hands over my eyes... the other day i found the "Happy Eye Pillow" at one of those nature stores...its a little rayon pillow with flax seeds inside. i've been using that instead of palming and getting much better results with the pillow over my eyes i can see almost no light at all even with my eyes open. they cost 10 bucks but they're well worth it. call 1800 486 2896 for more info ..."

Eye pillows are also very quick and easy to make, and make a thoughtful gift. You can find flax seed at the health food store; if in doubt, ask a vegetarian where to get them. (We use them as egg substitutes, among other things.) And these are VERY soothing for the eyes.

I hope you'll find this helpful:

EYE PILLOWS
copyright (c) 1994 Virginia B. Sauer

Soft, soothing eye pillows advertised for \$ 16.00 - 20.00 (plus tax and shipping) can easily and inexpensively be made at home.

These are very soft, soothing pouches that you place over your eyes when you lie down to rest or sleep. The bag will slide off during the night, and most people find that they wake up refreshed. Many claim that this also relieves headache/sinus problems, since the little pillows massage your eyes while you sleep.

=====
MATERIALS NEEDED
copyright (c) 1994 Virginia B. Sauer
=====

20 1/2 x 5 1/2 inches sand-washed rayon (a very soft, soothing fabric that does not allow moisture to sleep through) or satin in color/style of your choice

Needle and thread (in color matching that of fabric)

4 cups flax seed (preferably organically grown)

1 cup lavender flowers (optional)

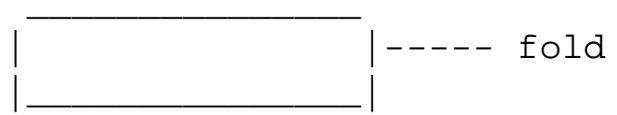
- . This is ideal for inducing sleep and reducing headaches/eyestrain.
. If preferred, an additional cup of flax seed can be substituted.

2 - 3 feet 1/2-inch grosgrain ribbon in color that complements that of fabric (lovely, but optional; only necessary if making variation with ribbon ties).

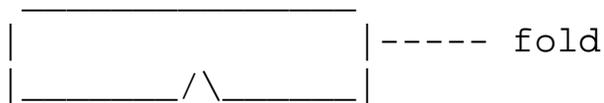
=====
PROCEDURE
copyright (c) 1994 Virginia B. Sauer
=====

-- Iron fabric. Fold each short (5 1/2-inch) side under about 1/4 inch. Iron to hold in place.

-- Fold fabric in half lengthwise, right sides together.



- If desired, cut inverted "V" from center of one edge of the long side, creating a mask without eyes.
 - . Although in no way mandatory, this will make it more "professional-looking" for gifts, and enable the pillow to fit comfortably over the nose.
 - . Make cut high enough to be noticeable even after seam allowance is sewn (e. g., if using 1/4-inch seam allowance, make V-shape extend 1/4-inch longer than necessary).



- Stitch together long sides, making 9 1/2 x 5 inch pouch.
- Invert pouch, so that right sides are outside.
- Mix flax seed with lavender flowers to evenly distribute.
- Fill pouch 2/3 - 3/4 full with the flax seeds and/or lavender flowers.
- Stitch open end closed, creating pouch.
- When giving as a gift, attach a tag with the following label information.

LABEL

copyright (c) 1994 Virginia B. Sauer

EYE PILLOW

Pillows for your eyes.

Eye pillows comfort and massage your eyes when you are resting or napping. Filled with soothing flax seed and lavender, they are designed to put gentle pressure on the accupressure parts of your face to block out light and reduce eyestrain.

They can be used either at room temperature, or placed in the refrigerator or freezer to create a cooling pack for your eyes or neck.

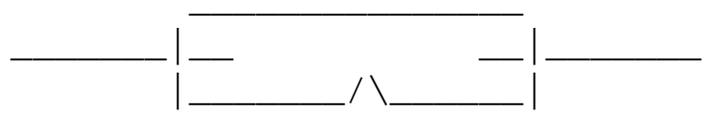
Although many people claim to use these throughout the day to relieve eyestrain, others find that they induce sleep. Accordingly, experiment with it at a time when a nap would not present a problem (e. g., not ten minutes before making a presentation).

=====
VARIATION(S)
copyright (c) 1994 Virginia B. Sauer
=====

EYE PILLOW FOR TRAVEL / USING IN UPRIGHT POSITION
Copyright (c) 1994 Virginia B. Sauer

If you anticipate using these on airplanes (or at other times when in upright or semi-upright position), add ribbon ties to enable pillow to remain in place.

- Either substitute two 10 1/4 x 5 1/2-inch pieces of fabric, or cut cut fabric in half (creating two 10 1/4 x 5 1/2-inch pieces).
- Cut grosgrain ribbon in half.
- Slip ribbon between short sides of fabric (so that approximately 1 inch is hidden).



- Proceed as above.
- When finished, cut inverted V-shape from each exposed end of grosgrain ribbon.



-- Amend label instructions to include tying ribbon into bow behind head to hold pillow in place when using in upright or semi-upright position.

EYE PILLOWS USING BUCKWHEAT HULLS

Copyright (c) 1994 Virginia B. Sauer

Many people recommend substituting buckwheat hulls for the flax seed. However, I, myself, have never tried this.

EYE PILLOWS USING MUSTARD SEEDS

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-- Eye pillows can also be made with mustard seeds instead of (or along with) flax seed.

-- These are especially nice for someone under great stress, accompanied by an appropriate label.

- . One one side, print a description of the eye pillow, and the fact that it contains mustard seed.
- . On the other side, print the following Biblical quote:

"And if you have faith as a grain of mustard seed,
You will say to this mountain, 'Move, mountain',
And it will move ...
For nothing shall be impossible unto you."

Matthew 17:20

EYE PILLOWS TO INDUCE SLEEP

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If you want the pillows to induce sleep, mix the flax seed

with lavender flowers, hops, camomile, and/or catnip (although the latter should be used only if you do not have a cat).

Copyright (c) 1994 Virginia B. Sauer

-
- Prev by Date: [The Happy Eye Pillow](#)
 - Next by Date: [Good Book](#)
 - Prev by thread: [The Happy Eye Pillow](#)
 - Next by thread: [Re: how do I get one?](#)
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Good Book

- *To:* I_SEE@indiana.edu
 - *Subject:* Good Book
 - *From:* JRalls7959@aol.com
 - *Date:* Sun, 17 Nov 1996 17:44:16 -0500
 - *Sender:* owner-i_see@indiana.edu
-

I just got this at the local Barnes and Noble. I wouldn't bother to order it yourself from the publisher, any B.Dalton etc store might have it and should certainly be able to order it. It's only \$10
Julie

- Prev by Date: [The Happy Eye Pillow](#)
- Next by Date: [Re: how do I get one?](#)
- Prev by thread: [Re: Good Book](#)
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Re: how do I get one?

- *To:* Alice Pizzuto <apizzuto@chester.dddv.com>
 - *Subject:* Re: how do I get one?
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 17 Nov 1996 23:16:22 -0500
 - *CC:* i_see@indiana.edu
 - *Organization:* Blake Systems, Inc.
 - *References:* <2.2.32.19961114144330.0090da70@chester.dddv.com>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Alice Pizzuto wrote:

```
>
> I have been hearing about this but missed the info re where it's available.
> Could you repost it?
>
> Thanks
> Alice
>
> >An accomotrak is a machine that essentially gives you bio-feedback
> >about how your eye muscles are working. Very expensive but it can
> >give you better muscle control, leading to better vision.
> >
> >Barry
> >
```

You probably don't want to "get" one, unless you have a spare \$20,000.

Many vision therapy practitioners use the accommotrac as a key tool in their therapy.

I used to accommotrac for about 10 sessions or so a few months ago. I gained back about 1.5D (from -6 to -4.5) of vision during that time, but I honestly think the improvement was more due to the other more holistic techniques I was using during that time (such as palming, massage, blinking etc.)

To find an accommotrac near you, I suggest you look up vision therapy in the yellow pages, and make some phone calls. Thats what I did, and if you are in a metropolitan area, you are bound to find one or two practitioners that have one.

--
Art Blake -> art@blakesys.com

-
- Prev by Date: [Good Book](#)
 - Next by Date: [FW: Vision Care](#)
 - Prev by thread: [The Happy Eye Pillow](#)
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FW: Vision Care

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* FW: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 18 Nov 96 16:09:00 PDT
 - *Encoding:* 26 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

I haven't forgotten the request for more information.....

To: Richards, Caroline

Sounds like the same thing we are talking about..... exercise the eye muscle by focusing far and near..... like a viewmaster.....slides are lite from behind.....

The salesman will be coming to my house to change a slide on it. I wanted a slide that is just stripes on it so that I could focus on lines, it's good for astigmatism. I will ask him about how to get one in Australia. Will let you know next week.

Bye,

Mei

Mei

I've had quite a bit of response from people regarding your vision care stuff. Some people are asking who the supplier is and how they can order it. Do you have the information or is it only available in Singapore?

Thanks

Caroline

- Prev by Date: [Re: how do I get one?](#)
- Next by Date: [Radiation](#)
- Prev by thread: [RE: Vision Care](#)
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Radiation

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Radiation
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 18 Nov 96 16:39:00 PDT
 - *Encoding:* 27 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Regarding radiation and computer screens, I thought I'd tell you what I was told myself recently. I'm not sure if it is true or not, but the guy who told me lost a sale through his advice so I tend to trust him...

I'm pregnant and was trying to enquire about lead aprons since I do so much computer work and a homeopathic doctor had recommended the apron for safety. Unable to find a normal retail supplier, I called an X-ray equipment company and asked to speak to the sales department.

The man I spoke to said that they had lead aprons of all qualities and that he could certainly sell me a single one if I wanted, but that he thought it was unnecessary. He quoted some government (Australian) health department (I forget the exact name) which had measured the radiation output of 'modern' screens, and found it to be negligible (and even more so for those of us who try to sit further back for the sake of our eyes!).

I'd still err on the side of caution, but I thought it was encouraging news.

Caroline

Alex Eulenberg wrote:

> ...

> If you want to decrease radiation from your computer screen, you should
> get a anti-radiation/glare screen.....

- Prev by Date: [FW: Vision Care](#)
- Next by Date: [RE:](#)
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RE:

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* RE:
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Mon, 18 Nov 1996 13:19:12 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Sorry, Caroline...

I guess I didn't answer the question in the first place! I don't think it's the type of machine you'd want to order, or even be able to afford to order. (Well, maybe you could....) First off, you need two people for it: the technician centers the machine on your eye & makes adjustments as you work on it. You need to time how long you do it each sitting, or your eye will get fatigued. As your eye relaxes, you receive a feedback noise that lets you know how you're doing.

On the other hand, there will be some computer programs coming out that, while they're not exactly the same thing, can work your eye in the same manner. As soon as I find some info, I'll send it to you!

One thing I can tell you...After months of doing eye exercises & massages only, the machine was the first thing to have some affect! I can actually see (and feel) some improvement! After the first time I used it, my eyes felt wide open & relaxed! And now I realize that the times I can see clearly, my eyes feel the same as if I were using the machine!

As for expense, here in the NYC area it's ridiculous, but someone assured me the other day that certain insurance co's will cover a part of the expense. Now I'm out searching for the right co!

: -)

At 08:49 PM 11/18/96 +0000, you wrote:

>

>Dawn
>
>Do you have the details of how to order one (I assume you're talking about
>the acommotrac - or however it was spelt!)?
>
>Thanks
>Caroline
dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [Radiation](#)
 - Next by Date: [Referrals & Energy](#)
 - Prev by thread: [Radiation](#)
 - Next by thread: [RE: RE:](#)
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Referrals & Energy

- To: i_see@indiana.edu
 - Subject: Referrals & Energy
 - From: cheryl_lee@rdrorl.com
 - Date: Mon, 18 Nov 96 08:26:43
 - Sender: owner-i_see@indiana.edu
-

1st a comment about unknown vision therapists. I called one who was listed in the back of Jacob Liberman's book Take Off Your Glasses and See and was local to me. I talked to him on the phone 1st about what I was doing. He said yes, yes. He did that. I went in for an appointment. He immediately put me through a standard stressful eye exam and basically told me I was too old and my eyes too far gone to change. We ended up having words and agreed that there was no way we could work together. Since then (Mar 95) I have reduced my prescription more than half. When I get to 20/20, I am considering going back to him to show off. And I also don't want to waste the time, energy, or money. So, the point is be cautious when choosing someone to work with - trust your instincts.

Energy systems around and in the body. Carolyn Myss' Energy Anatomy is very good. The tape series especially is well done.

Cheryl

-
- Prev by Date: [RE:](#)
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Re: Emotions & poor vision?

- *To:* marif@btigate.com, i_see@indiana.edu
 - *Subject:* Re: Emotions & poor vision?
 - *From:* cheryl_lee@rdrorl.com
 - *Date:* Mon, 18 Nov 96 08:32:09
 - *Sender:* owner-i_see@indiana.edu
-

Jacob Liberman's Take Off Your Glasses and See
Robert-Michael Kaplan's The Power Behind the Eyes

Reply Separator

Subject: Emotions & poor vision?
Author: marif@btigate.com at Internet
Date: 11/17/96 9:01 AM

Hey, has anyone read anything on the emotional nature of poor vision? It is mentioned in the Natural Vision FAQ, I would like to read more about this. Any books you can recommend on the topic?
~Mari

-
- Prev by Date: [Referrals & Energy](#)
 - Next by Date: [Re: Spelling has never been my strongest....](#)
 - Prev by thread: [Emotions & poor vision?](#)
 - Next by thread: [Re: Emotions & poor vision?](#)
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Re: Spelling has never been my strongest....

- To: i_see@indiana.edu
 - Subject: Re: Spelling has never been my strongest....
 - From: marif@btigate.com
 - Date: Mon, 18 Nov 1996 07:55:58 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Thanks for all the info you sent me, Dawn. :-)

>For me, the best exercises are the "divergence" ones.

Okay, I have to admit my ignorance again. What are divergence exercises?
~Mari

-
- Prev by Date: [Re: Emotions & poor vision?](#)
 - Next by Date: [Re: Emotions & poor vision?](#)
 - Prev by thread: [Re: Referrals & Energy](#)
 - Next by thread: [Re: Pinhole glasses](#)
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Re: Emotions & poor vision?

- To: i_see@indiana.edu
 - Subject: Re: Emotions & poor vision?
 - From: marif@btigate.com
 - Date: Mon, 18 Nov 1996 07:55:56 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Hi ya Jeff,
you wrote:

>i've never read anything about it, but my personal experience is that
>emotions have an immense effect on vision. my vision is normally in the
>20/40 to 20/50 myopic range, but if i'm upset or stressed out for a few days
>in a row my vision becomes dramatically worse. since i've been doing eye

Hey Alex, I think your perfectionism might be stressing out your eye muscles.
Just pickin' on ya a little bit. >:->

Back to Jeff...the Natural Vision FAQ (<http://www.cia.com.au/vic/faq.html>)
is actually talking about how there could be emotional issues connected to
poor vision. For example, it mentions:

"Myopia is a contraction and withdrawal from the world. Myopia is about not
trusting what one sees, and about seeing the world through a fear filter.
Myopia often indicates a lack of security in ones self and in general trying
too hard to achieve and to see. Myopia is also about being more critical,
analytical, judgmental and having excessive attention to detail...Children
that are abused tend to develop high myopia."

Interesting, huh? Anybody out there have more info on this????
~Mari

-
- **Follow-Ups:**
 - [Re: Emotions & poor vision?](#)

■ *From:* Free Radical <zerobase@speednet.com.au>

- Prev by Date: [Re: Spelling has never been my strongest....](#)
- Next by Date: [Re: Referrals & Energy](#)
- Prev by thread: [Re: Emotions & poor vision?](#)
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Re: Referrals & Energy

- *To:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Subject:* Re: Referrals & Energy
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Mon, 18 Nov 1996 11:29:56 -0500 (EST)
 - *Cc:* i_see@indiana.edu
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

At 09:18 AM 11/18/96 -0600, Mark Jones wrote:

>

>Cheryl wrote:

>> Energy systems around and in the body. Carolyn Myss' Energy Anatomy
>> is very good. The tape series especially is well done.

>

>Hi! Could you provide some more information on Energy Anatomy,
>such as publisher, year, ISBN number, etc., in case I have
>trouble finding it?

If you have web access, you should definitely get to know [amazon.com](http://www.amazon.com) where you can look such things up yourself. Based only upon "Energy Anatomy" and "Myss" I found this right away on <http://www.amazon.com>

Energy Anatomy : The Science of
Personal Power, Spirituality, and Health

by Caroline Myss

Bk&6 Csts Edition

Audio Cassette

List: \$59.95 -- Amazon.com Price: \$53.96 --

You Save: \$5.99(10%)

Published by Sounds True

Publication date: October 1996

ISBN: 1564553795

Incidentally, I gave a reference to Improve your Vision without Glasses or Contact Lenses, by Beresford, Muris, Allen, Young on amazon.com. However, the link I gave apparently was a temporary one. I don't yet know how to give links to a particular amazon.com book page. To find this book, go to <http://www.amazon.com/> , then click SEARCH, then enter BERESFORD as author and IMPROVE YOUR VISION as title, and click SEARCH NOW. You'll get to the book's page right away. (Thanks again to Julie for pointing out this book.)

-
- Prev by Date: [Re: Emotions & poor vision?](#)
 - Next by Date: [Re: Pinhole glasses](#)
 - Prev by thread: [Referrals & Energy](#)
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Re: Pinhole glasses

- *To:* i_see@indiana.edu
 - *Subject:* Re: Pinhole glasses
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Mon, 18 Nov 1996 14:37:46 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

At 01:19 PM 11/18/96 +0000, Dawn Isaacson wrote:

>Has anyone used pinhole glasses in their therapies? Has anyone had any
>success with them?

>

>Does anyone know how they are supposed to work to reduce myopia? I mean, I
>technically understand how they help you see more clearly, but are they
>supposed to do the same thing as wearing plus lenses over contacts?

I haven't used pinhole glasses as therapy, no, but I have seen a number of references to them. Some vision professionals are very proud that pinhole glasses cannot be sold in their states. It took some work to get them banned.

I've seen them used even by researchers writing in vision research journals. The idea is that when you look through a pinhole, your eye can be focussed anywhere (accommodated near or far) and you still see a clear image. So, your ciliary moves to its tonic of accommodation (TA) position (dark focus) where it's most relaxed. (I know many people think that it's most relaxed when you see far, but that's another discussion.)

Normally, there is a connection or "loop" between your vergence (two eyes pointing to a nearby object or pointed more parallel for a far object) and your accommodation. However, when wearing pinhole glasses, this "loop" is open (the loop being the two-way connection between vergence and accommodation, each one reinforcing the other).

I forget what they're studying in this case, other than how vergence works when not affected by accommodation. They also make the vergence "open loop" by disconnecting any common field of view

between the two eyes (much as Kaplan's two-eyed patch does).

Here's a plausible (to me) explanation for how pinhole glasses could help improve myopia (similar idea could apply to hyperopia or presbyopia):

Your eyes need good contrast (edges) to focus correctly. (If you look at a blurry picture your focus naturally drifts toward your TA). If you're myopic, you see in a blur. This blur reinforces itself since you have no good contrast (no clear edges) to use to get your focus right. If only you had some help to make the edges just sharp enough that you could use your natural focus control to bring the edges the rest of the way into clear focus, you'd be all set. Once it's in clear focus, you could perhaps reduce the "help" and keep in focus (since the edge is now clear enough to reinforce your focus on it.)

There are a number of ways to get this "help":

- bright light naturally increases the contrast
- Bright light also shrinks your pupil size which increases your depth of field (just like f-stop on a camera)
- squinting
- wearing pinhole glasses with the right size holes for the brightness level around you.
- bring the subject (eye chart or whatever) near you, then you can push it back gradually once it's in clear focus.
- blink your eyes, so a layer of tears forms over the cornea, which effectively polishes the surface.
- look through an insect screen at just the right distance so your eye focusses on the screen rather than at your TA, thereby (perhaps) making distant objects more clear.

You use "just enough help" so you get to practice going the rest of the way into clear focus, and presumably learn the muscle skills just as basketball practice helps you shoot more hoops. As you improve, you would need lower light levels or larger pinholes.

Some pinhole glasses references on the web:

<http://www.livelinks.com/sumeria/health/raids.html> (about FDA raid on Natural Vision International (NVI), confiscating pinhole glasses)

<http://www.ftc.gov/bcp/adcon/adconpro.htm> (about fraudulent advertising, includes: "I guess all of you remember pinhole glasses. They were the glasses that had the little holes in the lens and they were supposed to increase your energy level and your cognitive abilities. If you have a question about these glasses, I encourage you to call the FDA Center for Devices and Radiological Health.")

<http://www.naturesway.ie/natnews/mayjun96/eyesight.html> (UK seller)

<http://www.greenmoney.com/bensalem/cruelty.htm> (sells at \$17, Pennsylvania)

- Prev by Date: [Re: Referrals & Energy](#)
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20/40 vs cold turkey

- *To:* ISee <i_see@indiana.edu>
 - *Subject:* 20/40 vs cold turkey
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Mon, 18 Nov 1996 15:39:29 -0600 ()
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

On Mon, 18 Nov 1996 14:37:46 -0500 (EST) Kip Bryan
<kipb@world.std.com> wrote:

> Your eyes need good contrast (edges) to focus correctly. (If you
> look
> at a blurry picture your focus naturally drifts toward your TA).
> If you're myopic, you see in a blur. This blur reinforces itself
> since you have no good contrast (no clear edges) to use to get your
> focus right. If only you had some help to make the edges just sharp
> enough that you could use your natural focus control to bring the
> edges the rest of the way into clear focus, you'd be all set. Once
> it's in clear focus, you could perhaps reduce the "help" and keep
> in focus (since the edge is now clear enough to reinforce your focus
> on it.)

Executive summary:

Stimulating focusing through occasional exposure to clarity is
beneficial. The cold turkey approach may become unproductive after some
point. Basic agreement with quoted statement plus introduction of some
caveats.

Skip rest if time is scarce

You are adding the next piece of the 20/40 vs cold turkey discussion

that we have had for well over a year. Funnily, we haven't been able to reach a concensus. Among long-term players, Alex is taking the cold turkey side, while I am leaning more to the 20/40, which I gather is also your stance. My main argument is similar, if not the same, as yours -- that from a particular lever of blur the brain gives up interpreting it, with the accommodative mechanism assuming the resting (TA) state. Therefore, one needs some "clear" prodding, in order to make progress. I find this plausible, being constantly in a blur one may forget how clear the world should look like. Compare children with less visual memory and experience who don't realize that they are myopic.

However, major new discoveries have dented this hypothesis. As I posted to sci.med.vision about a week ago, lengthening of the posterior chamber is locally controlled (by the retina - part of the brain) as evidenced by elongation in response to hyperopic defocus with the central ocular nerve sectioned. Lengthening occurs even with the ciliary sectioned, eliminating or at least significantly reducing the influence of accomodative effort in myopiagenesis. We are, of course, more interested in the opposite process -- response to myopic defocus. Shortening of the eyeball can occur thru the same mechanism, and in fact faster, triggered by myopic defocus. Just one recent source is "Retinal control of eye growth and refractive error in the chick." at http://www.vthrc.uq.edu.au/vthrc/Theses/1991_Christine_Wildsoet.html . Chick eyes responded quickly to a +10D lens, reducing axial length. A positive 10D in most cases qualifies as cold turkey. Also, among humans, consider Linda, who claims she went cold turkey from day one at approx -9D. Reportedly, she's done great, although she is on the list, silently. The other often quoted example is Antonia Orfield who used (successfully) the 20/40 approach.

See, it doesn't appear easy to draw the line. Personally, I think periodic remembering what clear should be like is beneficial. Cold turkey may throw one in the ruts of visual recovery. At the same time, incremental improvement may be observed by removing 20/40 glasses and staying without them for a while (the lens relaxes).

One another note, you didn't respond to Larry Bickford's and my blasting of your claims about the benefits of exercising the extraocular muscles. As I said this belief stems from the sheer ignorance of anatomy.

To recap, recovery from myopia involves two main strategies: plus lens therapy and restoring emotional balance.

Stefan Stefanov

- Prev by Date: [Re: Pinhole glasses](#)
- Next by Date: [Re: FW: Vision Care](#)
- Prev by thread: [Re: Pinhole glasses](#)
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Re: FW: Vision Care

- *To:* Dawn Isaacson <charade@worldnet.att.net>, "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: FW: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 19 Nov 96 09:18:00 PDT
 - *Cc:* i_see <i_see@indiana.edu>
 - *Encoding:* 55 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Dawn

I'm sorry the information so far on Vision Care is somewhat lacking; I'm trying to find out more. Just now all I have is the recommendation from a Singaporean colleague who says how good it is.

Yes, it is a sliding eye chart but I don't know why you'd need a salesman to change part of it. I think he was needed to supply the new slide rather than to do the change itself but that's just a guess.

Caroline

From: Dawn Isaacson

What kind of machine is this?

A few posts ago someone wrote about a plastic slide machine that would do the same as an eye chart...is that it? If you need a salesman to change something on it, it must be more complex than that?

At 11:09 PM 11/18/96 +0000, you wrote:

>

>I haven't forgotten the request for more information.....

> -----

>To: Richards, Caroline

>

>Sounds like the same thing we are talking about..... exercise the eye

muscle
>by focusing far and near..... like a viewmaster.....slides are lite from
>behind.....
>
>The salesman will be coming to my house to change a slide on it. I wanted
a
>slide that is just stripes on it so that I could focus on lines, it's good
>for astigmatism. I will ask him about how to get one in Australia.
>Will let you know next week.
>
>Bye,
>Mei
> -----
>Mei
>
>I've had quite a bit of response from people regarding your vision care
>stuff. Some people are asking who the supplier is and how they can order
>it. Do you have the information or is it only available in Singapore?
>
>Thanks
>Caroline
> -----
>
dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [20/40 vs cold turkey](#)
 - Next by Date: [RE: RE:](#)
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RE: RE:

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* RE: RE:
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 19 Nov 96 09:40:00 PDT
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 11 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Dawn

Thanks a lot. I'll await your computer program news with great interest, as I'm sure everyone else will.

Caroline

On the other hand, there will be some computer programs coming out that, while they're not exactly the same thing, can work your eye in the same manner. As soon as I find some info, I'll send it to you!

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- Next by Date: [Summary of myopia therapies](#)
- Prev by thread: [RE:](#)
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Summary of myopia therapies

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Summary of myopia therapies
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 19 Nov 96 10:00:00 PDT
 - *Encoding:* 32 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Thought this was a useful summary - any information on blue-green light therapy's usefulness? I haven't heard it discussed on the list....

>From <http://www.cia.com.au/vic/faq.html#NA16.6>

[16.6] What is an example program for myopia?

Relaxation and passive work. Meditation. Yoga. Body work such as Feldenkrais if you posture needs reconfiguring. eg if you lean too far forward.

Palming. Brock string exercise. Select favorite exercises for: Extending accommodation out into the blur zone. Work on saccadic motion. central fixation.

Stretch muscles of the eyes. Breathing and blinking. Massaging around eyes, acupressure for stress relief.

Address the emotional aspects of withdrawal from far vision.

Blue-green light therapy. 15 minutes a day.

Wear no glasses when possible, use fitness 20/40 where full correction is not needed. Only wear glasses where absolutely needed.

Pay attention to nutrition. supplement Vitamin A/Zinc, Calcium/Vitamin D, B-complex, Bilbery. Avoid processed and refined foods. Minimise sugars, animal fats, stimulants and drug use.

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- Prev by thread: [Re: 20/40 vs cold turkey](#)
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Re: how do I get one?

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: how do I get one?
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 19 Nov 1996 04:55:09 +0000
 - *Cc:* i-see@indiana.edu
 - *Sender:* owner-i-see@indiana.edu
-

Thanks Art. I think I may, at some point, follow suit and stop going. The big problem is the same as everyone else's: finding a dr who will prescribe weak glasses. Both my regular optometrist and ophthalmologist won't at all. Adamantly. But since you guys recommended the drug-store plus lenses, I can control the improvement myself.

BTW: I think I mentioned earlier that I was referred to this dr with the accommotrac by a PRK surgeon. He seemed to believe that the best the accommotrac would do is 1 to 2 diopters. The way I see it, it's better than nothing!

8-)

At 02:17 AM 11/19/96 +0000, you wrote:

>Dawn Isaacson wrote:

>>

>> Art--

>>

>> Did you give up on the machine? Did your vision progress afterward?

>>

>

>After a while, I hit a "brick wall" where I stopped making improvement.

>The therapy is expensive (as you know.) Apparently this is quite

>common--

>you see an initial large improvement, and then stop making such good

>progress.

>

>I've seen a little bit more improvement since then, but its been

>slow going... I'm currently at -4.5 D in both eyes, no astigmatism.

>(the worst off I was, was -6.5 in both eyes.)

>

Re: how do I get one?

>> I'm currently going to a dr who uses the machine, and finally I've had some
>> progress. (1st time, eyes relaxed, 2nd time, no noticeable difference, 3rd
>> time, clearer vision, probably about 0.50--I'm getting it checked this week.)
>
>Glad to hear that. I think the most important think the accommotrac can
>do
>for you is to prove to you that it is indeed possible to change your
>vision,
>and instantaneously. However, this change is also possible without the
>accommotrac.
>
>>
>> It seems that if you kind of "get" the biofeedback & understand how to use
>> your eyes that way, at some point you'd be able to do it on your own
>> (without the machine).
>
>see above..
>
>>
>> How is your vision now?
>>
>see above, again..
>
>> Thanks!
>>
>> Dawn 8-)
>>
>
>you're welcome.
>
>--
>Art Blake -> art@blakesys.com
>They call my work "a work of art!"
>
dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [Summary of myopia therapies](#)
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Re: how do I get one?

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Re: Pinhole Glasses

- To: i_see@indiana.edu
 - Subject: Re: Pinhole Glasses
 - From: Dawn Isaacson <charade@worldnet.att.net>
 - Date: Tue, 19 Nov 1996 04:55:12 +0000
 - Sender: owner-i_see@indiana.edu
-

Thanks, Kip. Does this suggest that wearing pinholes over the training glasses (it's a feat, but like Cheryl I get desperate sometimes) is just as effective? According to your post, it sounds like any use of pinholes would be more effective?

At 03:47 PM 11/18/96 +0000, you wrote:

>
> Thanks Kip for all the info on pinholes. I have been using them off
> and on over the last 2 years. I wear them over my training lenses to
> work at the computer or watch TV sometimes. I sometimes feel
> frustration over the lack of full peripheral vision. I also use them
> when I walk outside at lunch during work. I just wear them or no
> lenses at that time. I have to contemplate what you wrote and maybe
> alter my plan of attack useing pinholes.

> Cheryl

>
dc :-)

Charade@worldnet.att.net

- Prev by Date: [Re: how do I get one?](#)
- Next by Date: [Re: New to list](#)
- Prev by thread: [Summary of myopia therapies](#)
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Re: New to list

- *To:* marif@btigate.com, I_SEE@indiana.edu
 - *Subject:* Re: New to list
 - *From:* JRalls7959@aol.com
 - *Date:* Tue, 19 Nov 1996 01:06:20 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Yes, I thought that Bates explanations, using western concepts of anatomy etc, for the usefulness of palming and swinging were weird. But then after reading a few books on Eastern traditions and seeing the similarities between the Bates method and therapeutic modalities working on an energy level, he made more sense. When I first heard terms in Chinese medicine like a dampness in the spleen or the triple burner, which doesn't correspond to any organ I learned about in anatomy, that seemed weird too. Chinese medicine and western medicine use the same term, the spleen, but they are really not talking about exactly the same thing. It took me a while to get away from a literal translation to an understanding of the concepts of meridians.

Originally I thought they must travel along nerves or lymphatic but they don't.

For example, the palming. If you just need darkness to relax your eye muscles, why palm? Why not cover your eyes with a sleeping mask or black bag? Bates recommended palming. Palming could be just another way, like acupuncture, accupressure and massage, to open up those meridians around the eye. Bates explanations for the mechanisms of why his method work did not make sense to me me. Neither did Chinese medicine at first. I prefer to think of some of his techniques as working on an energy level and I do not think he addressed that as a possibility at all. I hope that makes it clear what I meant by his method seeming weird.

Julie

-
- **Follow-Ups:**

- [Re: New to list](#)
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>

- Prev by Date: [Re: Pinhole Glasses](#)
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Re: 20/40 vs cold turkey

- To: i_see@indiana.edu
 - Subject: Re: 20/40 vs cold turkey
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Tue, 19 Nov 1996 10:01:32 -0600
 - Sender: owner-i_see@indiana.edu
-

----- Forwarded Message

Stefan Stefanov wrote:

>Stimulating focusing through occasional exposure to clarity is
>beneficial. The cold turkey approach may become unproductive after some
>point. Basic agreement with quoted statement plus introduction of some
>caveats.

This note and Kip's (addressed below) stimulated some thoughts.

>From my point of view, the question may be more emotional than physiological. (Philosophical underpinning: The physiological is malleable or subject to alteration by means of intent/will/mind/energy/whatever-you-want-to-call-it.)

I think it may depend a great deal on personal circumstances and how well one is able to move through depression. Boosting one's morale can be much easier when there is a whole-hearted commitment. The next several paragraphs focus on the emotional dimension. I return to the physiological below in response to Kip's note.

Here's what I've been doing:

I improved moderately over a 2 - 4 year period wearing 20/20 correction. I went in few reduced 20/20 lenses

when I began having more frequent headaches and eyestrain.

About 3 months ago, I switched to 20/40 during the day and 20/20 while driving or playing at night. Over this time period, improvement has been very slight and unstable. On a good day, I can see 20/20 with the 20/40 lenses, but not as often as I would like. When I put on the 20/20 lenses, I enjoy the clarity like looking at a good painting. When I take off glasses altogether, I enjoy the rest and I feel I can see very well, even though it happens to be blurry. In other words, I don't have anxiety about my visual field as long as I do not feel like I'm in a dangerous situation.

To make this story relevant: I feel that the reason I do not go cold-turkey is my lack of ease when working, driving, or going into dangerous situations without glasses. On the other hand, as alluded to above, I enjoy putting on the 20/20s from time to time to experience the clarity. This is also emotional in that I get a great deal of satisfaction from observing the lines, forms, colors, and feelings of this universe.

To think strategically: If I want slow improvement, I'll do 20/20 or a 20/40-20/20 mix along with VT techniques. If I'm ready for faster improvement, I think cold-turkey with a lot of time for silence, experiential exploration, creative expression, and VT/meditation is the way to go.

Earlier, Kip Bryan wrote:

> Your eyes need good contrast (edges) to focus correctly. (If you look
> at a blurry picture your focus naturally drifts toward your TA).
> If you're myopic, you see in a blur. This blur reinforces itself
> since you have no good contrast (no clear edges) to use to get your
> focus right.

This can be remedied by occasionally looking at things close up. Thus one can give oneself unlimited clarity.

+Mark

- Prev by Date: [Re: New to list](#)
- Next by Date: [palming=Qi Gong, maybe](#)
- Prev by thread: [20/40 vs cold turkey](#)
- Next by thread: [Summary of myopia therapies](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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palming=Qi Gong, maybe

- To: I_SEE@indiana.edu
 - Subject: palming=Qi Gong, maybe
 - From: JRalls7959@aol.com
 - Date: Tue, 19 Nov 1996 23:21:37 -0500
 - Sender: owner-i_see@indiana.edu
-

FYI

I got this out of David Eisenberg, M.D.'s book Encounters with Qi. In 1980 he spent a year studying traditional Chinese Medicine in China as a medical student. He went back the next year with one of his professors to find out more about Qi Gong. This excerpt comes from the section about that trip, pp202-203.

"After tea and preliminary speeches, Dr. Guo and Dr. Ni reviewed a study they had performed on a Qi Gong healer said to be capable of emitting external Qi for therapeutic purposes. The experiment involved children with severe myopia (nearsightedness). Eighty myopia children ranging in age from twelve to fifteen were selected at random from the ophthalmology clinic. Each child underwent a thorough eye examination, including a precise measurement of vision, anterior chamber dimension, and corneal curvature. The natural course of this condition, myopia, when studied in children suggests that vision typically stays the same or gets worse and rarely improves spontaneously. This is because nearsightedness has to do with a defect in the curvature of the eye itself. The eighty children selected for this study were divided into four groups. The first group received no treatment. The second received placebo eye drops. The third was instructed in the practice of Qi Gong, the exercises being similar to those used for adult hypertensive patients; the children in this group attended classes for two weeks. The fourth group was treated by the Qi Gong master, who spent twenty minutes a day with one hand in front and one hand behind each child's head "emitting external Qi" in the direction of the eyeballs.

Dr. Guo and Dr. Ni proceeded to cite the findings of the study. Of the nontreated and placebo groups, none of the forty children had improvement of vision after two months. Of the twenty children who were taught Qi Gong exercises, two showed improvement in vision of the basis of multiple visual

criteria. The research group speculated that so few had improved because the children were too young to concentrate on the meditative aspects of Qi Gong.

Of the twenty nearsighted children treated by the Qi Gong master using external Qi, an astounding sixteen showed marked improvement in vision. This was again confirmed by multiple visual criteria. The ear, eye, nose and throat staff admitted they were baffled by these preliminary results."

Julie

-
- Prev by Date: [Re: 20/40 vs cold turkey](#)
 - Next by Date: [i don't understand...](#)
 - Prev by thread: [Re: Pinhole Glasses](#)
 - Next by thread: [i don't understand...](#)
 - Index(es):
 - [Date](#)
 - [Thread](#)

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i don't understand...

- *To:* i_see@indiana.edu
 - *Subject:* i don't understand...
 - *From:* jeff rimland <jcr127@psu.edu>
 - *Date:* Tue, 19 Nov 1996 23:38:35 -0500
 - *Sender:* owner-i_see@indiana.edu
-

i'm still pretty new to vision correction...but i don't understand something...as i understand it, the optimal condition to improve myopia is to be focusing on distant objects that are just out of focus but can be brought into sharper focus with effort, thus strengthening the muscles of the eye. if this is so, why are we trying to push everything way out of focus by wearing plus lenses when most mild myopes see things at a distance as slightly blurry with their natural vision??? i have experienced immediate (if temporary) improvement by wearing plus lenses, but i don't understand why this extremely blurry condition causes more of an improvement than my normal, slightly blurry condition that would be seen preferable...

i might be missing something obvious here, but i would appreciate any clarification that anyone could offer....

jeff
jcr127@psu.edu

- **Follow-Ups:**
 - [Re: i don't understand...](#)
 - *From:* "Art Blake" <art@blakesys.com>
- Prev by Date: [palming=Qi Gong, maybe](#)
- Next by Date: [Re: i don't understand...](#)
- Prev by thread: [palming=Qi Gong, maybe](#)
- Next by thread: [Re: i don't understand...](#)
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i don't understand...

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Re: i don't understand...

- *To:* i_see@indiana.edu
 - *Subject:* Re: i don't understand...
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Wed, 20 Nov 1996 00:16:06 -0500
 - *Organization:* Blake Systems, Inc.
 - *References:* <199611200438.XAA163722@r04n12.cac.psu.edu>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
-

jeff rimland wrote:

>
> i'm still pretty new to vision correction...but i don't understand
> something...as i understand it, the optimal condition to improve myopia
> is to be focusing on distant objects that are just out of focus but can
> be brought into sharper focus with effort, thus strengthening the muscles
> of the eye. if this is so, why are we trying to push everything way out
> of focus by wearing plus lenses when most mild myopes see things at a distance
> as slightly blurry with their natural vision??? i have experienced
> immediate (if temporary) improvement by wearing plus lenses, but i don't
> understand why this extremely blurry condition causes more of an improvement
> than my normal, slightly blurry condition that would be seen preferable...
>
> i might be missing something obvious here, but i would appreciate any
> clarification that anyone could offer....
>
> jeff
> jcr127@psu.edu

I tend to view it this way:

The eyes become myopic in the first place because of some kind of imbalance in your life (for example, too much stress from studying.)

The body may relieve that stress by unbalancing your visual system and blurring your vision. This is a feedback mechanism. If the stress is removed, or alleviated by proper rest & relaxation, the blur will go away, naturally.

However, if the stressful situation is not removed but instead

intensified, the blur may not go away, or become worse.

If the feedback (symptoms of blurry vision) is instead removed by prescribing corrective lenses (which I now regard as a powerful, addictive drug.) The original problem which produced the blur is not addressed, it is ignored. So the body continues the vicious cycle, making the vision ever more blurry and requiring ever stronger prescriptions to block out the problem.

While you are using your drug (wearing your glasses) the body is not aware it has a problem, because it sees clearly.

Simply by removing your glasses, the body is again aware of that feedback, and can then take steps to repair itself, naturally.

Plus lenses (which I do not advocate or wear, BTW) work on the principle of applying the opposite stimuli to reverse the stimuli of negative lenses. I view this as using another drug, which gives you stimulation in the opposite direction (e.g. telling your body that things are even further out of whack, so that it will more speedily revert to normal through its natural recovery mechanisms.)

Using a reduced prescription, is kind of like a smoker gradually cutting back on cigarettes in order to quit smoking. In that vein, the cold turkey analogy makes a lot of sense.

It is very hard to quit cold turkey because we are so dependant on our glasses just to function normally in our day to day activities. I have noticed that I can see much better the longer I go without the corrective lenses, and it sucks having to go back to wearing them after a long period of not wearing them, but I cannot yet function completely well without them for working/driving.

Based on what Linda & Bates have said (Linda of Baby Mode fame- a key step for her was complete abstinence from glasses. BTW are you still here on this list??) and from what I have seen (literally too) I am convinced that complete abstinence from glasses is a KEY step!

I am looking forward to going without my glasses for a couple of weeks straight this holiday season, when I don't have to work.

--
Art Blake -> art@blakesys.com

● **References:**

- [**i don't understand...**](#)
 - *From:* jeff rimland <jcr127@psu.edu>

- Prev by Date: [**i don't understand...**](#)
- Next by Date: [**Re: i don't understand...**](#)
- Prev by thread: [**i don't understand...**](#)
- Next by thread: [**Re: i don't understand...**](#)
- Index(es):
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 - [**Thread**](#)

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Re: i don't understand...

- To: i_see@indiana.edu
 - Subject: Re: i don't understand...
 - From: marif@btigate.com
 - Date: Wed, 20 Nov 1996 08:37:55 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Jeff wrote:

```
>why are we trying to push everything way out  
> of focus by wearing plus lenses
```

I'm new to vision therapy too, but I've been doing a lot of research on the topic. So far, I haven't found anything in print advocating wearing plus lenses. Anybody know where this concept comes from?

~Mari

-
- Prev by Date: [Re: i don't understand...](#)
 - Next by Date: [Palming--Why?, How?](#)
 - Prev by thread: [Re: i don't understand...](#)
 - Next by thread: [Re: i don't understand...](#)
 - Index(es):
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 - [Thread](#)

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Palming--Why?, How?

- *To:* I_SEE@indiana.edu
 - *Subject:* Palming--Why?, How?
 - *From:* marif@btigate.com
 - *Date:* Wed, 20 Nov 1996 08:37:52 -0600 (CST)
 - *Sender:* owner-i_see@indiana.edu
-

I noticed in one of Julie's post she mentioned:

>For example, the palming. If you just need darkness to relax your eye
>muscles, why palm? Why not cover your eyes with a sleeping mask or black
>bag? Bates recommended palming. Palming could be just another way, like
>accupuncture, accupressure and massage, to open up those meridians around the
>eye. Bates explanations for the mechanisms of why his method work did not

I checked in one of the books I just bought on improving your eyesight and it says about palming...

"A pranic healing magnetism flows from your hands into your eyes. The warmth increases the circulation. Fifty-four times a second the eyes are washed by a specialized blood stream. This is doubled during palming. The retinal nerves are nourished, venous blood carries away the poisons in the eye, and the arterial blood brings fresh nourishment. The importance of this increased blood and life-force circulation cannot be over emphasized. It is extremely beneficial for the entire body...When the eyes are healthy, they act as channels through which pranic light and life force from the very atmosphere flow into and vitalize all the body cells. The hands are also such channels. Combining the two channels through palming is doubly effective for flooding body cells with high- voltage pranic light. To sit in a dark room with your eyes closed is not a substitute for palming. Neither is placing a dark cloth over your eyes. Neither provides the incomparable power of contact with human hands."

I also remember someone on this list saying they had problems with night vision? The book mentions that too...

"There is purple pigment in the retina called visual purple. This is used in night driving, for example. Light tends to absorb this element, but

palming restores it. If you are having difficulty with night vision, try palming."

Excerpts above are from the book:
"The Eyes Have It", By Earlyne Chaney,
ISBN 0-87728-621-3, USA \$9.95

I noticed in the Natural Vision FAQ (mentioned in previous posts), it says that palming comes from the Hatha Yoga traditions. But then the FAQ does not elaborate on that point.

BTW I downloaded a bunch of info about Qi channels from the Net at:
<http://acupuncture.com>

I haven't read it yet.

Aren't I supposed to be cutting down on my reading?!

~Mari

-
- Prev by Date: [Re: i don't understand...](#)
 - Next by Date: [Re: New to list](#)
 - Prev by thread: [Fwd: i don't understand...](#)
 - Next by thread: [re: Palming--Why?, How?](#)
 - Index(es):
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 - [Thread](#)

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Re: New to list

- *To:* JRalls7959@aol.com
 - *Subject:* Re: New to list
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Wed, 20 Nov 1996 10:05:09 -0500 (EST)
 - *Cc:* marif@btigate.com, I_SEE@indiana.edu
 - *In-reply-to:* <961119010618_1150414956@emout04.mail.aol.com>
 - *Sender:* owner-i_see@indiana.edu
-

one other reason for palming tho Bates may not have been aware of it is that we have chakras, or energy centers, in our hands and joints as well as along the spinal cord. check out a chakra workbook by judith anodea and what i was just grooving especially upon: Anatomy of the Spirit by Caroline Myss, PhD.

eileen

ps for the newcomers, i started at -9.50sphere and -3.50 cylinder. and am now down to -7.5 s -1.75 c. i was using Lynette Scholl's book entitled HYPNOVISION. I got it out of the library. apparently it is out of print now. it involves daily guided relaxations to put your mind in alpha mode, and a sequential program of positive thinking, accupressure, massage, visualization, palming, swinging, sunning, near-far stuff, focussing... i haven't finished the program ... i started about 2 years ago and have plateaued. In the meantime, i have been in graduate school and doing a lot of emotional learning due to weird stuff. so yes, it is all related. I have

a terrific optometrist who happens to be female who'd never heard of this but was fascinated. After i'd dropped 2 diopters in 2 months, and gone thru 2 pairs of glasses, she suggested we split my prescription into contacts for the myopia and overspecs for the astigmatism. this works well because i can take the overspecs off and still be legal to drive with my -7.5 soft lenses.

only thing is, after this i stopped changing. partially cos i slacked up on the zeal with which i used to do the twice daily stuff, partially cos other things became important , probably more so than the eyes... i look at it all as a continuing process, and i am still convinced that i will

obliterate my need for glasses in this lifetime, without surgery.

so now i am planning on ordering a set of contacts .50 less, and getting back in the program, maybe starting over (the book has scripts for each section, which i made cassette tapes of using my own voice. i found that i function very well with structure.

ciao for now.

- **Follow-Ups:**

- [Re: New to list](#)

- *From:* Mark Jones <mjones@auscsmg.sps.mot.com>

- **References:**

- [Re: New to list](#)

- *From:* JRalls7959@aol.com

- Prev by Date: [Palming--Why?, How?](#)

- Next by Date: [Re: Referrals & Energy](#)

- Prev by thread: [Re: New to list](#)

- Next by thread: [Re: New to list](#)

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- [Date](#)

- [Thread](#)

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Re: Referrals & Energy

- *To:* i_see@indiana.edu
 - *Subject:* Re: Referrals & Energy
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Wed, 20 Nov 1996 10:43:58 -0500 (EST)
 - *In-Reply-To:* <Pine.SUN.3.91.961119185058.2847B-100000@tabitha.pacificu.edu>
 - *Reply-To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Sender:* owner-i_see@indiana.edu
-

Herbert, I have met with skepticism from both male and female, professional and ordinary person alike. The ophthalmologist that so kindly and without question reduces the perscription on my disposable lenses is male.

I think the training/conditioning has more to do with it than gender :) "New" ideas require getting used to. I used to think people would stick to the same opinion, but have found that a little time and exposure work wonders in opening minds. Also, folks that have a good deal of self confidence seem less likely to be reactive, and more likely to be open and interested. Also, might not a myope be more defensive about a fellow myope doing vision improvement? Perhaps finding a far-sighted eye doc (are there any of those?) would solve that problem?

Mary Marlowe
a.k.a. phishes@pbfreenet.seflin.lib.fl.us

On Tue, 19 Nov 1996, Herbert T. Black wrote:

> There are lots of female optometrists who do not like vision therapy; its
> not just males. I used to be a vision therapist and am now an optometry
> student and think that gender has nothing to do with any of what you are
> talking about. So it does indeed seem sexist to me.
>
> Herb Black

- **Follow-Ups:**

- [Re: Referrals & Energy](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [Re: New to list](#)

- Next by Date: [Contact Lenses](#)

- Prev by thread: [Re: Referrals & Energy](#)

- Next by thread: [Re: Referrals & Energy](#)

- Index(es):

- [Date](#)

- [Thread](#)

[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

Contact Lenses

- To: i_see@indiana.edu
 - Subject: Contact Lenses
 - From: cheryl_lee@rdrorl.com
 - Date: Wed, 20 Nov 96 10:36:50
 - Sender: owner-i_see@indiana.edu
-

To those who are still wearing contact lenses: The nature of contact lenses forces your eyes muscles to maintain and conform to your prescription without any breaks. They hold the eyes to that constriction. Glasses at least give your eyes a break as they dart around. It is my understanding that with glasses, the strongest part of your prescription is in the center (or maybe related to that PD number). So when you are not looking exactly through the middle, your eyes get a break. In addition, it is much easier to take off your glasses for a few minutes and then put them back on, then it is to do the same thing with contacts. Once again allowing the muscles to relax some. Whatever your rationalization is about having to wear contacts (vanity maybe?), get over it and get some glasses to use in your vision quest. The rationalization more than likely has something to do with why you blurred and/or distorted your vision to begin with.

I wore contact lenses for 30 years. Once I went to no glasses and reduced lenses and other stuff, my prescription has dropped to less than half of what it was 2 years ago AND no astigmatism.

Blessings, Cheryl

- Prev by Date: [Re: Referrals & Energy](#)
- Next by Date: [Re: New to list](#)
- Prev by thread: [Re: Palming--Why?, How?](#)

- Next by thread: [Re: Contact Lenses](#)
- Index(es):
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Re: New to list

- *To:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Subject:* Re: New to list
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Wed, 20 Nov 1996 10:32:33 -0600
 - *Cc:* I_SEE@indiana.edu
 - *In-Reply-To:* Your message of "Wed, 20 Nov 1996 10:05:09 EST." <Pine.OSF.3.94.961120095117.8591A-100000@grace.isc.rit.edu>
 - *Sender:* owner-i_see@indiana.edu
-

From: eileen <emd4154@osfmail.isc.rit.edu>

> so now i am planning on ordering a set of contacts .50 less, and getting
> back in the program, maybe starting over (the book has scripts for each
> section, which i made cassette tapes of using my own voice. i found that
> i function very well with structure.

Eileen,

A.

Were you wearing contacts during your period of dramatic improvement? I'm wondering if wearing contacts may be a contributing factor to a steady visual state. When I wore contacts many years ago, my eyes were very stable, going neither up nor down in their prescription. Because of that experience, I have an aversion to contacts, since I seek continued improvement.

Let us know how you do on the .50 less contacts over time.

B.

I'd like to hunt down a copy of Hypnovision. Could you send me the full title and ISBN number along with the date and the publisher? There was a note several days ago that referred to a book by the same author with a different spelling for

the first name: "Lisette" instead of "Lynette"
(or maybe I copied it down wrong). The title
was _Visionetics: The Wholistic Way to Better
Eyesight_, 1978, ISBN: 0-385-13279-4.

+Mark

- **Follow-Ups:**

- [Re: New to list](#)

- *From:* eileen <emd4154@osfmail.isc.rit.edu>

- **References:**

- [Re: New to list](#)

- *From:* eileen <emd4154@osfmail.isc.rit.edu>

- Prev by Date: [Contact Lenses](#)

- Next by Date: [Against Plus Lenses](#)

- Prev by thread: [Re: New to list](#)

- Next by thread: [Re: New to list](#)

- Index(es):

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- [Thread](#)

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Against Plus Lenses

- *To:* "'i_see@indiana.edu" <i_see@indiana.edu>
 - *Subject:* Against Plus Lenses
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>
 - *Date:* Wed, 20 Nov 1996 12:39:32 -0500
 - *Encoding:* 18 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Art, I agree with you. Plus lenses are not necessary and, I think, undesirable in VT. I think we're in the minority in this list along that thought. Everyone I've heard of who has gone from minus whatever diopters to 20/20 has done so WITHOUT plus lenses, and I'm glad you mentioned Bates and Linda who are examples. If minus lenses are like someone using a cane to help them stand, plus lenses are like the same person holding onto a rope. The eyes/mind need to learn on their own how they should be seeing and observing.

It is only logical that plus lenses will hurt your near vision if minus lenses hurt your distance vision. So I think people using plus lenses as VT therapy should be on guard for their near vision. The temporary clarity that the eye gets after using plus lenses is just that - temporary. If you want to induce that clarity again, you've got to put on the plus lenses.

What messages are you giving to your eye/mind vision coordination? How will you "learn to see" on your own?

Tim

-
- Prev by Date: [Re: New to list](#)
 - Next by Date: [Re: i don't understand...](#)
 - Prev by thread: [Re: Contact Lenses](#)
 - Next by thread: [RE: Against Plus Lenses](#)

- Index(es):
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Re: i don't understand...

- To: i_see@indiana.edu
 - Subject: Re: i don't understand...
 - From: Dawn Isaacson <charade@worldnet.att.net>
 - Date: Wed, 20 Nov 1996 17:54:53 +0000
 - Sender: owner-i_see@indiana.edu
-

>Date: Wed, 20 Nov 1996 10:52:13

>To: marif@btigate.com

>From: Dawn Isaacson <charade@worldnet.att.net>

>Subject: Re: i don't understand...

>

>My dr prescribed plus lenses for a few reasons: At the -9.00 stage, it's SOOOO difficult to go cold turkey. The plus lenses, over my contact lenses, are a way to lessen my frustration but yet halve my prescription. My therapist also recommended periodically wearing the plus lenses without my contacts, probably like someone else mentioned (sorry, I don't remember who) to push my vision in reverse & tell my system to correct the other way.

>

>Another reason for the plus lenses, as far as I understand it, is that when you're very myopic and wearing corrective lenses, the correction is for distance, not near. By wearing a small amount of positive correction for reading close, I think it's supposed to relax the muscles which would normally strain to make the change from far to near. When I went to see the PRK surgeon who referred me to the doctor, he said pretty much the same thing. He even talked about giving people monovision (that is, one eye sees close, the other sees far--he would give people 20/20 in one eye, then 20/40 in another for them to see close) on purpose when they did the surgery: I think the reason is that the surgery is the same as corrective lenses: it cures the symptoms but not the cause.

>

>I have two prescriptions of plus lenses I'm working with: a +1.00, which I wear over my contacts when working on the computer or reading, etc; and a +3.00 that I wear whenever I can. (I also have a -5.00 for when I don't have my contacts on. And when I get frustrated with them, I put the pinholes over them. Yes, it does get confusing.)

>

Re: i don't understand...

>According to my dr, wearing a high myopic prescription for reading can cause lots of nasty symptoms: fatigue, blurred vision, moving words, etc. Anyone else have these problems?

>

>Dawn

>

>At 02:37 PM 11/20/96 +0000, you wrote:

>>Jeff wrote:

>>>why are we trying to push everything way out

>>> of focus by wearing plus lenses

>>

>>I'm new to vision therapy too, but I've been doing a lot of research on the

>>topic. So far, I haven't found anything in print advocating wearing plus

>>lenses. Anybody know where this concept comes from?

>>~Mari

>>

>>

>

dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [Against Plus Lenses](#)
 - Next by Date: [Mixed vision](#)
 - Prev by thread: [Re: i don't understand...](#)
 - Next by thread: [re: i don't understand...](#)
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Mixed vision

- *To:* i_see@indiana.edu
 - *Subject:* Mixed vision
 - *From:* David Sward <sward@clark.net>
 - *Date:* Wed, 20 Nov 1996 13:22:35 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Hi,

I'm a new subscriber to this list, although I've read through some of the archives. I've read through some of the Natural Vision FAQ 1.1, but I still have questions regarding my own situation.

While I have deliberately never worn glasses, I do have a prescription (from a couple years ago) and glasses. My right eye is my dominant eye. My visual acuity in my right eye is, IIRC, -1.5, however, my left eye is at +1.5. Both eyes have astigmatism. I have never been able to see stereograms. They're just a bunch of dots to me.

Most of the training and exercises in the FAQ (and elsewhere) seem to make the assumption that the vision in both eyes is the same. Might there be any special exercises I could do to account for this?

Also, I read through the info (what there is of it) on the Vision Freedom page, what do you all think of it? Has anyone tried it? Might it be useful for someone who has never worn glasses?

(Actually, I lied -- I have worn the glasses, but only for about 5 minutes before they bothered me enough to take them off).

Thanks,

--

David Sward

sward@clark.net

- Prev by Date: [Re: i don't understand...](#)
- Next by Date: [Vision Freedom](#)
- Prev by thread: [Re: Against Plus Lenses](#)
- Next by thread: [Vision Freedom](#)
- Index(es):
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Vision Freedom

- To: i_see@indiana.edu
 - Subject: Vision Freedom
 - From: cheryl_lee@rdrorl.com
 - Date: Wed, 20 Nov 96 13:52:20
 - Sender: owner-i_see@indiana.edu
-

I had gotten the literature from them on Brian's kit and then I found a friend of mine had got the kit. She let me look at it. The book of instructions with it were not very well done - lots of sales/marketing type statements - definitely needed a good editor. The information seemed to be basically plus len therapy. You practice focusing up to 2 hours a day with several different or combination of plus lenses which come with the kit. It wasn't as simple as just reading. You were supposed to keep pushing the reading material away from you so that your eyes would have to work at focusing. I couldn't see any advantage to the kit over what materials I already had to use in my vision therapy.

Cheryl

- Prev by Date: [Mixed vision](#)
- Next by Date: [None](#)
- Prev by thread: [Mixed vision](#)
- Next by thread: [None](#)
- Index(es):
 - [Date](#)
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None

- *To:* i_see@indiana.edu
 - *Subject:* None
 - *From:* jeff rimland <jcr127@psu.edu>
 - *Date:* Wed, 20 Nov 1996 15:36:14 -0500
 - *Sender:* owner-i_see@indiana.edu
-

so plus lenses hurt your near vision???? this is so frustrating.....when i was in track in high school, the coach used to say "if you want to run fast in the race, run fast in practice. if you want to run far in the race, run far in practice." weight lifting coaches say "if you want to lift heavy weights in meets, lift heavy weights in practice..." maybe it would follow that if we want to see good far away, we should just look far away as often as we can.....

what do you all think???

jeff

-
- **Follow-Ups:**
 - [Re: your mail](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - Prev by Date: [Vision Freedom](#)
 - Next by Date: [Re: Referrals & Energy](#)
 - Prev by thread: [Vision Freedom](#)
 - Next by thread: [Re: your mail](#)

- Index(es):
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Re: Referrals & Energy

- *To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Subject:* Re: Referrals & Energy
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Wed, 20 Nov 1996 13:30:47 -0800 (PST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <Pine.3.89.9611201044.B2111-0100000@pbfreenet.seflin.lib.fl.us>
 - *Sender:* owner-i_see@indiana.edu
-

Mary:

The average person in optometry school at Pacific is a moderate myope. 75% of the students are myopic, much higher than national average of about 25%. Of course, the higher the educational level, the higher the prevalence of myopia, but optometry is even higher than expected for graduate/professional school in general. So the hope of finding a hyperopic OD is less than or equal to 25% I'd say offhand!

\
Herb

On Wed, 20 Nov 1996, Mary Marlowe wrote:

> Herbert, I have met with skepticism from both male and female,
> professional and ordinary person alike. The ophthalmologist that so kindly
> and without question reduces the prescription on my disposable lenses is
> male.
>
> I think the training/conditioning has more to do with it than gender :)
> "New" ideas require getting used to. I used to think people would stick to
> the same opinion, but have found that a little time and exposure work
> wonders in opening minds. Also, folks that have a good deal of self
> confidence seem less likely to be reactive, and more likely to be open and
> interested. Also, might not a myope be more defensive about a fellow
> myope doing vision improvement? Perhaps finding a far-sighted eye doc
> (are there any of those?) would solve that problem?
>
> Mary Marlowe
> a.k.a. phishes@pbfreenet.seflin.lib.fl.us

>
> On Tue, 19 Nov 1996, Herbert T. Black wrote:
> > There are lots of female optometrists who do not like vision therapy; its
> > not just males. I used to be a vision therapist and am now an optometry
> > student and think that gender has nothing to do with any of what you are
> > talking about. So it does indeed seem sexist to me.
> >
> > Herb Black
>
>

● **Follow-Ups:**

- [Re: Referrals & Energy](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

● **References:**

- [Re: Referrals & Energy](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [None](#)
- Next by Date: [Re:](#)
- Prev by thread: [Re: Referrals & Energy](#)
- Next by thread: [Re: Referrals & Energy](#)
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Re:

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Re:

- *To:* jeff rimland <jcr127@psu.edu>
 - *Subject:* Re:
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Wed, 20 Nov 1996 22:57:48 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Interesting you should say that...That's exactly what my optometrist says!
Try to see "through" things, look at spaces between people!

Dawn 8-)

At 08:36 PM 11/20/96 +0000, you wrote:

>so plus lenses hurt your near vision???? this is so
>frustrating.....when i was in track in high school,
>the coach used to say "if you want to run fast in the
>race, run fast in practice. if you want to run far in
>the race, run far in practice." weight lifting coaches
>say "if you want to lift heavy weights in meets, lift heavy
>weights in practice..." maybe it would follow that if we
>want to see good far away, we should just look far away as
>often as we can.....

>
>what do you all think???

>
>jeff

>
>

dc :-)

Charade@worldnet.att.net

- Prev by Date: [Re: Referrals & Energy](#)
- Next by Date: [re: Palming--Why?, How?](#)
- Prev by thread: [RE: RE:](#)
- Next by thread: [Referrals & Energy](#)
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re: Palming--Why?, How?

- To: i_see@indiana.edu
 - Subject: re: Palming--Why?, How?
 - From: jeff rimland <jcr127@psu.edu>
 - Date: Wed, 20 Nov 1996 17:52:17 -0500
 - Sender: owner-i_see@indiana.edu
-

>
>"There is purple pigment in the retina called visual purple. This is used
>in night driving, for example. LIGHT TENDS TO ABSORB THIS ELEMENT, but
>palming restores it. If you are having difficulty with night vision, try
>palming."

>
>Excerpts above are from the book:
>"The Eyes Have It", By Earlyne Chaney,
>ISBN 0-87728-621-3, USA \$9.95

so does that mean that sunning has a negative effect on night vision??? or is
it OK because your eyes are closed???

-
- **Follow-Ups:**
 - [Sun/palm for better night vision](#)
 - From: Alex Eulenberg <aeulenbe@indiana.edu>
 - [re: Palming--Why?, How?](#)
 - From: Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Re:](#)
- Next by Date: [Sun/palm for better night vision](#)
- Prev by thread: [Palming--Why?, How?](#)
- Next by thread: [Sun/palm for better night vision](#)
- Index(es):
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Sun/palm for better night vision

- *To:* i_see@indiana.edu
 - *Subject:* Sun/palm for better night vision
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 20 Nov 1996 19:09:47 -0500 (EST)
 - *In-Reply-To:* <199611202252.RAA97962@r02n05.cac.psu.edu>
 - *Sender:* owner-i_see@indiana.edu
-

My experience has been that spending more time in the sun improves night vision. I believe the reason is that exposure to bright light STIMULATES the production of visual purple (precisely because it depletes it), which is used for both day and night vision. I remember reading somewhere that the same substance forms the basis for both day and night vision and a subtle chemical reaction changes its receptive qualities. I hope some of our ocular physiologists on the list can help me here.

--Alex

On Wed, 20 Nov 1996, jeff rimland wrote:

```
> >
> >"There is purple pigment in the retina called visual purple. This is used
> >in night driving, for example. LIGHT TENDS TO ABSORB THIS ELEMENT, but
> >palming restores it. If you are having difficulty with night vision, try
> >palming."
> >
> >Excerpts above are from the book:
> >"The Eyes Have It", By Earlyne Chaney,
> >ISBN 0-87728-621-3, USA $9.95
>
>
> so does that mean that sunning has a negative effect on night vision??? or is
> it OK because your eyes are closed???
```

- **Follow-Ups:**

- [Re: Sun/palm for better night vision](#)

- *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>

- **References:**

- [re: Palming--Why?, How?](#)

- *From:* jeff rimland <jcr127@psu.edu>

- Prev by Date: [re: Palming--Why?, How?](#)

- Next by Date: [Re: New to list](#)

- Prev by thread: [re: Palming--Why?, How?](#)

- Next by thread: [Re: Sun/palm for better night vision](#)

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Re: New to list

- *To:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Subject:* Re: New to list
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Wed, 20 Nov 1996 20:15:37 -0500 (EST)
 - *Cc:* I_SEE@indiana.edu
 - *In-reply-to:* <9611201637.AA25377@txbc.sps.mot.com>
 - *Sender:* owner-i_see@indiana.edu
-

>
> Eileen,
>
> A.
> Were you wearing contacts during your period
> of dramatic improvement?
initially, yes, but then i sort of alternated between the full eyeglass prescription and wearing soft lenses that corrected the myopia only. it only took a month and a little to drop a diopter, and my optometrist had never heard of this before... she asked why i was in, since i wasn't due for a check up for another 8 months (i usually go once a year, and i've had the same prescription since i was 3 years old)... terrible headaches, blurred vision, and i think i need new specs , i said.
it's interesting, actually, because it was a very stressful time in terms of health, i was working nights and recovering from knee surgery, but in retrospect (because of a former i-see poster named elena) i went back and checked my journals to see what factors i may have overlooked, and in fact, one thing i did consistently THEN but do not do now is ... yoga.
i used to study with a modern dance company, and during rehab yoga was the "only" thing i could do, with a little swimming, and as soon as i could go back to dance class, the yoga went out the window. and i got fired up about doing it again after i had read elena's posts, but i've been in

graduate school and it's so easy to put stuff like that on the "i'll fit it in ... soon" list, and of course it doesn't get fit in. but now things in life are making it seem a total necessity, so it's gotta get on the "you have no choice" list...

I'm wondering if

> wearing contacts may be a contributing factor
> to a steady visual state. When I wore contacts
> many years ago, my eyes were very stable, going
> neither up nor down in their prescription.
> Because of that experience, I have an aversion
> to contacts, since I seek continued improvement.

actually i am planning also to get the full 'scrip glasses again too. so i can take them off more often.

>
> Let us know how you do on the .50 less contacts
> over time.
>
> B.
> I'd like to hunt down a copy of Hypnovision.

> Could you send me the full title and ISBN number
> along with the date and the publisher?

HYPNOVISION : The New Natural Way to Vision Improvement
by Lisette Scholl
c 1990 Henry Holt and Company, Inc
ISBN 0-8050-1133-1

> the first name: "Lisette" instead of "Lynette"
> (or maybe I copied it down wrong). The title
> was Visionetics: The Wholistic Way to Better
> Eyesight, 1978, ISBN: 0-385-13279-4.

yes, sorry, *i* made the booboo, it is lisette.

Visionetics is her earlier book,
and interestingly enough in the preface she thanks an OD named Ray
Gottlieb who is living in Rochester at this time... a friend of mine made
an appointment to see him and invited me along, he had all kinds of neat
toys in his office. this friend succeeded in adjusting to a lower scrip
than he had previously been wearing but it is not as important to him at
this time to tackle this stuff with gusto.
there's another guy here in Roch that does vision therapy, but he works
mainly with kids, and mainly with muscular things, and i did have one appt
with him but he did not seem keen on the idea of someone doing this

"without guidance"... i did not get a comfy feeling with him and decided that if i could achieve what i already have on my own, there was no reason not to keep on going.

I happen to be in the grad program for Medical Illustration at RIT, and would like to make this stuff the topic for my thesis, so i will be writing to folks to try and get some advisors/advice... whatever i find out, i will be happy to pass along.

eileen

ps i followed up on elena's suggestion and looked at arthur janov's more recent books... very good stuff. and i can't stress enough what an astounding pool of wisdom Caroline Myss has put together... i was listening today to the tapes entitled "Why People Don't Heal"... it's too fresh in my mind to start paraphrasing, but check it out... i got them from Barnes and Noble bookstore for 20 bucks and they will change your entire worldview.... health, emotions, physics, energy science, spirituality... all rolled up in an astounding package of unity.

bla bla bla

enough pontificating for today. ciao.

● **References:**

- [Re: New to list](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>

- Prev by Date: [Sun/palm for better night vision](#)
- Next by Date: [Convergence \(was: Pinhole glasses\)](#)
- Prev by thread: [Re: New to list](#)
- Next by thread: [BLUE-GREEN ALGAE???](#)
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Convergence (was: Pinhole glasses)

- To: i_see@indiana.edu
 - Subject: Convergence (was: Pinhole glasses)
 - From: MikeM727@aol.com
 - Date: Wed, 20 Nov 1996 20:50:56 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-11-18 14:41:50 EST, kipb@world.std.com (Kip Bryan) writes:

> The idea is that when you look through a pinhole, your
> eye can be focussed anywhere (accommodated near or far) and you still
> see a clear image. So, your ciliary moves to its tonic of accommodation
> (TA) position (dark focus) where it's most relaxed. (I know many people
> think that it's most relaxed when you see far, but that's another
> discussion.)

OK, let's have that other discussion! Yes, I did think that the ciliary muscle is most relaxed when you see far.

> Normally, there is a connection or "loop" between your vergence (two eyes
> pointing to a nearby object or pointed more parallel for a far object)
> and your accommodation. However, when wearing pinhole glasses,
> this "loop" is open (the loop being the two-way connection between
> vergence and accommodation, each one reinforcing the other).

This brings up a question of mine. The purpose of wearing plus lenses is to simulate far vision during close work. However, the use of plus lenses alone does not fully simulate far vision. They eliminate accommodation, but not convergence and stereopsis. Normally when you look at something close, your eyes must accommodate and converge.

So the question is, is it necessary to eliminate convergence for therapeutic purposes? If you don't eliminate convergence, does the "loop" prevent complete relaxation of accommodation?

This is the theory behind Donald Rehm's [The Myopia Myth] "Myopter Viewer". It eliminates accommodation, as well as convergence/stereopsis. Is this

really necessary, or are plain old plus lenses good enough?

Mike

Forwarded message:

From: kipb@world.std.com (Kip Bryan)
Sender: owner-i_see@indiana.edu
To: i_see@indiana.edu
Date: 96-11-18 14:41:50 EST

At 01:19 PM 11/18/96 +0000, Dawn Isaacson wrote:

>Has anyone used pinhole glasses in their therapies? Has anyone had any
>success with them?

>

>Does anyone know how they are supposed to work to reduce myopia? I mean, I
>technically understand how they help you see more clearly, but are they
>supposed to do the same thing as wearing plus lenses over contacts?

I haven't used pinhole glasses as therapy, no, but I have seen a number of references to them. Some vision professionals are very proud that pinhole glasses cannot be sold in their states. It took some work to get them banned.

I've seen them used even by researchers writing in vision research journals. The idea is that when you look through a pinhole, your eye can be focussed anywhere (accommodated near or far) and you still see a clear image. So, your ciliary moves to its tonic of accommodation (TA) position (dark focus) where it's most relaxed. (I know many people think that it's most relaxed when you see far, but that's another discussion.)

Normally, there is a connection or "loop" between your vergence (two eyes pointing to a nearby object or pointed more parallel for a far object) and your accommodation. However, when wearing pinhole glasses, this "loop" is open (the loop being the two-way connection between vergence and accommodation, each one reinforcing the other).

I forget what they're studying in this case, other than how vergence works when not affected by accommodation. They also make the vergence "open loop" by disconnecting any common field of view between the two eyes (much as Kaplan's two-eyed patch does).

Here's a plausible (to me) explanation for how pinhole glasses could help improve myopia (similar idea could apply to hyperopia or presbyopia):

Your eyes need good contrast (edges) to focus correctly. (If you look at a blurry picture your focus naturally drifts toward your TA). If you're myopic, you see in a blur. This blur reinforces itself

since you have no good contrast (no clear edges) to use to get your focus right. If only you had some help to make the edges just sharp enough that you could use your natural focus control to bring the edges the rest of the way into clear focus, you'd be all set. Once it's in clear focus, you could perhaps reduce the "help" and keep in focus (since the edge is now clear enough to reinforce your focus on it.)

There are a number of ways to get this "help":

- bright light naturally increases the contrast
- Bright light also shrinks your pupil size which increases your depth of field (just like f-stop on a camera)
- squinting
- wearing pinhole glasses with the right size holes for the brightness level around you.
- bring the subject (eye chart or whatever) near you, then you can push it back gradually once it's in clear focus.
- blink your eyes, so a layer of tears forms over the cornea, which effectively polishes the surface.
- look through an insect screen at just the right distance so your eye focusses on the screen rather than at your TA, thereby (perhaps) making distant objects more clear.

You use "just enough help" so you get to practice going the rest of the way into clear focus, and presumably learn the muscle skills just as basketball practice helps you shoot more hoops. As you improve, you would need lower light levels or larger pinholes.

Some pinhole glasses references on the web:

<http://www.livelinks.com/sumeria/health/raids.html> (about FDA raid on Natural Vision International (NVI), confiscating pinhole glasses)

<http://www.ftc.gov/bcp/adcon/adconpro.htm> (about fraudulent advertising, includes: "I guess all of you remember pinhole glasses. They were the glasses that had the little holes in the lens and they were supposed to increase your energy level and your cognitive abilities. If you have a question about these glasses, I encourage you to call the FDA Center for Devices and Radiological Health.")

<http://www.naturesway.ie/natnews/mayjun96/eyesight.html> (UK seller)

<http://www.greenmoney.com/bensalem/cruelty.htm> (sells at \$17,

Pennsylvania)

- Prev by Date: [Re: New to list](#)
- Next by Date: [re: i don't understand...](#)
- Prev by thread: [Re: None](#)
- Next by thread: [Plus lenses, pin hole glasses, etc.](#)
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re: i don't understand...

- To: i_see@indiana.edu
 - Subject: re: i don't understand...
 - From: MikeM727@aol.com
 - Date: Wed, 20 Nov 1996 21:23:31 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-11-19 23:40:25 EST, jcr127@psu.edu (jeff rimland) writes:

```
> as i understand it, the optimal condition to improve myopia
> is to be focusing on distant objects that are just out of focus but can
> be brought into sharper focus with effort, thus strengthening the muscles
> of the eye.
```

Not exactly. The ciliary muscle contracts to adjust the lens of the eye for close work, (e.g., reading). This is called accommodation. The same muscle relaxes for far work. Note as the name suggests, the eye muscle must "accommodate" to near vision, i.e., far vision could be considered its "normal" (relaxed) state. The problem is that excessive close work causes excessive accommodation. This leads to ciliary muscle spasm, which means the eye becomes chronically adjusted for near vision.

The purpose of using plus lenses is to eliminate accommodation, i.e, relax the ciliary muscle. This way when you are reading, your ciliary muscle does not have to accommodate, if you have the reading material at your far point.

```
if this is so, why are we trying to push everything way out
> of focus by wearing plus lenses when most mild myopes see things at a
> distance
> as slightly blurry with their natural vision???
```

I really don't think that walking around looking into the distance with plus lenses helps much. What does help is reading with plus lenses. Like you said, at a distance, a myope already sees blur. The purpose to plus lenses is to simulate far vision while doing close work.

In a message dated 96-11-20 09:41:28 EST, marif@btigate.com writes:

> I'm new to vision therapy too, but I've been doing a lot of research on the
> topic. So far, I haven't found anything in print advocating wearing plus
> lenses. Anybody know where this concept comes from?

It is a very sound scientific concept. Professors of Ophthalmology for major universities advocate the use of plus lenses. There are numerous books, but the one that gives the best explanations that I have read is the following:

THE MYOPIA MYTH; The Truth About Nearsightedness and How to Prevent it.

By Donald S. Rehm,
International Myopia Prevention Association
RD 5, Box 171
Ligonier, PA 15658

(\$15 including S&H)

Best 15 bucks I ever spent!

In a message dated 96-11-20 12:39:11 EST, Tim.Patterson@cciw.ca (Tim Patterson) writes:

> Everyone I've heard of who has gone from minus whatever diopters
> to 20/20 has done so WITHOUT plus lenses, and I'm glad you mentioned Bates
> and Linda who are examples.

My roommate has went from -4.75D to -2.75D in less than 6 months using plus lenses as his ONLY therapy. Another pilot friend has went from -1.50D to emmetropia by using plus lenses ONLY.

>If minus lenses are like someone using a cane
> to help them stand, plus lenses are like the same person holding onto a
> rope.

> It is only logical that plus lenses will hurt your near vision if minus
> lenses hurt your distance vision. So I think people using plus lenses as
> VT therapy should be on guard for their near vision. The temporary
clarity
> that the eye gets after using plus lenses is just that - temporary. If
you
> want to induce that clarity again, you've got to put on the plus lenses.
> What messages are you giving to your eye/mind vision coordination? How
> will you "learn to see" on your own?

IMHO, there is no scientific validity to the above statements. As a pilot, I am a math and physics kind of guy. I need hard science and proof before I believe something. Some will tell you that myopia is your body telling you "something is out of balance". Whatever.

re: i don't understand...

Myopia is simply your eyes mechanism of adjusting to its average visual environment. There is no doubt that your eyes DO adjust to their average visual environment. (See the vision related PhD theses on this web page): <http://www.vthrc.uq.edu.au/vthrc/Theses/Theses.html>

Excessive close work skews your average visual environment to something closer than optical "infinity". Plus lenses during reading helps you skew the average back to "normal". It works, no doubt about it.

Plus lenses cannot hurt your close vision. Even doctors who don't think plus lenses will help will tell you that it can't hurt. (The condition in later life that affects close vision is presbyopia, which is in no way caused by plus lenses!)

Mike

Forwarded message:

From: jcr127@psu.edu (jeff rimland)
Sender: owner-i_see@indiana.edu
To: i_see@indiana.edu
Date: 96-11-19 23:40:25 EST

i'm still pretty new to vision correction...but i don't understand something...as i understand it, the optimal condition to improve myopia is to be focusing on distant objects that are just out of focus but can be brought into sharper focus with effort, thus strengthening the muscles of the eye. if this is so, why are we trying to push everything way out of focus by wearing plus lenses when most mild myopes see things at a distance

as slightly blurry with their natural vision??? i have experienced immediate (if temporary) improvement by wearing plus lenses, but i don't understand why this extremely blurry condition causes more of an improvement than my normal, slightly blurry condition that would be seen preferable...

i might be missing something obvious here, but i would appreciate any clarification that anyone could offer....

jeff
jcr127@psu.edu

-
- Prev by Date: [Convergence \(was: Pinhole glasses\)](#)
 - Next by Date: [Re: Referrals & Energy](#)

re: i don't understand...

- Prev by thread: [Re: i don't understand...](#)
- Next by thread: [re: i don't understand...](#)
- Index(es):
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Re: Referrals & Energy

- *To:* "Herbert T. Black" <blackht@pacificu.edu>
- *Subject:* Re: Referrals & Energy
- *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
- *Date:* Wed, 20 Nov 1996 20:13:28 -0700 (MST)
- *Cc:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>, i_see@indiana.edu
- *In-Reply-To:* <Pine.SUN.3.91.961120132757.9665D-100000@tabitha.pacificu.edu>
- *Sender:* owner-i_see@indiana.edu

On Wed, 20 Nov 1996, Herbert T. Black wrote:

> Mary;

>

> The average person in optometry school at Pacific is a moderate myope.
> 75% of the students are myopic, much higher than national average of about
> 25%. Of course, the higher the educational level, the higher the
> prevalence of myopia, but optometry is even higher than expected for
> graduate/professional school in general. So the hope of finding a
> hyperopic OD is less than or equal to 25% I'd say offhand!

That is an interesting point, individuals who have a higher level of education, increase their possibility of developing or acquiring myopia. These are statistics taken DR. Jacob Liberman's book *_Take off your glasses and see_* :

Age or Education Level	% Myopic
-----	-----
At birth	less than 1
age 5 to 9	3
age 10 to 12	8
end of grade 8	20
high school grad	40
college grad	60-80
graduate students	80

These studies were taken from Theodore Grosvenor's The Results of Myopia Control Studies Have Not Been Encouraging "Journal of Behavioral Optometry, vol 4, no.1, pp 17-19.

- **References:**

- [Re: Referrals & Energy](#)

- *From:* "Herbert T. Black" <blackht@pacificu.edu>

- Prev by Date: [re: i don't understand...](#)
- Next by Date: [Re: your mail](#)
- Prev by thread: [Re: Referrals & Energy](#)
- Next by thread: [Re: Referrals & Energy](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: your mail

- *To:* jeff rimland <jcr127@psu.edu>
 - *Subject:* Re: your mail
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Wed, 20 Nov 1996 20:20:23 -0700 (MST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <199611202036.PAA97856@r02n05.cac.psu.edu>
 - *Sender:* owner-i_see@indiana.edu
-

On Wed, 20 Nov 1996, jeff rimland wrote:

```
> so plus lenses hurt your near vision???? this is so
> frustrating.....when i was in track in high school,
> the coach used to say "if you want to run fast in the
> race, run fast in practice. if you want to run far in
> the race, run far in practice." weight lifting coaches
> say "if you want to lift heavy weights in meets, lift heavy
> weights in practice..." maybe it would follow that if we
> want to see good far away, we should just look far away as
> often as we can.....
```

Interesting concept, although, I don't believe that looking farthur is the answer, instead of looking at the world, let the world look at you, This helps to relax the eyes and the mind.

Have fun,

-Peter

- **References:**

- [None](#)

- *From:* jeff rimland <jcr127@psu.edu>

- Prev by Date: [Re: Referrals & Energy](#)

- Next by Date: [FW: FW: Vision Care](#)

- Prev by thread: [None](#)

- Next by thread: [None](#)

- Index(es):

- [Date](#)

- [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

FW: FW: Vision Care

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* FW: FW: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 21 Nov 96 14:33:00 PST
 - *Encoding:* 62 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

In case anyone else is interested...

From: thecount
To: Richards, Caroline

I noticed on the Internet that you have an interest in vision improvement. I would like to make you aware of my company's natural Vision Therapy Program. We have been distributing the program for about eight years, improving it along the way.

Our Basic Program is designed to allow people to improve their vision naturally at home or office, at their own pace.

The program was developed by a group of Optometrists and Ph.D's and it is based on four simple premises that have worked for hundreds of people that have used the program. They are as follows:

1. Exercises that strengthen all of the eye muscles, and improve circulation to the eyes so that nutrients can aid in their development.
2. Consume proper nutrients via a good nutritional diet

3. Develop a positive attitude towards the idea of good and improved vision

and use the power of the mind towards this end.

4. Learn to eliminate stress and relax, since stress taxes all our bodily functions

especially the vision system.

Our program consists of a vision improvement kit that includes two professionally

done videos that show all of the exercises and techniques. Also included are vision

aids, charts, and an informative pamphlet, and an announcement on several new

nutrition breakthroughs. We have conducted classes using the program with very good

success and over 50,000 do it yourself programs have been sold.

We have a brochure that describes the program in more detail. Should you want it

please E-mail your address to me and I will send it to you.

If you would like to order the complete Vision Therapy Kit the cost through December

is \$29.75. Normally the price is \$50.00. plus tax. If you live in California, please add

sales tax of \$2.10 and shipping charge of \$3.00. Total charge is \$34.85 in California

and \$32.75 out of state. There is a 90 day money back guarantee if you are not satisfied.

Mailing address for orders - Vision Therapy Inc.
2059 Camden Ave.
#119
San Jose, CA 95124

-
- Prev by Date: [Re: your mail](#)
 - Next by Date: [RE: Against Plus Lenses](#)
 - Prev by thread: [Re: FW: Vision Care](#)
 - Next by thread: [Re: First Time with reduced lenses](#)
 - Index(es):

- [Date](#)
- [Thread](#)

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RE: Against Plus Lenses

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* RE: Against Plus Lenses
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 21 Nov 96 15:11:00 PST
 - *Cc:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Encoding:* 22 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

> Everyone I've heard of who has gone from minus whatever diopters
>to 20/20 has done so WITHOUT plus lenses,
Anyone got any evidence to counter that?

>It is only logical that plus lenses will hurt your near vision if minus
>lenses hurt your distance vision.

I also have wondered what plus lenses do to your near sight. I presume that nobody on this list using plus lenses has suffered a deterioration in their near sight? Can anyone show that their near sight is still ok in spite of plus lenses?

> What messages are you giving to your eye/mind vision coordination?
I get eyestrain using plus lenses, which someone explained as possibly being related to a difference in the convergence/divergence required for the accommodation being used, compared with what you normally experience.

Obviously you could use plus lenses in conjunction with patching, but is there a danger of causing difficulties with convergence/divergence if you don't?

Caroline

• Follow-Ups:

- [RE: Against Plus Lenses](#)

- *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>

- Prev by Date: [FW: FW: Vision Care](#)
- Next by Date: [re: i don't understand...](#)
- Prev by thread: [Against Plus Lenses](#)
- Next by thread: [RE: Against Plus Lenses](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

re: i don't understand...

- *To:* i_see <i_see@indiana.edu>, MikeM727 <MikeM727@aol.com>
 - *Subject:* re: i don't understand...
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 21 Nov 96 15:41:00 PST
 - *Encoding:* 12 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

> Even doctors who don't think plus
>lenses will help will tell you that it can't hurt.

My behavioural optometrist told me that +3 lenses were 'too strong' for me and that I should not go above +1. Since my eyes are only -0.25 and -1.0, that would imply to me that nobody (well, hardly) should go above +1.

I didn't get to ask him why but I will forward his answer when I next see him. (Any guesses in the meantime would be welcome).

Caroline

- Prev by Date: [RE: Against Plus Lenses](#)
- Next by Date: [Fwd: i don't understand...](#)
- Prev by thread: [re: i don't understand...](#)
- Next by thread: [Fwd: i don't understand...](#)
- Index(es):
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Fwd: i don't understand...

- To: i_see@indiana.edu
 - Subject: Fwd: i don't understand...
 - From: MikeM727@aol.com
 - Date: Thu, 21 Nov 1996 00:07:09 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-11-20 23:34:21 EST, richardc@SYDNEY.BTAP.bt.com (Richards, Caroline) writes:

> My behavioural optometrist told me that +3 lenses were 'too strong' for me
> and that I should not go above +1. Since my eyes are only -0.25 and -1.0,
> that would imply to me that nobody (well, hardly) should go above +1.

Too stong for "what"? That's the question. It depends on the distance at which you are looking. The focal length in meters of a lens is the reciprocal of it's power in diopters. For example, a 3 diopter lens has a focal length of 1/3 of a meter. If you were an emmetrope, and you held book at 1/3 meter while reading, a +3 diopter lens would allow you to read without accommodation. The eyes would receive parallel rays of light as if from a far-distant object. This is called reading at the far point.

If you were -1 diopter myopic, than a +2 diopter lens would allow you to read at the far point when the reading material is held at the same 1/3 meter.

If you normally hold the book farther away than 1/3 meter (about a foot), than you would use a lower powered plus lens. If you hold your reading material at, say 16 inches or so, you might need a +2.50 diopter "add".

It's really just simple mathematics and physics, once you understand the basics.

Mike

Forwarded message:

From: richardc@SYDNEY.BTAP.bt.com (Richards, Caroline)
To: i_see@indiana.edu (i_see), MikeM727@aol.com (MikeM727)

Date: 96-11-20 23:34:21 EST

> Even doctors who don't think plus
>lenses will help will tell you that it can't hurt.

My behavioural optometrist told me that +3 lenses were 'too strong' for me and that I should not go above +1. Since my eyes are only -0.25 and -1.0, that would imply to me that nobody (well, hardly) should go above +1.

I didn't get to ask him why but I will forward his answer when I next see him. (Any guesses in the meantime would be welcome).

Caroline

-
- Prev by Date: [re: i don't understand...](#)
 - Next by Date: [Re: Sun/palm for better night vision](#)
 - Prev by thread: [re: i don't understand...](#)
 - Next by thread: [Palming--Why?, How?](#)
 - Index(es):
 - [Date](#)
 - [Thread](#)

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Re: Sun/palm for better night vision

- *To:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Subject:* Re: Sun/palm for better night vision
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - *Date:* Thu, 21 Nov 1996 11:17:24 +0000 (GMT)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <Pine.HPP.3.91.961120190428.23736D-100000@hamlet.ucs.indiana.edu>
 - *Reply-To:* m.w.ellwood@rl.ac.uk
 - *Sender:* owner-i_see@indiana.edu
-

On Wed, 20 Nov 1996, Alex Eulenberg wrote:

```
> My experience has been that spending more time in the sun improves night
> vision. I believe the reason is that exposure to bright light STIMULATES
> the production of visual purple (precisely because it depletes it), which
> is used for both day and night vision. I remember reading somewhere that
> the same substance forms the basis for both day and night vision and a
> subtle chemical reaction changes its receptive qualities. I hope some of
> our ocular physiologists on the list can help me here.
```

```
>
> --Alex
>
```

Speaking purely subjectively, and non-medically, I find that in deepest winter, when I spend much more time indoors, and when there isn't too much light about anyway out of doors, my general eye health feels worse.

Mike.Ellwood@rl.ac.uk

- **References:**

- [Sun/palm for better night vision](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>

- Prev by Date: [Fwd: i don't understand...](#)
- Next by Date: [RE: Against Plus Lenses](#)
- Prev by thread: [Sun/palm for better night vision](#)
- Next by thread: [re: Palming--Why?, How?](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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RE: Against Plus Lenses

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* RE: Against Plus Lenses
 - *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>
 - *Date:* Thu, 21 Nov 1996 11:22:59 +0000 (GMT)
 - *cc:* i_see <i_see@indiana.edu>
 - *In-Reply-To:* <3294E03F@mmail-gw.bta.bt.com>
 - *Reply-To:* m.w.ellwood@rl.ac.uk
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 21 Nov 1996, Richards, Caroline wrote:

```
>
>
> > Everyone I've heard of who has gone from minus whatever diopters
> >to 20/20 has done so WITHOUT plus lenses,
> Anyone got any evidence to counter that?
>
> >It is only logical that plus lenses will hurt your near vision if minus
> >lenses hurt your distance vision.
> I also have wondered what plus lenses do to your near sight. I presume that
> nobody on this list using plus lenses has suffered a deterioration in their
> near sight? Can anyone show that their near sight is still ok in spite of
> plus lenses?
>
> > What messages are you giving to your eye/mind vision coordination?
> I get eyestrain using plus lenses, which someone explained as possibly being
> related to a difference in the convergence/divergence required for the
> accommodation being used, compared with what you normally experience.
> Obviously you could use plus lenses in conjunction with patching, but is
> there a danger of causing difficulties with convergence/divergence if you
> don't?
>
```

As mentioned before, I believe my `_distance_` vision has suffered as a result of regularly using reading glasses (both for reading, and

computer monitor use. (However, I was not myopic to start with; the deterioration in distance vision could be as a result of the presbyopia which forced me into reading glasses in the first place, but I doubt it somehow, that is, it may account for some deterioration, but not this much.

Mike.Ellwood@rl.ac.uk

- **Follow-Ups:**

- [RE: Against Plus Lenses](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- **References:**

- [RE: Against Plus Lenses](#)

- *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [Re: Sun/palm for better night vision](#)

- Next by Date: [Plus lenses, pin hole glasses, etc.](#)

- Prev by thread: [RE: Against Plus Lenses](#)

- Next by thread: [RE: Against Plus Lenses](#)

- Index(es):

- [Date](#)

- [Thread](#)

[\[Date Prev\]](#) [\[Date Next\]](#) [\[Thread Prev\]](#) [\[Thread Next\]](#) [\[Date Index\]](#) [\[Thread Index\]](#)

Plus lenses, pin hole glasses, etc.

- To: i_see@indiana.edu
 - Subject: Plus lenses, pin hole glasses, etc.
 - From: marif@btigate.com
 - Date: Thu, 21 Nov 1996 07:58:34 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Jeff wrote:

>so plus lenses hurt your near vision???? this is so
>frustrating.....when i was in track in high school,

What I do is get all the info I can on the topic and then go with what feels right for me.

1. Plus lenses. I went to the local Kmart store and tried on a bunch of different reading glasses. I'm assuming that these are the plus lenses everyone is talking about. I was totally turned off. I have enough blur, why do I want *more* blur (and stress) ?? So for now, I'm not going to get into plus lenses.

2. Pin hole glasses. Since I'm new to this vision therapy stuff, I've been just observing and learning about how I see without my glasses. I'm learning a lot by playing around with an eye chart. I was palming and massaging my eyes and I noticed when I had my hands up by my face (like blinders on a horse) viola! I can see better! Then, I punched a hole in a piece of paper with a hole punch and looked thru it. Better. Then I punched a smaller hole in a piece of paper with a fork tong (hey, that's what was handy) and looked thru it. viola! I can see better! Now I'm definitely going to check out this pin hole glasses stuff.

I get very excited when I can see things clearer without my glasses. That gives me hope that my eyes really do have the potential to see better and that this vision therapy stuff can really help.

And lately, I've been feeling a bit angry at my eye doctor, who for years has happily made my eye glass prescription stronger, and stronger, and

stronger...never even mentioning that there might be alternatives. And these people are supposed to be the eye experts? I don't have a degree in optometry. I don't know all the technical theories, blah, blah. I do know that my deteriorating eyesight has got to stop! I'll eventually be legally blind if this continues. And my eye doctor is not helping me...

Thanks for letting me rant a bit...I feel better now. :-)

~Mari

-
- Prev by Date: [RE: Against Plus Lenses](#)
 - Next by Date: [re: Palming--Why?, How?](#)
 - Prev by thread: [Convergence \(was: Pinhole glasses\)](#)
 - Next by thread: [Re: Plus lenses, pin hole glasses, etc.](#)
 - Index(es):
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re: Palming--Why?, How?

- *To:* jeff rimland <jcr127@psu.edu>
 - *Subject:* re: Palming--Why?, How?
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Thu, 21 Nov 1996 10:24:28 -0500 (EST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <199611202252.RAA97962@r02n05.cac.psu.edu>
 - *Sender:* owner-i_see@indiana.edu
-

I find my night vision has improved since I started sunning. I also notice less after-image when I happen to get a bright flash of light in my eyes, such as glare off a mirror.... I live in south Florida (sub-tropics), so I get a LOT of sun.

My guess is that my body has responded by becoming more adept at producing visual purple, because it has to. Also, seems like the visual purple would always be fresher, like going to McDonalds at lunch rush :) I'll bet someone on the list knows....

Mary Marlowe

On Wed, 20 Nov 1996, jeff rimland wrote:

```
> >"There is purple pigment in the retina called visual purple. This is used
> >in night driving, for example. LIGHT TENDS TO ABSORB THIS ELEMENT, but
> >palming restores it. If you are having difficulty with night vision, try
> >palming."
```

```
> >
> >Excerpts above are from the book:
> >"The Eyes Have It", By Earlyne Chaney,
> >ISBN 0-87728-621-3, USA $9.95
```

```
> >
> >so does that mean that sunning has a negative effect on night vision??? or is
> >it OK because your eyes are closed???
```

- **References:**

- [re: Palming--Why?, How?](#)
 - *From:* jeff rimland <jcr127@psu.edu>

- Prev by Date: [Plus lenses, pin hole glasses, etc.](#)
- Next by Date: [Re: Referrals & Energy](#)
- Prev by thread: [Re: Sun/palm for better night vision](#)
- Next by thread: [Re: Palming--Why?, How?](#)
- Index(es):
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 - [Thread](#)

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Re: Referrals & Energy

- To: i_see@indiana.edu
 - Subject: Re: Referrals & Energy
 - From: Tara Banfield <terror@eskimo.com>
 - Date: Thu, 21 Nov 1996 08:35:39 -0800 (PST)
 - Sender: owner-i_see@indiana.edu
-

At 06:53 PM 11/19/96 -0800, you wrote:

>There are lots of female optometrists who do not like vision therapy; its
>not just males. I used to be a vision therapist and am now an optometry
>student and think that gender has nothing to do with any of what you are
>talking about. So it does indeed seem sexist to me.

>
>Herb Black

>
>On Mon, 18 Nov 1996, Dawn Isaacson wrote:

>
>> I am currently seeing an eye doctor that practices behavioral therapy.
>> However, I find that it is his vision therapist, who is not an eye doctor
>> and happens to be female, is easier to talk to and is more understanding
>> about the therapy.

>>
>> Not trying to be sexist, but maybe there's something in those years of
>> optometric training that makes it difficult to let go....

>>
>>

On the other hand, Dawn, you may have something there. Most women who elect to enter into health care professions do so in a support position, perhaps *because* they're aware (either consciously or not) that they have a knack *for* that support, and that it's easier to give as an assistant (I have had similar experiences and know what you mean). My ob/gyn is a woman, and aside from being the only female doctor I've ever LIKED (ALL the others GP and ophthalmologist, etc.-- were *particularly* dreadful at the human side of things), she is the most *wonderful* doctor of any sort that I've had. I don't know what it is, but maybe it has to do with the sort of personality

that might incline a woman to become a doctor, or maybe the training does something particularly nasty to them.

In any case, there are such vivid differences between males and females it seems reasonable to me that you're not imagining things. Who knows what happens out there?!

-Tara

-
- Prev by Date: [re: Palming--Why?, How?](#)
 - Next by Date: [RE: Against Plus Lenses](#)
 - Prev by thread: [Re: Referrals & Energy](#)
 - Next by thread: [Re: Spelling has never been my strongest....](#)
 - Index(es):
 - [Date](#)
 - [Thread](#)

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RE: Against Plus Lenses

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* RE: Against Plus Lenses
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Thu, 21 Nov 1996 11:55:20 -0500 (EST)
 - *In-Reply-To:* <Pine.A41.3.95.961121111943.103804E-100000@unixfe.rl.ac.uk>
 - *Sender:* owner-i_see@indiana.edu
-

Though I haven't used them much in the last month, I used plus lenses (+2.00, +2.50) for reading and computer work over my reduced powered contact lenses for about 10 months. My reduced lenses presently are -3.50, and I am more often going bare eyed (that is why I use the plus lenses less often). When I first used plus lenses, I wore -4.25 reduced perscription contacts with them for reading/computer. The optometrist I saw would have put me in -6.00 lenses, but I pushed for a lower script :)

When I wore +2's over -4.25's, it was like wearing a reduced script of -2.25 for close work. I found it relaxing, and my unaided reading distance has improved. I can read and even use the computer for the first time in many years! If, however, I had been farsighted, I would expect a decrease in nearpoint vision from wearing plus lenses. MINUS lenses would cause the farsighted eye to work on improving focus IMHO. It is a math thing.

The point in wearing plus lenses is to "push" a little beyond normal, like (some else on the list said) a wire, so that when released the gain is maintained. Seems a little like leverage - something to push against, until I get closer to where I was BEFORE minus lenses.

This has been my experience... vision improvement is not ALL mechanical for me, however.

Mary Marlowe
a.k.a. phishes@pbfreenet.seflin.lib.fl.us

On Thu, 21 Nov 1996, Mike Ellwood wrote:

>

>
> On Thu, 21 Nov 1996, Richards, Caroline wrote:
>
> >
> >
> > > Everyone I've heard of who has gone from minus whatever diopters
> > >to 20/20 has done so WITHOUT plus lenses,
> > Anyone got any evidence to counter that?
> >
> > >It is only logical that plus lenses will hurt your near vision if minus
> > >lenses hurt your distance vision.
> > I also have wondered what plus lenses do to your near sight. I presume that
> > nobody on this list using plus lenses has suffered a deterioration in their
> > near sight? Can anyone show that their near sight is still ok in spite of
> > plus lenses?
> >
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> > accommodation being used, compared with what you normally experience.
> > Obviously you could use plus lenses in conjunction with patching, but is
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> >
> >
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> a result of regularly using reading glasses (both for reading, and
> computer monitor use. (Howver, I was not myopic to start with;
> the deterioration in distance vision could be as a result of
> the presbyopia which forced me into reading glasses in the first place,
> but I doubt it somehow, that is, it may account for some deterioration,
> but not this much.
>
>
> Mike.Ellwood@rl.ac.uk
>
>

● **References:**

○ [RE: Against Plus Lenses](#)

■ *From:* Mike Ellwood <mwe@unixfe.rl.ac.uk>

- Prev by Date: [Re: Referrals & Energy](#)
- Next by Date: [Re: Against Plus Lenses](#)
- Prev by thread: [RE: Against Plus Lenses](#)

- Next by thread: [Re: Against Plus Lenses](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: Against Plus Lenses

- To: i_see@indiana.edu
 - Subject: Re: Against Plus Lenses
 - From: MikeM727@aol.com
 - Date: Thu, 21 Nov 1996 16:35:13 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-11-21 06:26:57 EST, m.w.ellwood@rl.ac.uk writes:

> As mentioned before, I believe my distance vision has suffered as
> a result of regularly using reading glasses (both for reading, and
> computer monitor use. (However, I was not myopic to start with;
> the deterioration in distance vision could be as a result of
> the presbyopia which forced me into reading glasses in the first place,
> but I doubt it somehow, that is, it may account for some deterioration,
> but not this much.

I advocate plus lenses for prevention and recovery of myopia. I don't think it would have any affect on presbyopia (other than the fact you need them to read). Presbyopia is caused when the lens loses its flexibility and you therefore lose your ability to accommodate. Plus lenses could not negatively affect distance vision.

Mike

-
- Prev by Date: [RE: Against Plus Lenses](#)
 - Next by Date: [Re: Plus lenses, pin hole glasses, etc.](#)
 - Prev by thread: [RE: Against Plus Lenses](#)
 - Next by thread: [Re: Against Plus Lenses](#)
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Re: Plus lenses, pin hole glasses, etc.

- To: i_see@indiana.edu
 - Subject: Re: Plus lenses, pin hole glasses, etc.
 - From: MikeM727@aol.com
 - Date: Thu, 21 Nov 1996 16:43:08 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-11-21 09:02:44 EST, marif@btigate.com writes:

> 1. Plus lenses. I went to the local Kmart store and tried on a bunch of
> different reading glasses. I'm assuming that these are the plus lenses
> everyone is talking about. I was totally turned off. I have enough blur,
> why do I want *more* blur (and stress) ?? So for now, I'm not going to
get
> into plus lenses.

If plus lenses are causing too much blur than you are getting too strong of a lens for your viewing distance. You have to understand what your minus prescription is and how much plus lens "add" you need to eliminate accommodation for whatever distance you are from the reading/viewing material. If you are more highly myopic than about -3D, than you probably don't need plus lenses over the naked eye. You need either a reduced minus prescription, or wear plus lenses over your full minus prescription (same effect).

> 2. Pin hole glasses. Since I'm new to this vision therapy stuff, I've
been
> just observing and learning about how I see without my glasses. I'm
> learning a lot by playing around with an eye chart. I was palming and
> massaging my eyes and I noticed when I had my hands up by my face (like
> blinders on a horse) viola! I can see better! Then, I punched a hole in a
> piece of paper with a hole punch and looked thru it. Better. Then I
> punched a smaller hole in a piece of paper with a fork tong (hey, that's
> what was handy) and looked thru it. viola! I can see better! Now I'm
> definitely going to check out this pin hole glasses stuff.
>
> I get very excited when I can see things clearer without my glasses. That
> gives me hope that my eyes really do have the potential to see better and

> that this vision therapy stuff can really help.

Pinhole glasses cut off the most divergant rays of light from an object in view. It restricts the rays to the center of the pupil. Since these rays do require as much refraction (do not need to be bent as much), any refractive errors in the eye do not affect the vision as much. So they are a way of clearing up vision without bringing accommodation into play, so that is a good thing. It's just a different concept than plus lenses.

> And lately, I've been feeling a bit angry at my eye doctor, who for years
> has happily made my eye glass prescription stronger, and stronger, and
> stronger...never even mentioning that there might be alternatives. And
> these people are supposed to be the eye experts? I don't have a degree in
> optometry. I don't know all the technical theories, blah, blah. I do
know
> that my deteriorating eyesight has got to stop! I'll eventually be
legally
> blind if this continues. And my eye doctor is not helping me...

I think we can all relate to that. I never wore minus lenses, but I wish my doctor would have told me how to PREVENT myopia in the first place! At least, after it started, how to recover from it rather than just saying, "You need glasses"!

Mike

-
- Prev by Date: [Re: Against Plus Lenses](#)
 - Next by Date: [Contacts, Please help!!!](#)
 - Prev by thread: [Plus lenses, pin hole glasses, etc.](#)
 - Next by thread: [Re: Plus lenses, pin hole glasses, etc.](#)
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Contacts, Please help!!!

- *To:* cheryl_lee@rdrorl.com
 - *Subject:* Contacts, Please help!!!
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Fri, 22 Nov 1996 03:25:11 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

At 10:36 AM 11/20/96 +0000, you wrote:

>

> To those who are still wearing contact lenses: The nature of contact
> lenses forces your eyes muscles to maintain and conform to your
> prescription without any breaks. They hold the eyes to that
> constriction. Glasses at least give your eyes a break as they dart
> around. It is my understanding that with glasses, the strongest part
> of your prescription is in the center (or maybe related to that PD
> number). So when you are not looking exactly through the middle, your
> eyes get a break. In addition, it is much easier to take off your
> glasses for a few minutes and then put them back on, then it is to do
> the same thing with contacts.

I think that if you reduce your contact lens prescription periodically, you are better off than wearing glasses because I read that the focal point of the glasses forces you to stiffen your eye and move your head to see rather than your eye, which would aid in relaxing your eye muscles naturally. Simply looking from corner to corner and side to side at different levels after wearing glasses for a while feels good (like it loosens the eyes) and appears to confirm this theory.

Unless your prescription is not very strong, why would you not look through the part of the lens that allows you to see clearly? To not look through the focal point and "give your eyes a break" would probably require a lot of effort. The only advantage glasses appear to have is that you can take them off easily. So we contact lens wearers can use plus lenses and lessen the contact prescription. But with disposable contacts nowadays, changing contact lens prescriptions appears more practical (and maybe cheaper) than changing glasses prescriptions.

> Whatever your rationalization is about having to wear
> contacts (vanity maybe?), get over it and get some glasses to use in
> your vision quest. The rationalization more than likely has something
> to do with why you blurred and/or distorted your vision to begin with.

Vanity does not force me to wear contacts any more than wishing to correct my vision to not wear glasses. I don't like glasses because at -9.00 they are heavy, make marks on my nose, cause me to sweat & become more uncomfortable when they start to fall off, are uncomfortable to sleep in, and many, many more reasons. I prefer contacts because at -9.00, they actually correct my vision. Glasses at that prescription must be perfectly centered for my vision to be corrected.

On the other hand, wearing thick lenses that distort the picture of my face (negative lenses make things look smaller, positive larger) throughout my childhood and most of my adulthood has probably contributed to the extreme progression of my myopia. At a young age, I did not look like the rest of the kids, and when it came to sports, I felt almost "handicapped." I never wanted to hide my face behind those ugly frames and thick glasses, but I was forced to. In addition, glasses cause the world to be distorted in several ways, as does any reflective or clear glass that you look through: contact lenses do not cause the distortion in shape that eyeglasses do, and colors are not as distorted through contact lenses as they are very muted as seen through eyeglasses.

I resent the implication that vanity forces me to wear contacts but that vanity does not force you to correct your vision to not have to wear glasses. I have nothing to "get over with" and will continue my use of contacts until I have successfully removed the effects of years of wearing glasses.

> I wore contact lenses for 30 years. Once I went to no glasses and
> reduced lenses and other stuff, my prescription has dropped to less
> than half of what it was 2 years ago AND no astigmatism.
> Blessings, Cheryl

Soft contact lenses (at least the many brands I have worn over the years) do not correct for astigmatism and therefore do not cause your eyes to become more astigmatic.

If wearing glasses worked for you, I am happy for you....But unless someone has some scientific evidence that contact lenses (without getting into the cleanliness aspect) are inherently bad for your eyes or will prohibit vision therapy of the type we have been speaking, I will continue to wear my contacts. Well, anyone have some evidence for me & Cheryl? Contacts or glasses, or does it make no difference?

Thanks everyone!

Dawn 8-)

dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [Re: Plus lenses, pin hole glasses, etc.](#)
 - Next by Date: [Re: Contact Lenses](#)
 - Prev by thread: [Re: Plus lenses, pin hole glasses, etc.](#)
 - Next by thread: [Re: Contacts, Please help!!!](#)
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Re: Contact Lenses

- *To:* marif@btigate.com
 - *Subject:* Re: Contact Lenses
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Fri, 22 Nov 1996 03:24:59 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

At 01:58 PM 11/21/96 +0000, you wrote:

>Cheryl wrote:

>>It is my understanding that with glasses, the strongest part
>>of your prescription is in the center (or maybe related to that PD
>>number). So when you are not looking exactly through the middle, your
>>eyes get a break.

>

>Lately I've been feeling like I have this film over the center of my eyes
>that makes my vision blurry.

>I'm wondering if this could be connected to what Cheryl wrote above...how
>glasses are strongest at the center?

>When I look straight, my vision is worse than when I look up/down/over.

>Any thoughts on this from the group would be appreciated.

I read that the focal point on glasses adds to the myopic degeneration effect: in other words, when you look through only that point, which you would naturally want to do since you see better there, the eye muscles become even stiffer. According to one book, people that are highly myopic have a tendency to move their heads to see instead of their eyes. Kind of makes sense, if you think about any body part you might hold in one position for a long time.

Personal experience showed me that if my glasses weren't perfectly centered so that the focal point was where I needed it, at a high myopic state it drove me nuts 'cause I couldn't see well enough.

If your vision is worse when looking through the center, maybe your prescription is too strong? Another idea: I had an optomotrist who insisted on not putting the focal point in the center of the glasses, which

frustrated me to death (because I could only see through the focal point). This happened long before I ever heard about vision therapy.

>BTW, I used to wear contacts (soft, hard, all different kinds). I
>eventually got so I couldn't wear them anymore. My eyes got extremely
>sensitive to light. I had to wear sunglasses a lot. Too much glare during
>night driving also. My eyes felt dry, scratchy, and were blood shot all the
>time. My eyesight stabilized when I was wearing them, however...~Mari

I also read that contacts are better for your eyes in that they allow them more freedom for focusing and muscle moving (see above). I've always had conjunctivitis with my contacts, so I guess that's one of the drawbacks. For me, light sensitivity sometimes changed with the different brands, but it didn't lessen with glasses.

When I was very young (10 years?), I was prescribed hard lenses that were supposed to "reshape" my eye from elongated (myopic) back to normal. That never did work, I think it only hurt. Has anyone heard of that before? Any success?

dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [Contacts, Please help!!!](#)
 - Next by Date: [Re: Against Plus Lenses](#)
 - Prev by thread: [Contact Lenses](#)
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Re: Against Plus Lenses

- *To:* richardc@sydney.btap.bt.com, i_see@indiana.edu
 - *Subject:* Re: Against Plus Lenses
 - *From:* SteveF8953@aol.com
 - *Date:* Thu, 21 Nov 1996 13:16:38 -0500
 - *Sender:* owner-i_see@indiana.edu
-

I've been wearing plus lenses since I was a boy (fifty years ago), since it was my grandfather, Dr. Jacob Raphaelson (sometimes quoted in these posts), who (probably) invented the concept of using plus lenses for normal eyes. My near vision is the same as it always was - good - although I got near-sighted in law school and have remained so ever since.

In fact, my whole family (4 siblings and lots of cousins) wore plus lenses from an early age, and I haven't heard of any ill effects.

Steve (Raphael) Felson

- Prev by Date: [Re: Contact Lenses](#)
- Next by Date: [Re: Relax to see far - NOT! \(was: Convergence\)](#)
- Prev by thread: [Re: Against Plus Lenses](#)
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Re: Relax to see far - NOT! (was: Convergence)

- To: i_see@indiana.edu
 - Subject: Re: Relax to see far - NOT! (was: Convergence)
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Fri, 22 Nov 1996 04:10:01 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 08:50 PM 11/20/96 -0500, Mike wrote:

>In a message dated 96-11-18 14:41:50 EST, kipb@world.std.com (Kip Bryan)
>writes:

>

>> The idea is that when you look through a pinhole, your
>> eye can be focussed anywhere (accommodated near or far) and you still
>> see a clear image. So, your ciliary moves to its tonic of accommodation
>> (TA) position (dark focus) where it's most relaxed. (I know many people
>> think that it's most relaxed when you see far, but that's another
>> discussion.)

>

>OK, let's have that other discussion! Yes, I did think that the ciliary
>muscle is most relaxed when you see far.

Yes, just about every writer about the eye, whether conventional
optometrist/ophthalmologist or alternative thinker, writes about
the ciliary muscle the same way: relax to see far.

I'm not sure how the ciliary works. From my research, I'd say that
nobody else is sure either, even if they declare complete confidence.
The more I study the eye, the more amazed I am at how complex it is,
and how hard it is to study in a live human. In dead humans, the eye
decays very rapidly and so medical students sometimes study bulls'
eyes instead of human eyes. (There are detailed anatomy diagrams
of a bull's eye in a human dissection book!)

Some references and opinions on "work to see near OR far":

Atlas of Human Anatomy, Frank N. Netter, MD, 1989, Ciba-Geigy Corp, Summit, NJ:

Plate 83 shows "Anterior and Posterior Chambers of the Eye" and clearly shows "Meridional fibers" and "circular fibers" of the ciliary muscle, which is what controls the lens' focussing.

The ciliary muscle goes all the way from the very edge of the cornea (scleral spur) to the beginning of the optical retina (ora serrata), and all along that expanse, there are zonular fibers (ligaments) connecting the ciliary to the lens and a very large number of angles, connecting to the front and rear of the lens as well as the equator.

[Kip's interpretation: this muscle can affect the shape of the lens and not just how stretched out it is. Also, there may be changes in the cornea shape from ciliary pulling.]

R.V. Krstic, Human Microscopic Anatomy, 1991,
Springer-Verlag, p.512:

"The ciliary muscle is considered to be a single smooth muscle, consisting of interwoven muscle fibers which show some regional variation in the predominant fiber orientation."

[Kip's interpretation: possibility of astigmatic correction as well as further evidence of shape control to correct errors due to cornea.]

"The inner circular fibers ... are probably innervated by parasympathetic nerve endings. The meridional-radial fibers ... are situated closest to the sclera and seem to be innervated by the sympathetic nervous system."

[Kip's interpretation: Nerves act to focus close, and other nerves act to focus far. This is *NOT* simply a pull-or-relax design.]

"Accommodation is the dioptric focussing of the eye, achieved by changing the strength of the crystalline lens, i.e., its refractive power, to get sharp focussing of the visual image on the retina. At rest, the lens is held under tension by the meridional-radial smooth muscle fibers of the ciliary muscle, the whole ciliary body lies toward the back and exterior and the lens is pulled into a flattened shape. The eye is adapted to a far vision."

[Kip's interpretation: a muscle is WORKING, PULLING here to help you see far. This is *NOT* relaxed.]

"When the gaze is directed toward a closer object, the circular muscle fibers of the ciliary muscle contract, pulling the whole ciliary body forward and inward, and so decreasing the traction exerted by the zonular fibers on the lens; as a consequence, the lens becomes more convex in shape because of its elasticity, and the eye accommodates to near vision."

[Kip's hunch: looking near or far compresses one part and STRETCHES the other part, much as your upper arm works as you move your lower arm up and down. You need BOTH motions and both extremes to get both sides toned up.]

Another often-quoted reference that supports the dual-innervation idea is Toates, E.M. 1972 "Accommodation function of the human eye" *Physiological Reviews*, 52, 828-863. He gives a bunch of references to support it, too.

See also, on the web (not necessarily supporting the dual view):

<http://www.yorku.ca/research/vision/eye/ciliary.htm>

(says the choroid (layer between white sclera and retina) acts like a spring and is part of accommodation)

<http://mickey.lcsc.edu/~biology/MIKES/BI253/253out12.txt>

(talks about radial and circular fibers)

<http://retina.anatomy.upenn.edu/~lance/eye/lens.html>

(traditional view, but interesting)

http://www.prio.com/Diagnosing_Treating.html (talks about RPA

"resting point of accommodation" (what I usually call "Dark Focus" or TA=Tonic of Accommodation). RPA contradicts the idea of far=relaxed.)

http://www.prio.com/Research_TOC.html (lots more)

http://vsnet.net/vision_search/v_eye.html (traditional view, but good description of eye parts)

>> Normally, there is a connection or "loop" between your vergence (two eyes
>> pointing to a nearby object or pointed more parallel for a far object)
>> and your accommodation. However, when wearing pinhole glasses,
>> this "loop" is open (the loop being the two-way connection between
>> vergence and accommodation, each one reinforcing the other).
>

>This brings up a question of mine. The purpose of wearing plus lenses is to
>simulate far vision during close work. However, the use of plus lenses alone
>does not fully simulate far vision. They eliminate accommodation, but not
>convergence and stereopsis. Normally when you look at something close, your
>eyes must accommodate and converge.

>
>So the question is, is it necessary to eliminate convergence for therapeutic
>purposes? If you don't eliminate convergence, does the "loop" prevent
>complete relaxation of accommodation?

>
>This is the theory behind Donald Rehm's [The Myopia Myth] "Myopter Viewer".
> It eliminates accommodation, as well as convergence/stereopsis. Is this
> really necessary, or are plain old plus lenses good enough?

I sure don't know. Wearing an eye patch works around this problem, whether regular one-eye or Kaplan's "two-eyed patch". I think having reading glasses with prisms would make it more comfortable, at times. There have been researchers who have given people prisms too, but I don't recall one that had any success because of it. Alex gave a ref on one of these either on his web page or in Usenet long ago.

My hunch is "variety is the spice of life" so take vision breaks often and vary your accommodation full-range and your vergence full-range, and you'll feel better AND improve your vision. Stretch those muscles in addition to working them out.

Other refs for the nuts out there like me:

<http://research.opt.indiana.edu/AAO95PB/MonPM/MonBVPOP.html>

<http://www.aaopt.org/meetings/meeting95/AAO95PB/SunPM/SunVSP.html>

<http://www.osa.org/osapage/confer/vsia95/vsia-ap2.html>

<http://www.uta.edu/cos/Helmholtz.html> (Contradicts everything)

<http://research.opt.indiana.edu/AAO95PB/MonAM.html> (Prisms for VR)

<http://www.math.rpi.edu/www/people/ghandel.html> (these guys do magnetic resonance imaging of live human eyes!)

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- Prev by Date: [Re: Against Plus Lenses](#)
 - Next by Date: [Plus lens risk? Presbyopia?](#)
 - Prev by thread: [Re: Contacts, Please help!!!](#)
 - Next by thread: [Plus lens risk? Presbyopia?](#)
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Plus lens risk? Presbyopia?

- *To:* i_see@indiana.edu
 - *Subject:* Plus lens risk? Presbyopia?
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Fri, 22 Nov 1996 04:54:38 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

Jeff Rimland wrote:

```
>> It is only logical that plus lenses will hurt your near vision if minus
>> lenses hurt your distance vision. So I think people using plus lenses as
>> VT therapy should be on guard for their near vision.
```

I would agree, depending upon what you mean by "be on guard." See below.

At 09:23 PM 11/20/96 -0500, MikeM727@aol.com wrote:

```
>Myopia is simply your eyes mechanism of adjusting to its average visual
>environment. There is no doubt that your eyes DO adjust to their average
>visual environment.
```

...

```
>Excessive close work skews your average visual environment to something
>closer than optical "infinity". Plus lenses during reading helps you skew
>the average back to "normal". It works, no doubt about it.
```

This is pretty much what I used to believe. Then I discovered that I was apparently presbyopic. With a prescription that I could wear and just barely see 20/20 far, I couldn't read! (I had to take off my minus glasses to read.) I had lost my accommodative range, I would guess, from having worn plus lenses and keeping my eyes focussed at infinity so much. (Being over 40 years old didn't help of course.)

So, I started focussing near too, on purpose, including wearing my minus lenses at times. It didn't seem to hurt my progress, and in fact, sometimes it seemed to help. I now have a good accommodative range once again and can comfortably read with minus lenses on (though I usually don't!)

>Plus lenses cannot hurt your close vision. Even doctors who don't think plus
>lenses will help will tell you that it can't hurt. (The condition in later
>life that affects close vision is presbyopia, which is in no way caused by
>pluse lenses!)

Your eye's lens is made of living cells (some have no nuclei or organelles, though) that need nutrients and need to dispose of their wastes. There are no blood vessels, the usual way to supply nutrients and take away wastes, in the lens.

Accommodation massages the lens, and so the fluids on both sides can help here by supplying nutrients and taking out the garbage. The lens is mostly made of very long cells that are interlocked like jigsaw puzzle pieces. I believe that fluids can wiggle in here to supply nutrients and float away wastes.

If you wear plus lenses as an alternative to focussing near (presbyopia), then you won't accommodate as much and some of your lens' cells will die of hunger. This can cause cataracts (milky opaqueness of the lens made of dead cells and waste products.) (Lots of other things can cause cataracts, too. This is a controversial explanation.)

I would also suggest that dead cells, accumulated waste, and lack of lubricating fluids can cause your lens to become stiff. That is, lack of focussing leads to presbyopia. (I'm NOT saying it's the ONLY cause of presbyopia!)

I've heard of a number of presbyopic people who have lessened their presbyopia considerably by eye "pumping" where you focus near then far then near ... and sunning and other Bates-like techniques. One of them is a 65-year old woman who teaches Bates techniques in my town. She can easily read without glasses, as well as see far. She said she cured her hyperopia when she was 39 based upon Bates' techniques and has taught it ever since.

So: "plus lenses can contribute to presbyopia"
But: "plus lenses can be valuable in improving myopia if used in balance with some near focussing."

- Next by Date: [Re: Palming--Why?, How?](#)
- Prev by thread: [Re: Relax to see far - NOT! \(was: Convergence\)](#)
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Re: Palming--Why?, How?

- To: marif@btigate.com, I_SEE@indiana.edu
 - Subject: Re: Palming--Why?, How?
 - From: JRalls7959@aol.com
 - Date: Fri, 22 Nov 1996 14:11:18 -0500
 - Sender: owner-i_see@indiana.edu
-

Thanks for all the energy stuff. I do think we are all supposed to cut down on reading and computer work and go outside and play. That is our addiction, and I think it relates to developing your left brain functions without doing the same with your right. I'm trying to go to books on tape. One book I was lent (I didn't read it, I skimmed it and looked at the pictures) says you can get prana from the earth, especially with your shoes off. And trees can give you their prana if you sit or stand near them. It is nice to be under a big green tree. I'm starting to believe there really might be fairies too, in a sense.

Julie

P.S. And maybe ultrasound was working along the same lines but the research got buried by the massive interest in corneal surgery.

"Investigators in Japan are using ultrasound as a treatment for myopia.

Treatments were usually 10 minutes every day for an initial group of treatments and then less frequently for a follow-up period of variable length. Small reductions in refractive error for low myopes have been reported. The mechanism underlying the effect is thought to be an increase of blood in the choroid or retinal vessels, or a decrease in tonus of the ciliary muscle. The efficacy of this treatment has not been tested in North America." Woo, George D., Wilson, M. Anne, Current Methods of Treating and Preventing Myopia, A Review, Optometry and Vision Science, Vol. 67, No. 9, p725.

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- Prev by Date: [Plus lens risk? Presbyopia?](#)
 - Next by Date: [Computer Screen vs. Books](#)
 - Prev by thread: [re: Palming--Why?, How?](#)

- Next by thread: [Contact Lenses](#)
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Computer Screen vs. Books

- To: i_see@indiana.edu
 - Subject: Computer Screen vs. Books
 - From: MikeM727@aol.com
 - Date: Sat, 23 Nov 1996 00:36:34 -0500
 - Sender: owner-i_see@indiana.edu
-

Kip and other I_See'ers, got a question for ya.

I have noticed that using plus lenses while reading a book yields noticable improvement. However, using plus lenses while viewing a computer screen does not. Why would this be?

My roommate, who is much more myopic than me, noticed this first. Being more myopic and having more dramatic improvements than I, he could tell what works for him and what doesn't. When he read a lot on a computer, he didn't get any improvement, but when he read a book, he would. I resisted this testimony, because I saw no reason why it should be. Plus, I wanted to keep reading stuff on the computer as part of my therapy.

Now I have found that it's true for me too. I get no improvement whatsoever when on the computer. Now I have to wean myself away from the darn thing and start reading books!

Any explanations for this? Anybody have similar results?

Incidentally, I have an LCD screen (laptop) and he has a common CRT screen. Seems to be true for both types.

Mike

-
- **Follow-Ups:**
 - [Re: Computer Screen vs. Books](#)
 - From: Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- [**Re: Computer Screen vs. Books**](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [**Re: Palming--Why?, How?**](#)
- Next by Date: [**Computer Screen vs. Books**](#)
- Prev by thread: [**Plus lens risk? Presbyopia?**](#)
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Computer Screen vs. Books

- *To:* i_see@indiana.edu
 - *Subject:* Computer Screen vs. Books
 - *From:* jeff rimland <jcr127@psu.edu>
 - *Date:* Sat, 23 Nov 1996 01:03:11 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Mike,

i'm not sure if this is the exact reason or not but its probably pretty close... every dot that you see on the computer screen is actually just a projection of that dot from an electron gun onto the monitor screen. did you ever try to do any kind of focusing exercises through a mirror?? things just don't work right when light is reflected(or in this case, absorbed). i'm not sure if i stated this clearly or not... i'm sure that the radiation itself from the screen doesn't help either. for whatever reason, it seems that extensive computer time and good vision do not go together.....
jeff

oh by the way, i have heard that laptop screens aren't as harsh on the eyes as standard CRTs...

>X-PH: V4.1@r02n06

>From: MikeM727@aol.com

>Date: Sat, 23 Nov 1996 00:36:34 -0500

>To: i_see@indiana.edu

>Subject: Computer Screen vs. Books

>Sender: owner-i_see@indiana.edu

>

>Kip and other I_See'ers, got a question for ya.

>

>I have noticed that using plus lenses while reading a book yields noticable
>improvement. However, using plus lenses while viewing a computer screen does
>not. Why would this be?

>

>My roommate, who is much more myopic than me, noticed this first. Being more
>myopic and having more dramatic improvements than I, he could tell what works
>for him and what doesn't. When he read a lot on a computer, he didn't get
>any improvement, but when he read a book, he would. I resisted this
>testimony, because I saw no reason why it should be. Plus, I wanted to keep
>reading stuff on the computer as part of my therapy.

>

>Now I have found that it's true for me too. I get no improvement whatsoever
>when on the computer. Now I have to wean myself away from the darn thing and
>start reading books!

>

>Any explanations for this? Anybody have similar results?

>

>Incidentally, I have an LCD screen (laptop) and he has a common CRT screen.
> Seems to be true for both types.

>

>Mike

>

>

-
- Prev by Date: [Computer Screen vs. Books](#)
 - Next by Date: [Re: Plus lenses, pin hole glasses, etc.](#)
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 - Next by thread: [Re: Relax to see far - NOT! \(was: Convergence\)](#)
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Re: Plus lenses, pin hole glasses, etc.

- To: i_see@indiana.edu
 - Subject: Re: Plus lenses, pin hole glasses, etc.
 - From: marif@btigate.com
 - Date: Sat, 23 Nov 1996 06:18:28 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

MikeM727 wrote:

>If plus lenses are causing too much blur than you are getting too strong of a
>lens for your viewing distance. You have to understand what your minus
>prescription is and how much plus lens "add" you need to eliminate
>accommodation for whatever distance you are from the reading/viewing
>material. If you are more highly myopic than about -3D, than you probably
>don't need plus lenses over the naked eye. You need either a reduced minus
>prescription, or wear plus lenses over your full minus prescription (same
>effect).

Thanks for clearing that up for me, Mike. (Hey, a pun!)
Clear as mud now. :-)

Since I'm myopic (can't see far) with astigmatism, this must mean my prescription is a minus something diopters plus some kind of cylinder measurement for the astigmatism. I'm in the process of finding an optometrist and will find out exactly what my prescription is and will also try to get a pair of "training glass". I don't wear contacts, so I don't know how I would wear plus lenses over my prescription lenses. I've stopped wearing my prescription glasses when I do close up work. I think my astigmatism makes things close up a bit fuzzy though.

Right now, I'm working on palming, sunning, swings, eye massage, eye chart exercises, and also I found an astigmatism chart at the library. That's enough to keep me busy, ey? ;)

Here's something interesting...I dug out all my old prescription glasses, thinking that perhaps I could use a pair for "training glasses". Ha ha. They all make me "woozie"--must be the astigmatism correction in them. I tried each pair on and looked at the astigmatism chart. Wow! Has the eye doctor been changing my astigmatism correction a lot! Every pair has a different correction and not one pair, including my current prescription,

corrects my astigmatism properly. Personally, I would like to totally eliminate the astigmatism correction from my eye glass prescription. I don't get headaches when I don't wear my glasses and I palm and massage my eyes when they feel stressed.

And for those inquiring minds who want to know, here's all I know about the astigmatism chart I have: As I mentioned, I found it at the library. The kit contained a cassette tape of eye exercises and some charts. It's called "Improve Your Eyesight Without Glasses", I don't know the author if there is one, it was produced in 1977 by Wolf Records, a division of Music Farm Inc., 615 E. Pike, Seattle, Washington 98122. Yes, I tried to order it and the local bookstores could not get it.

I've been making a lot of phone calls--ordering catalogs, books, getting eye doc. referrals, etc. I will let the group know what interesting things I find!

Thanks, Mike, for the info on pin hole glasses. I will check out the web sites you mentioned.

~Mari

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- Prev by Date: [Computer Screen vs. Books](#)
 - Next by Date: [Re: Contacts, Please help!!!](#)
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Re: Contacts, Please help!!!

- To: i_see@indiana.edu
 - Subject: Re: Contacts, Please help!!!
 - From: marif@btigate.com
 - Date: Sat, 23 Nov 1996 06:18:31 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Dawn wrote:

>Soft contact lenses (at least the many brands I have worn over the years) do
>not correct for astigmatism and therefore do not cause your eyes to become
>more astigmatic.

Well, actually, I used to wear soft contact lenses with astigmatism
correction in them.

>If wearing glasses worked for you, I am happy for you....But unless someone
>has some scientific evidence that contact lenses (without getting into the
>cleanliness aspect) are inherently bad for your eyes or will prohibit vision
>therapy of the type we have been speaking, I will continue to wear my
>contacts.

Personally, I don't see the benefit of judging things like contacts or plus
lenses good or bad, right or wrong. If those things work for you, great!
Well, that's my two cents worth, butting in on this conversation. :)

~Mari

-
- Prev by Date: [Re: Plus lenses, pin hole glasses, etc.](#)
 - Next by Date: [Re: Computer Screen vs. Books](#)
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 - Next by thread: [Re: Relax to see far - NOT! \(was: Convergence\)](#)
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Re: Computer Screen vs. Books

- To: i_see@indiana.edu
 - Subject: Re: Computer Screen vs. Books
 - From: Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - Date: Sat, 23 Nov 1996 15:09:46 -0500 (EST)
 - In-Reply-To: <961123003634_1984350694@emout04.mail.aol.com>
 - Sender: owner-i_see@indiana.edu
-

On Sat, 23 Nov 1996 MikeM727@aol.com wrote:

```
> I have noticed that using plus lenses while reading a book yields noticable
> improvement. However, using plus lenses while viewing a computer screen does
> not. Why would this be?
```

I don't know why that is either. But I have found that sitting far away, sometimes with the keyboard in my lap, seems to help. I just use my reduced correction.... It is actually more comfortable and I can read faster that way. I also make sure I look over at my wall calendar regularly, and out the window, too.

Sometimes I use the computer now without any correction, but at those times I must sit pretty close, and I do experience eyestrain sometimes :(

Mary

- **Follow-Ups:**
 - [Re: Computer Screen vs. Books](#)
 - From: "Herbert T. Black" <blackht@pacificu.edu>
- **References:**
 - [Computer Screen vs. Books](#)
 - From: MikeM727@aol.com
- Prev by Date: [Re: Contacts, Please help!!!](#)
- Next by Date: [Re: Computer Screen vs. Books](#)

- Prev by thread: [Computer Screen vs. Books](#)
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Re: Computer Screen vs. Books

- *To:* i_see@indiana.edu
 - *Subject:* Re: Computer Screen vs. Books
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sat, 23 Nov 1996 16:55:11 -0500
 - *Organization:* Blake Systems, Inc.
 - *References:* <961123003634_1984350694@emout04.mail.aol.com>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

I find that working on the computer puts much much more strain on my eyes than reading. I think it may be because the screen is inherently blurry.

It is impossible to get a perfectly sharp image at any distance, no matter how good your vision, because the screen is composed of "fuzzy" dots.

If you consider the average screen these days is 800x600 pixels, compared to 600 dots per inch on an average laser-printer quality printout...

This means there are about as many dots on your screen as in about 1 square inch of laser-printed output.

Because the screen is blurry, perhaps this puts the eyes into a mode where they are trying to focus and never can completely get there.. thus causing strain?

Now what I'd love to see is an 8000x6000 LCD monitor. The images would be much sharper and I'll bet the monitor would produce much less

eyestrain.

I wonder how far off the technology is ...

--

Art Blake -> art@blakesys.com

- **References:**

- [Computer Screen vs. Books](#)
 - *From:* MikeM727@aol.com

- Prev by Date: [Re: Computer Screen vs. Books](#)
- Next by Date: [Re: Computer Screen vs. Books](#)
- Prev by thread: [Re: Computer Screen vs. Books](#)
- Next by thread: [Computer Screen vs. Books](#)
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Re: Computer Screen vs. Books

- *To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Subject:* Re: Computer Screen vs. Books
 - *From:* "Herbert T. Black" <blackht@pacificu.edu>
 - *Date:* Sat, 23 Nov 1996 15:40:07 -0800 (PST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <Pine.3.89.9611231534.B11276-0100000@pbfreenet.seflin.lib.fl.us>
 - *Sender:* owner-i_see@indiana.edu
-

Mary;

My guess is that reading a book is at a different working distance than looking at the computer screen (50-60 cm) and that the plus lenses are most often prescribed for the usual reading distance (40 cm). It is probably a good idea to get weaker plus lenses for computer use.

Herb Black

On Sat, 23 Nov 1996, Mary Marlowe wrote:

```
> On Sat, 23 Nov 1996 MikeM727@aol.com wrote:
> > I have noticed that using plus lenses while reading a book yields noticeable
> > improvement. However, using plus lenses while viewing a computer screen does
> > not. Why would this be?
>
> I don't know why that is either. But I have found that sitting far away,
> sometimes with the keyboard in my lap, seems to help. I just use my
> reduced correction.... It is actually more comfortable and I can read
> faster that way. I also make sure I look over at my wall calendar
> regularly, and out the window, too.
>
> Sometimes I use the computer now without any correction, but at those
> times I must sit pretty close, and I do experience eyestrain sometimes :(
>
> Mary
>
>
```

- **References:**

- [Re: Computer Screen vs. Books](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Re: Computer Screen vs. Books](#)
- Next by Date: [Re: Emotions & poor vision?](#)
- Prev by thread: [Re: Computer Screen vs. Books](#)
- Next by thread: [Re: Computer Screen vs. Books](#)
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Re: Emotions & poor vision?

- To: marif@btigate.com
 - Subject: Re: Emotions & poor vision?
 - From: Free Radical <zerobase@speednet.com.au>
 - Date: Sun, 24 Nov 1996 19:01:56 +1100
 - CC: i_see@indiana.edu
 - Organization: None
 - References: <199611181355.HAA08492@btiserv.btigate.com>
 - Reply-To: zerobase@speednet.com.au
 - Sender: owner-i_see@indiana.edu
-

marif@btigate.com wrote:

```
>  
> Hi ya Jeff,  
> you wrote:  
> >i've never read anything about it, but my personal experience is that  
> >emotions have an immense effect on vision.  my vision is normally in the  
> >20/40 to 20/50 myopic range, but if i'm upset or stressed out for a few days  
> >in a row my vision becomes dramatically worse.  since i've been doing eye  
>  
> Hey Alex, I think your perfectionism might be stressing out your eye muscles.  
> Just pickin' on ya a little bit. >:->  
>  
> Back to Jeff...the Natural Vision FAQ (http://www.cia.com.au/vic/faq.htmlis)  
> is actually talking about how there could be emotional issues connected to  
> poor vision.  For example, it mentions:  
>  
> "Myopia is a contraction and withdrawal from the world.  Myopia is about not  
> trusting what one sees, and about seeing the world through a fear filter.  
> Myopia often indicates a lack of security in ones self and in general trying  
> too hard to achieve and to see.  Myopia is also about being more critical,  
> analytical, judgmental and having excessive attention to detail...Children  
> that are abused tend to develop high myopia."  
>  
> Interesting, huh?  Anybody out there have more info on this????  
> ~Mari
```

Mari, hello there!

There is an alternative technique called "Baby Mode" which may be just what you're looking for. It worked for me. I don't wear glasses at all now,

and haven't for years. You will find in this technique a strange resonance with the concepts contained in the paragraph you sited.

I have taken the liberty of attaching two files giving the gist of the method.

Have fun! If you sincerely desire to see clearly *again*, you can.

Regards,

Linda Wright

THE WRIGHT METHOD - AN ALTERNATIVE APPROACH TO CORRECTING MYOPIA

Briefly, I wore glasses for almost 20 years, and I have had some remarkable improvement by using the techniques I will describe below. Other programs exist, but I never had much success with them because they were too complex, involving too much discipline. The way I have finally found involves more a gentle change of lifestyle and seeing habits, and seems to get better results.

The Alternative Approach to Myopia is based on the principle that the body, given half a chance will heal itself. This is a fact. It applies to every part of the body, including the brain, as is now being discovered. Why should the eyes be any different?

When you begin to experience this for yourself, you will find that your initial improvement comes as very brief moments of sudden crystal clarity. These moments are called Clear Flashes, and if you have already experienced them then I am speaking to the converted!

Over time, these moments will become more and more frequent, and they will last for longer and longer periods. They will then begin to predominate, until you are seeing very well most of the time. You will still have situations when you can't see quite as well, such as at night, or in dim light, but even that will start to improve.

I am now in the night/dim light phase. I see perfectly out of doors, and now am beginning to see perfectly inside. This would have been impossible for me even a year ago, when I really didn't know *why* my vision was improving... just that it was. Now that I have gotten to the bottom of the Stress Model, I am polishing off the last deficiencies.

But five years ago, I couldn't read the lines in my own palm more than 6 inches away from my face. Today, I do everything without glasses, contacts or squinting. Tomorrow, my vision will be restored to what it was when I was a child, before it was so casually wrecked by slapping crutches on my face.

Here is my story;

When I was 9 years old, it was discovered that I needed glasses. Whether I actually did or not is a subject of some dispute with me, because as I

will explain, what I probably needed more was a break from the stress that had temporarily overwhelmed me and my little world.

It began as boredom in school, and was exasperated by a personality conflict with a teacher who probably disliked me almost as much as I did her. For some reason, she could not see that my rambunctious behaviour was my reaction to the things that were bothering me. My homelife was in a turmoil, another child (my sister) was on the way and my mother was ill. I wasn't coping well, and the class was going too slow for me. I read voraciously to stimulate my mind and escape, and even began reading in the dark under the covers by flashlight. I was a case of lifelong myopia in the making.

My teacher had been writing notes on the board for us to copy for the tenth day straight, and I had had enough. I put my pen down and refused to work. She noted this and became angry. I was headed for trouble and I knew it. When she confronted me, she offered me an out; "Can you see that?" she asked, pointing to her boardwork. I said, "no." She immediately wrote a note to my parents to tell them I needed glasses. By accepting that excuse, I was spared a serious punishment, or so I believed!

Having painted myself into a corner, when I was taken to the eye doctor by my folks, I was anxious to fail my test, because then I would not get into trouble. Now I have to say that failing the eye test was not hard, because I did have a bit of a problem seeing because I was genuinely stressed. But at the time I knew exactly what was wrong, and that I didn't really need glasses even though I did have some slight blurring. I just needed someone to realise that the class was going too slow for me and that I wasn't happy in school.

I got my glasses, and my father insisted that I wear them constantly. I kept trying to go without them (as many mildly myopic children in the same situation so often do). But it was no good. I got in trouble every time my parents caught me without them on, and within two weeks I had a *real* problem. My eyes were wrecked.

Now I see how I contributed to my own problem, but only after having considered the events of that time over almost 20 long years. At age 9, I didn't have the wisdom or the strength of resolve to stand up for myself and say what was really troubling me. The emotional stress I was going through was real however. In relative terms, an adult in the same situation might have turned to drink or drugs. But enough about that.

I never lost the conviction that wearing glasses was wrong. But I was trapped, and for the rest of my childhood I had to pay for my one moment of weakness. I won't bore you with the details of how bad it is to grow up wearing glasses, because surely you already know what it's like.

But the damage was more than just cosmetic or emotional. At age 16 (after only 7 years of wearing glasses) I received a blow to the head which resulted in a torn retina and surgery. Myopia was doing me damage far greater than what I could have imagined. The surgery was successful, but the risk was always there of further injury. I had floaters and white spot flashes, both classic evidences of myopic atrophy of the eye. I got scared.

By age 29 though, I was more or less reconciled to the idea that there was no solution, and that this was my "cross" in life. The news that surgery might fix my nearsightedness excited me only briefly, since I had already had one operation and didn't look forward to another. I always longed for a cure though. I never gave up hope.

I tried contacts for a while, because over the years, my perscription was getting stronger and stronger. Unfortunately I don't remember what it was, but my eye doctors looked grim whenever I asked them if things were getting better. I suppose I really didn't want to know. In talking to ophthamologists since, we've worked out that it was probably about -10 to -12 diopters at its worst. Very bad.

Then, shortly before my 30th birthday, I had a lucky accident. I broke my glasses, for the umpteenth time, but this time, it was over a holiday weekend, and there was nothing I could do. My contacts were not in any state to be used as a substitute. I was in trouble, or so I thought at the time.

I was virtually blind without my glasses. I couldn't see clearly more than a few inches in front of my face. How was I going to make it through the weekend? I was afraid of getting hit by a car, or falling down stairs.

Wandering around the streets, trying to keep from getting hurt, I ended up playing safe by going into a fast food restaraunt. I was feeling very sorry for myself. Munching on my burger, I happened to glance across the street. I read a sign for a sale, then went back to staring at my food. All of a sudden, it hit me; I shouldn't have been able to read that!

I looked back up at the sign, but once again it was just a big orange blur. Too late though, I had caught my eyes in the act of focusing!

I was shocked! There had been a brief improvement, and contrary to the orthodoxy that I had been taught, this shouldn't have happened!

I had discovered quite by accident that my vision was not set in cement, but that it *varied* slightly from hour to hour. A slight variation, to be sure, from extremely disfunctional to very definitely disfunctional! But it had changed.

The fact that it *changed* was the point. Until that time, I didn't believe it could. Right then I swore off glasses for life, and decided I wouldn't replace the pair I had broken. I went home and I threw out my old contacts and everything that reminded me that I had once worn glasses, save one photograph, which I kept for other reasons. Since that day, I have never put another pair of glasses on my face, and never will.

It wasn't easy going cold turkey. I believed that my vision would improve naturally, out of the influence of my glasses, which I had suspected since childhood had been the cause of my problems all along.

In the time that followed, I realised that my eyesight wasn't going to improve in a week or two. I honestly didn't know why it should take so long, but I tried to find out. It was a slow process of discovery, discarding one wrong idea after another, until I finally had the whole picture of what was holding

up the show. Eventually I discovered some basic principles that I will share with you;

- 1) Ordinary Myopia is caused by stress, and stress is the main factor inhibiting its improvement.

Not only emotional stress, but environmental stress. Bad seeing habits like squinting, reading in bad light etc. Wearing glasses of the wrong perscription. This and almost any number of like things can contribute. All of these things, as well as childhood emotional trauma played a part in my myopia, beginning at about age 9. And even after I stopped wearing glasses, in my ignorance I was continuing to generate stress by being anxious to see clearly again. I gave myself a very hard time! This was the wrong thing to do, since it inhibited my progress.

- 2) If you get rid of the stress, you stand a better chance of improvement. It's largely what the *eyes* consider to be stressful that is the important thing.

Do you suffer from eyestrain? If you are familiar with eyestrain (and I've never met a myope who wasn't) then you know what stress means to the eye. The mind is willing to go on, but the eyes are not, and so we push our vision past the point where it is able to function normally. If we were lifting weights with our arms, our wills would not be strong enough to push us past the limits of our muscles, but because the eyes are small, they are easily overcome.

The tension of eyestrain is only the grossest form of stress on the eye. There is also what I call "ambient stress" which only myopes seem to have, and that is the stress and strain of the eyes having to stay fixed so that they can see through glasses. This is a technical fact, that when you wear glasses, your eyes must *work* to keep your eyes in place.

Now here's an ill-kept secret; if you've been wearing glasses every waking hour for 20 years, then your eyes have actually atrophied in place, just as if you had worn a cast on your leg for the same amount of time. If you wear a cast on your leg for 3 or four weeks, then when it comes out of the cast, the muscles will have withered away to virtually nothing, and you won't be able to bend your leg without extensive therapy. Why should your eyes be any different? What do you imagine would happen if you wore a cast on your leg for 20 years?? You'd be surprised to find a leg left at all!

So your eyes, having been kept rigid for years by wearing glasses will need to be gently worked back into shape so that they can function normally again. This will take time. However, if you just launch into a program of exercise for your eyes, you may only be inadvertently straining them again. The thing that the eyes need to do is learn to relax, and the chief lesson for the eyes to learn is that *the glasses aren't there any more*!

I discovered that if you could *defuse* this remembered stress and tension, instilled by long years of wearing glasses, you could begin to make rapid progress. How do you do that? That is the question, one that took me a long time to answer. I will give you the answer for free, so you can get

started straight away, but first I have to explain a few things;

You can't just tell the eyes to relax. Nor can you simply relax them like any other part of the body. The eyes, when they are perfectly relaxed don't focus at all! This fact adds to the problem of learning to deal with visual stress so as to see better. It poses a paradox, the existence of which explains why all the relaxation techniques in the world will not take your visual improvement more than a couple of diopters in the right direction at best. There is an element of dynamism involved that is missing in the idea of relaxation which is added to the technique I am about to describe.

BABY MODE

It took me a long time to discover *the actual active ingredient* in my improvement. I thought that it was simply a matter of spending time out of doors, looking around, not squinting etc. But there was an exact principle that it took me 5 years to define. Based on this principle, and in conjunction with my Stress Model, I now have worked out a technique which anyone can do, which doesn't involve exercise, and which is the single most effective thing I have ever tried.

I call it Baby Mode, though it is based not so much on how babies see, but on how young children up to the age of 5 look at the world.

It's quite simple. It involves the practice of looking at the world as a child does. That is all. How do you do that? By understanding how a child looks at the world!

What follows is very important and should be considered carefully and understood fully. A child's visual practices are quite distinct from a myopic adult's.

A child;

- Next to never fixates on any single object.
- Their eyes are naturally relaxed, all the time, not tense as myopic eyes tend to get.
- They blink in liquid motion, not forceably.
- They look at things because *the objects of their attention are inherently interesting*, ie, the world is (still) a fascinating place to them.
- They look to learn (a myopic adult is trying to learn to look!)
- Their attention span flits around a lot. They see many more things in the same amount of time. Myopic adults miss seeing many things, even when they are wearing their glasses!
- They look at the whole of any scene, and see it in greater 3D depth.
- They look at things to learn about them (adults already familiar with the world look at things to IDENTIFY them, thus they never really see the thing once they get the ID. Focusing is curtailed.)
- They don't squint, except of course in strong light, and even then, only rarely.
- They don't read in the dark, or in dim light. It puts them to sleep.
- They yawn a lot, and clear their vision by looking away whenever they get tired.
- They never get eye fatigue because they never force themselves beyond the point where fatigue begins to set in.
- They see clearly without even being aware that they are doing so. They never give this autonomic function so much as a moment's thought.

Observe children closely, and you may pick up a few more pointers. Or better yet, *remember how you used to do it!*

The main idea here, and this is the key to practicing the technique is to remember how *you* used to look at the world, and put your vision back in its original state. You *used* to do it like this, if you were ever non-myopic. Then you stopped. You need to go back to doing it that way. That's the essence.

Whenever I can't see as sharply as I ought, I remind myself to go back to Baby Mode, and my vision clears immediately.

All the other complex ideas concerning how the eye actually works are interesting, as theories, but if they don't yield a practical therapy, then they are simply academic excursions. I have a model of myopia, called the Stress Model. The Stress Model yielded the Baby Mode technique. It works well, and is theoretically *sound*. But you can practice Baby Mode without really knowing how or why it works.

The only trick to Baby Mode is learning how to put your eyes into that state, and then remember to keep them that way. You'll see results. Of course, it will take time, but I've tried everything of which I am aware, and this is the safest route to steady rapid progress that I have so far discovered.

MORE ON BABY MODE

* How to Get Into Baby Mode the First Time

First, by remembering its characteristics from your past, then by putting your eyes *back into their past mode of operation*. When I first started doing it, I used to remember my childhood, and the innocent way in which I looked at the world as if it were brand new and made just for me.

Here are two ways to do it;

- The easy way; Cast your mind back to when you were a child and could see clearly. Put yourself back in time and *feel* how it was for you. Have no fear, the flesh remembers. Recall the sheer delight you felt in looking at all of the bright colours, the play of the light on things, etc. See the world in the round, afresh. Discard the tension around your eyes and set aside your adult cares and concerns.

- If you can't remember what it was like to see as a child, then do it like an actor would, as if you had been asked to give a very convincing performance. BE a child for one brief moment, and set your mind in the frame that a child would have. It's not about personality, or being giggly. It's about the way you see the world.

* How can you tell if you're in Baby Mode?

You will know immediately, because when you are in Baby Mode, you will notice an improvement instantly. It may only be slight, but the fact that it has changed in a positive direction is the indicator. Note how above I said that when I remind myself to get back into Baby Mode, my vision clears up immediately... that's the clinical indicator.

* What about Clear Flashes? How does Baby Mode relate to these?

Baby Mode may or may not induce a Clear Flash every time you go into it, but overall, you will see more Clear Flashes the more you stay in Baby Mode. A Clear Flash is an inadvertent jump into perfect Baby Mode. Baby Mode is a conscious thing you practice till it becomes the unconscious norm. Clear Flashes begin to come more frequently, and last longer.

When I began practicing Baby Mode (the discovery of which was inevitable once I worked out the Stress Model) I started seeing things again that I saw every day as if it was the first time that I had ever observed them. I was startled! Colours became brighter, things got "rounder" and fuller, and lo and behold, sharper! Anything that attracted my attention got it, only I found I wasn't staring at things so intently as I would have before.

But then I would suddenly realise that I was seeing clearly and my *focus* shifted from what my eyes were seeing to what was going on with my eyes. I fell out of Baby Mode and the clouds came over again. No problem... I knew I was onto a good thing. I just slipped back in again, without sweating it, and the same effect occurred again and again.

* Are there any other characteristics of "Baby" vision I should know about? Yes. Children do not constantly check their vision to see if they are seeing clearly.

This is something that myopes tend to do obsessively. It is typical in fact for a child to have a vision problem for weeks before it is picked up, and comes as something of a surprise to them. This is because they give seeing *no attention at all*. It is just something they do automatically.

Its like the situation where most healthy people are not aware of their heart beating, except when it is brought to their attention. A heart patient on the other hand is aware of little else. One can say that even with 20/20 vision, a recovered myope is not cured until seeing no longer absorbs any of their conscious attention. I am almost at that stage after practising Baby Mode. When I've reached it, I'll probably write down everything I know about correcting myopia naturally and then disappear off the scene, back into the normal world!

UPDATE

If you keep it in mind that young children with perfect vision are constantly in Baby Mode, and myopic adults are next to never in Baby Mode, you'll realise there is quite a gap to be bridged.

Once you know what it feels like, there is minimal effort or disciplined involved. It is now habit and routine for me. At first it required some conscious thought, but now it only takes a moment of remembrance to set things right again.

Don't think though that when you've done it once or twice, that's it. It's not a magic wand. The rule is that if you think you are doing it, but you aren't experiencing an instant improvement, then you are not doing it! Don't then become obsessed with it again. Just remember to do it right whenever you realise you can't see clearly, and the habit will soon become engrained. That is my last piece of advice.

Soon I will no longer be involved in this field, for the simple reason that myopia will not be an issue for me, and it is better that I stop putting my attention on it. This is one of the principles of Baby Mode, and I know of no other approach which has as its aim the complete elimination of the problem.

You will soon get to this point as well when you are "in the groove" with Baby Mode. Before you leave the scene though, you should pass on this information to others who may be helped by it.

I envisage a time when glasses are no longer prescribed for myopia. Instead, when myopia is detected in both children and adults, a trained person will gently lead the affected person into the (restored) practice of Baby Mode, by getting them to do again what they once were doing, and stop doing what it was that caused the problem in the first place. That is my dream.

But I have no plans of starting a one-woman movement to effect this. This method will live or die on the basis of its results and ease of application. Consequently, if this works for you, if you understand it well and apply it consistently so that you get results, you have then an obligation to reproduce it in others who are in need. One becomes two, two become four, and so on until it becomes common knowledge, and no one would ever *think* to give a child glasses for myopia or operate on corneas again.

September 29, 1996
Linda Anne Wright

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BABY MODE CLARIFIED

There has been a fair bit of discussion on how to get started with Baby Mode, in particular, concerning the problem of how to remember how you once looked at the world.

I would not want to see the demonstrable benefits of using this technique limited to only those who by some good fortune are able to remember their childhood clearly, thereby excluding those who do not or cannot.

Therefore, I have to correct any mis-impression there might be surrounding the principles of Baby Mode and the supposed need to "remember" one's childhood in order to do it.

Very simply put; It is not necessary to remember one's childhood in order to initiate Baby Mode. The actual active ingredient in Baby Mode is the restoration of the original mode of seeing. Remembering your childhood is but one way of helping in this regard. Memory is a fickle friend, and even those who remember their childhood perfectly do not as a consequence experience Baby Mode. That is because memory remembering your childhood is not the trick.

I don't want this to seem at all cryptic. Please recall my original post introducing Baby Mode. I wrote;

> I call it Baby Mode, though it is based not so much on how babies see, but on how
> young children up to the age of 5 look at the world.

> It's quite simple. It involves the practice of looking at the world as a child
> does. That is all. How do you do that? By understanding how a child looks at
> the world!

Simply by *understanding well* how a child looks at the world, you can accomplish
Baby Mode. That is the core principle. Only later on in my post did I
introduce the idea of "remembering" how one used to do it. Remembering is a
shortcut to understanding, if you can accomplish it. What I am saying is that
all that is necessary is adequate understanding and an act of will.
It still can be done, and rather easily, even by those who remember nothing of
their early years.

I went on to say,

> What follows is very important and should be considered carefully and understood
> fully. A child's visual practices are quite distinct from a myopic adult's.

This is the basis of what must be well understood. In detail, in order to give
people a headstart, I enumerated the key points...

> A child;

>

> - Next to never fixates on any single object.
> - Their eyes are naturally relaxed, all the time, not tense as myopic eyes
> tend to get.
> - They blink in liquid motion, not forceably.
> - They look at things because *the objects of their attention are inherently
> interesting*, ie, the world is (still) a fascinating place to them.
> - They look to learn (a myopic adult is trying to learn to look!)
> - Their attention span flits around a lot. They see many more things in the same
> amount of time. Myopic adults miss seeing many things, even when they are
> wearing their glasses!
> - They look at the whole of any scene, and see it in greater 3D depth.
> - They look at things to learn about them (adults already familiar with the
> world look at things to IDENTIFY them, thus they never really see the thing once
> they get the ID. Focusing is curtailed.)
> - They don't squint, except of course in strong light, and even then, only rarely.
> - They don't read in the dark, or in dim light. It puts them to sleep.
> - They yawn a lot, and clear their vision by looking away whenever they get tired.
> - They never get eye fatigue because they never force themselves beyond the point
> where fatigue begins to set in.
> - They see clearly without even being aware that they are doing so. They never
give
> this autonomic function so much as a moment's thought.

>

> Observe children closely, and you may pick up a few more pointers.

You see? Anyone can come to understand the essential principles involved, by reason alone. There is nothing mysterious or complex about it.

Once you understand it, all you need to do is do it, that is to say, all at once, put your visual behaviour back into that mode. Not by thinking about a list of things to do, but by seeing the world as a child does, as you once did. In short, be a child again in the way you see.

Bad vision is a **habit** for most of us. The old bad habits need to be replaced with new good habits. How do you do that? That is the secret of Baby Mode. That is what Baby Mode essentially accomplishes, far more quickly, painlessly and easily than most other methods I've seen. But the key is understanding, not memory.

The practice of Baby Mode is analogous to realising that you have the habit of frowning all the time; When you first realise this, and that you look far more attractive when you smile, you must for a time remind yourself to start smiling again.

Initially it will be difficult, because it won't seem **right** and it won't look genuine. So to get it right, you have to smile sincerely from within, by thinking of something worth smiling about.

Now you can **remember** something worth smiling about, or you can **contrive** something worth smiling about. But only when you've got it right in your mind will it work on your face. You will fail many times, and slide back into frowning for weeks yet. But

you will get it right eventually, and then smiling will be effortless and natural. That by the way is an almost perfect analogy of how Baby Mode actually works.

Incidentally, just as you can't force a sincere smile, so you can't force Baby Mode. Force and effort are antithetical to both smiling and seeing. Only three inches separate the muscles that perform both functions... isn't that interesting!

As well, and some of you have already realised this, Baby Mode is NOT just another relaxation technique. Relaxation will only take you part of the way, a very short distance in fact. Relaxation may prevent your eyes from getting worse, and you may get early improvement from it, but it will not take you the rest of the way. Before I discovered Baby Mode, I was one of those people who'd gone 90% of the way to 20/20 and spent at least two years trying to fix the last 10%. I needed Baby Mode to finish what I had started in throwing away my glasses.

Why is Baby Mode different to the general relaxation techniques we have all been trying to follow with mixed results? Because relaxation is passive, and Baby Mode is active. A **totally** relaxed eye will not be able to focus. The eyes are active organs, constantly in action. They **have** to move in order to work. That's why relaxation is not the entire answer.

SUMMARY

This, then is the full context in which I wrote the line

> Or better yet, **remember how you used to do it!**

Of course, if you can remember, then great. But I must say clearly now, that remembering how you saw as a child *by itself* will accomplish absolutely nothing. I know, because I spent many many hours doing exactly that. Only when I realised that I could put my visual behaviour back into its originally perfect mode of functioning by a conscious act of will did I then directly experience change under conscious control. That one realisation, *that I could do it* was the key. It worked the instant I got it right.

>From that initial success, I persisted, making the rule,

> Whenever I can't see as sharply as I ought, I remind myself to go back to Baby Mode,

> and my vision clears immediately.

There you have it. Rememberance is nothing without the conscious action of the will to restore the vision to the original mode of operation. That you can do by reason, aided by memory, but not by memory without reason.

Finally, in this vein I wrote,

> All the other complex ideas concerning how the eye actually works are interesting, as

> theories, but if they don't yield a practical therapy, then they are simply academic

> excursions.

I would not like Baby Mode to become an academic exercise or a magical mystery tour. It's not a navel-watching thing. It's something that anyone can do. As soon as you've done it once, you'll never forget it or forget how to do it. You will see an instant difference in your vision the minute you've done it. It then becomes a simple matter of remembering to do it again, every time you become aware that your vision is not 100%. After a few weeks or so, as with correcting a permanent frown, it will become second nature, and your advancement will be steady and predictable.

Of course, if you were never confused about how to do this, and you've already done it for the first time, then there is no problem. But if not, or if you are struggling a little bit, this should hopefully help you get on track.

Nothing in all the world would please me more than to know that you have won your well-deserved freedom with this technique.

1 October, 1996

Linda Wright

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- **References:**

- [Re: Emotions & poor vision?](#)
 - *From:* marif@btigate.com

- Prev by Date: [Re: Computer Screen vs. Books](#)
- Next by Date: [Re: Emotions & poor vision?](#)
- Prev by thread: [Re: Emotions & poor vision?](#)
- Next by thread: [Re: Emotions & poor vision?](#)
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Re: Emotions & poor vision?

- To: i_see@indiana.edu
 - Subject: Re: Emotions & poor vision?
 - From: marif@btigate.com
 - Date: Sun, 24 Nov 1996 06:02:26 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Linda Wright wrote:

>There is an alternative technique called "Baby Mode" which may be just what
>you're looking for. It worked for me. I don't wear glasses at all now, and
<snip>

>I have taken the liberty of attaching two files giving the gist of the method.

Linda, Thank you for the "Baby Mode" info. Mark Jones had generously sent me the info previously. So group, anyone else out there currently using this method? How's it working for you?

I may be over simplifying the method, but, to me, the gist of it is talking about experiencing a paradigm shift in the way we see our world. I remember this type of thing happened to me when I was taking a drawing class. Even things like the dull pavement became fascinating to me, because I was really seeing it for the first time and noticing all the details of it. (Check out the book, "Drawing On The Right Side of The Brain", by Betty Edwards for more on this.)

I printed out the list of how a child sees the world and will post it where I will see it every day as a reminder.

~Mari

-
- Prev by Date: [Re: Emotions & poor vision?](#)
 - Next by Date: [None](#)
 - Prev by thread: [Re: Emotions & poor vision?](#)
 - Next by thread: [The Happy Eye Pillow](#)
 - Index(es):

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- [Thread](#)

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None

- *To:* i_see@indiana.edu
 - *Subject:* None
 - *From:* jeff rimland <jcr127@psu.edu>
 - *Date:* Sun, 24 Nov 1996 21:56:26 -0500
 - *Sender:* owner-i_see@indiana.edu
-

i bet if we all quit our jobs and lived in the woods with no vision correction for a month or so...we'd all have perfect vision....

- **Follow-Ups:**
 - [Re: None](#)
 - *From:* "Art Blake" <art@blakesys.com>
 - [To the woods!](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- Prev by Date: [Re: Emotions & poor vision?](#)
- Next by Date: [Re: Relax to see far - NOT! \(was: Convergence\)](#)
- Prev by thread: [Re: your mail](#)
- Next by thread: [Re: None](#)
- Index(es):
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Re: Relax to see far - NOT! (was: Convergence)

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* Re: Relax to see far - NOT! (was: Convergence)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 25 Nov 96 15:15:00 PST
 - *Encoding:* 7 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

>This is the theory behind Donald Rehm's [The Myopia Myth] "Myopter Viewer".
> It eliminates accommodation, as well as convergence/stereopsis

Any reference for where to find out more about the myopter viewer?

Caroline

- Prev by Date: [None](#)
- Next by Date: [Divergence](#)
- Prev by thread: [Computer Screen vs. Books](#)
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Divergence

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* Divergence
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 25 Nov 96 15:15:00 PST
 - *Cc:* "Richards, Caroline" <richardc@sydney.btap.bt.com>, i_see <i_see@indiana.edu>
 - *Encoding:* 22 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

This bit interested me greatly.

"as a myope i can converge but I can't diverge. I find it easier to do my divergence exercises with the pluses on."

For some reason I had thought that although looking into the distance required accommodation and divergence, that it was the accommodation problems that caused myopia. Does myopia always come with divergence problems too? Can it be one without the other (eg just divergence and no accommodation problems?) Can you test for yourself which it is?

Can anyone point me to divergence exercises? (Looking into the distance presumably counts. Does the buttons/knots on a string exercise?)

Caroline

I also experience some eyestrain using the pluses. I think they're meant only for reading, to relax your eyes so you can see far away naturally again. The convergence/divergence explanation makes perfect sense: as a myope i can converge but I can't diverge. I find it easier to do my divergence exercises with the pluses on.

- **Follow-Ups:**
 - [Re: Divergence](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
- Prev by Date: [Re: Relax to see far - NOT! \(was: Convergence\)](#)
- Next by Date: [Re: None](#)
- Prev by thread: [Re: Relax to see far - NOT! \(was: Convergence\)](#)
- Next by thread: [Re: Divergence](#)
- Index(es):
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Re: None

- *To:* i_see@indiana.edu
 - *Subject:* Re: None
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 24 Nov 1996 23:08:48 -0500
 - *Organization:* Blake Systems, Inc.
 - *References:* <199611250256.VAA138576@r02n05.cac.psu.edu>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

jeff rimland wrote:

>
> i bet if we all quit our jobs and lived in the woods
> with no vision correction for a month or so...we'd
> all have perfect vision....

Do ya think?? This is something I've been considering.. not actually quitting my job, but taking a long vacation, not using the computer at all, not reading... just relaxing and playing ... with no visual correction.

I am trying to go as much as possible without vision correction and I've started marking the days on my calendar with a big N.C. (meaning No Correction) when I can manage to go the whole day without correction.

I've gone 4 days straight lately. I've had a few noteworthy clear flashes.

Today I was able to read a license plate at 45 feet. Since the letters on the plate are about 3 inches tall I gather this is about 20/50 unaided vision ...

The license plate was not crystal clear 100% of the time, but

I could clear it at will.

--
Art Blake -> art@blakesys.com

- **References:**
 - [None](#)
 - *From:* jeff rimland <jcr127@psu.edu>

- Prev by Date: [Divergence](#)
- Next by Date: [Computer Screens](#)
- Prev by thread: [None](#)
- Next by thread: [To the woods!](#)
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Computer Screens

- *To:* "i_see@indiana.edu" <i_see@indiana.edu>
 - *Subject:* Computer Screens
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>
 - *Date:* Mon, 25 Nov 1996 09:57:13 -0500
 - *Encoding:* 32 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

I find that working on the computer puts much much more strain on my eyes than reading. I think it may be because the screen is inherently blurry.

It is impossible to get a perfectly sharp image at any distance, no matter how good your vision, because the screen is composed of "fuzzy" dots.

If you consider the average screen these days is 800x600 pixels, compared to 600 dots per inch on an average laser-printer quality printout...

This means there are about as many dots on your screen as in about 1 square inch of laser-printed output.

Because the screen is blurry, perhaps this puts the eyes into a mode where they are trying to focus and never can completely get there.. thus causing strain?

Art Blake -> art@blakesys.com

For me, using a DOS based, blue screen background program (such as Word

Perfect) is MUCH easier on my eyes than trying to look at thin black letters on a glowing white background in Windows.

Tim

-
- Prev by Date: [Re: None](#)
 - Next by Date: [To the woods!](#)
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 - Next by thread: [Re: Myopter Viewer](#)
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To the woods!

- *To:* jeff rimland <jcr127@psu.edu>
 - *Subject:* To the woods!
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 25 Nov 1996 16:35:44 -0500 (EST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <199611250256.VAA138576@r02n05.cac.psu.edu>
 - *Sender:* owner-i_see@indiana.edu
-

But what would we READ!?!?!?!?

Oh, ... I get it! 8)

Mary (who reads too much) Marlowe
a.k.a. phishes@pbfreenet.seflin.lib.fl.us

On Sun, 24 Nov 1996, jeff rimland wrote:

```
> i bet if we all quit our jobs and lived in the woods
> with no vision correction for a month or so...we'd
> all have perfect vision....
>
```

-
- **References:**
 - [None](#)
 - *From:* jeff rimland <jcr127@psu.edu>
 - Prev by Date: [Computer Screens](#)

- Next by Date: [Re: Divergence](#)
- Prev by thread: [Re: None](#)
- Next by thread: [Re: None](#)
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Re: Divergence

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* Re: Divergence
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 25 Nov 1996 16:48:26 -0500 (EST)
 - *In-Reply-To:* <329A2778@msmail-gw.bta.bt.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Mon, 25 Nov 1996, Richards, Caroline wrote:

> This bit interested me greatly.

>

> "as a myope i can converge but I can't diverge. I find it easier to do my
> divergence exercises with the pluses on."

>

> For some reason I had thought that although looking into the distance
> required accommodation and divergence, that it was the accommodation
> problems that caused myopia. Does myopia always come with divergence
> problems too? Can it be one without the other (eg just divergence and no
> accommodation problems?) Can you test for yourself which it is?

I think I can partially answer this one. My husband is even more of a myope than I, yet he immediately was able to "see" the hidden 3-D pictures in those Stereogram picture books. I, however, could not at first. Eventually I was able to see them in "reverse" by crossing my eyes and gradually letting them uncross.... After about a week of trying for a few minutes twice a day, I was able to get the "right" picture by looking beyond the top of the book, then letting my eyes drift down.....

So it seems some folks with myopia have little trouble with divergence (like my dear husband Steve). Others might (like me). I have since become skilled at seeing those pictures - all it took was learning what it felt like. Hope that helps... maybe others will share their experience.

Mary

- **References:**

- [Divergence](#)

- *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>

- Prev by Date: [To the woods!](#)

- Next by Date: [Re: Divergence](#)

- Prev by thread: [Divergence](#)

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Re: Divergence

- *To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Subject:* Re: Divergence
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 26 Nov 1996 00:44:52 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Does anyone else have any info on those stereograms?

I saw some in a catalog that were supposed to be for myopia. But I had read that the way you actually see the stereograms is to converge your eyes. But yet when someone was trying to teach me to see them, they said to relax & see "beyond" beyond the picture, much like what you do when you use the accommotrac.

So now I'm confused. Is it possible that they make some stereograms to work with convergence and some with divergence? What actually makes them work?

Should I go out & invest in some stereogram posters to work on my divergence?

Thanks 8-)

At 09:48 PM 11/25/96 +0000, you wrote:

>On Mon, 25 Nov 1996, Richards, Caroline wrote:

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>>

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>skilled at seeing those pictures - all it took was learning what it felt
>like. Hope that helps... maybe others will share their experience.

>
>Mary

>
>

dc :-)

Charade@worldnet.att.net

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Re: Divergence

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: Divergence
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 26 Nov 1996 00:44:49 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

At 11:15 PM 11/25/96 +0000, you wrote:

>
>This bit interested me greatly.
>
>"as a myope i can converge but I can't diverge. I find it easier to do my
>divergence exercises with the pluses on."
>
>For some reason I had thought that although looking into the distance
>required accommodation and divergence, that it was the accommodation
>problems that caused myopia. Does myopia always come with divergence
>problems too? Can it be one without the other (eg just divergence and no
>accommodation problems?) Can you test for yourself which it is?
>
>Can anyone point me to divergence exercises? (Looking into the distance
>presumably counts. Does the buttons/knots on a string exercise?)
>
So far, the exercises I have been given include watching people on the
street as they pass by and looking at the space "between" people. I assume
they're divergence exercises...I'll ask the therapist tomorrow.

8-)

>Caroline

> -----

>I also experience some eyestrain using the pluses. I think they're meant
>only for reading, to relax your eyes so you can see far away naturally
>again. The convergence/divergence explanation makes perfect sense: as a
>myope i can converge but I can't diverge. I find it easier to do my

>divergence exercises with the pluses on.

>

dc :-)

Charade@worldnet.att.net

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Re: None

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: None
 - *From:* kbradley@atl.mindspring.com (Kevin Bradley)
 - *Date:* Mon, 25 Nov 1996 20:43:51 +0100
-

Art - what was your vision when you started this?

you wrote:>

>

>I am trying to go as much as possible without vision correction
>and I've started marking the days on my calendar with a big
>N.C. (meaning No Correction) when I can manage to go the
>whole day without correction.

>

>I've gone 4 days straight lately. I've had a few noteworthy
>clear flashes.

>

>Today I was able to read a license plate at 45 feet. Since
>the letters on the plate are about 3 inches tall I gather this
>is about 20/50 unaided vision ...

>

>The license plate was not crystal clear 100% of the time, but
>I could clear it at will.

>

>--

>Art Blake -> art@blakesys.com

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Re: Myopter Viewer

- To: i_see@indiana.edu
 - Subject: Re: Myopter Viewer
 - From: MikeM727@aol.com
 - Date: Sat, 30 Nov 1996 16:48:44 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-11-26 13:44:41 EST, aeulenbe@indiana.edu writes:

> Actually, reading glasses with prisms have been made for that very
> reason. The idea goes back at least as far as the 1930s.

I don't know, Rehm says no glasses can eliminate all three: accommodation, convergence, and stereopsis. I suppose it's the latter that cannot be eliminated by plus lenses even with prisms. There's always going to be a significant difference between the angle each eye sees an object at a "close" distance. I don't know if it really **needs** to be eliminated, though. Rehm claims it does. I suppose it has to do with the instinctive connection between the three. When you sense stereopsis, the eyes are used to accommodating and converging.

> Note that if you put a patch over one eye when you read, this will also
> cause your eyes to diverge, probably.

I don't know about that either. The visual system has been trained all its life that when you look at a close object, the eyes need to accommodate and converge. I still think that, even with one eye patched, the other eye will converge when looking at a close object. After all, that's what it's "supposed" to do, right?

Patching has been mentioned a lot on this list, in this and other contexts.

What is the supposed benefit of patching? What about the fact that patching, lid-suturing (sp?) or otherwise occluding the eye CAUSES myopia in experimental animal models?

Mike

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 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
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 - *From:* furmark@pipeline.com (Alexandra Hill)
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 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
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 - *From:* marif@btigate.com
- [Re: Cold turkey](#)
 - *From:* Kip Bryan <kipb@world.std.com>
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 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
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- **algae bad for eyes?**
 - *From:* Virginia Sauer <72607.3335@CompuServe.COM>
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 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
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 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- [BEE POLLEN](#)
 - *From:* teasel@juno.com (Virginia B. Sauer)
- [Bee Pollen References](#)
 - *From:* Stuart Tyler <stuart@dhc1.deehoward.com>
- [I SEE under new management \(for a month\)](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- [Accomotracs study](#)
 - *From:* MikeM727@aol.com
- [Vision care](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
- [No Subject](#)
 - *From:* No Author

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Cold turkey

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Cold turkey
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Sun, 1 Dec 1996 22:02:46 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Hi Everyone!

Hope you all had a great Turkey weekend!

Has anyone with high myopia (I guess I mean anything over -6.00) had any positive results going cold turkey without ANY correction?

I also took advantage of the long weekend (five days) to try a cold turkey experiment. Starting Wednesday, I used nothing but pinholes for correction while at home, and when I had to go out in public (Thursday & Friday) I wore -5.00 glasses (I started out with a glasses prescription somewhere over -9.00, but since starting accommotrac, my vision has improved just over 0.5D).

I'm beginning to think that this experiment was a big "No-No" for me! I don't notice ANY improvement (I realize 5 days isn't much, but I can't do this when I have to work), and actually not wearing anything (the pinholes don't really correct my vision, they only prevent bumping into walls) and not being able to see just made me frustrated! I feel as though I just wasted the time, when I could've been out doing something more productive!

>I am looking forward to going without my glasses for a couple of
>weeks straight this holiday season, when I don't have to work.

>Art Blake -> art@blakesys.com

>

dc :-)

Charade@worldnet.att.net

- **Follow-Ups:**

- [Re: Cold turkey](#)

- *From:* "Art Blake" <art@blakesys.com>

- [Re: Cold turkey](#)

- *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Next by Date: [emotions & vision](#)

- Next by thread: [Re: Cold turkey](#)

- Index(es):

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- [Thread](#)

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emotions & vision

- *To:* i_see@indiana.edu
 - *Subject:* emotions & vision
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Sun, 1 Dec 1996 22:02:43 +0000
 - *Sender:* owner-i_see@indiana.edu
-

An interesting finding relating emotions to vision....

While working with the accommotrac the other day, I discovered that I could alter the feedback sound based on what I was thinking. If I thought about something sad, the sound became lower/slower (showing that my eyes were'n't relaxing), but if I thought about something happy, the sound immediately became more positive.

There are other things I can do to "manipulate" the results from the machine, suggesting that simply "relaxing" is not enough to stop the over-accommodation.

Has anyone else tried anything like this with any results?

Dawn 8-)
dc :-)

Charade@worldnet.att.net

- **Follow-Ups:**
 - [Re: emotions & vision](#)
 - *From:* "Art Blake" <art@blakesys.com>
 - [Re: emotions & vision](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Cold turkey](#)
- Next by Date: [Accupressure](#)
- Prev by thread: [Re: Cold turkey](#)
- Next by thread: [Re: emotions & vision](#)
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Accupressure

- *To:* i_see@indiana.edu
 - *Subject:* Accupressure
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Mon, 2 Dec 1996 00:23:12 +0000
 - *Sender:* owner-i_see@indiana.edu
-

Can anyone recommend book(s) on accupressure?
dc :-)

Charade@worldnet.att.net

- Prev by Date: [emotions & vision](#)
- Next by Date: [Re: Cold turkey](#)
- Prev by thread: [Re: emotions & vision](#)
- Next by thread: [Re: Accupressure](#)
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Re: Cold turkey

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* Re: Cold turkey
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 01 Dec 1996 22:07:04 -0500
 - *CC:* i_see@indiana.edu
 - *Organization:* Blake Systems, Inc.
 - *References:* <19961201220238.AAC21862@LOCALNAME>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Dawn Isaacson wrote:

>
> Hi Everyone!
>
> Hope you all had a great Turkey weekend!
>
> Has anyone with high myopia (I guess I mean anything over -6.00) had any
> positive results going cold turkey without ANY correction?

I have had some good results.. The worst I ever was was -6.50 D in both eyes. Going without glasses at -6.5 is pretty rough. I'm now at -4.5 and it is not quite so bad. I can imagine how hard it would be at -9.0!

>
> I also took advantage of the long weekend (five days) to try a cold turkey
> experiment. Starting Wednesday, I used nothing but pinholes for correction
> while at home, and when I had to go out in public (Thursday & Friday) I wore
> -5.00 glasses (I started out with a glasses prescription somewhere over
> -9.00, but since starting accommotrac, my vision has improved just over 0.5D).
>
> I'm beginning to think that this experiment was a big "No-No" for me! I
> don't notice ANY improvement (I realize 5 days isn't much, but I can't do
> this when I have to work), and actually not wearing anything (the pinholes
> don't really correct my vision, they only prevent bumping into walls) and
> not being able to see just made me frustrated! I feel as though I just
> wasted the time, when I could've been out doing something more productive!
>

It's important to try not to expect an improvement.. you have to learn to just take what your eyes are giving you at the moment, without any thought of improvement .. you can't force it to happen, because part of the problem is that you are trying! You have to just "be" not do.

This is kind of a big point ... you have to get to the point where you can not wear your glasses, and not let it bother you at all. Just accept whatever images your eyes give you, as they are. If you feel frustrated or stressed, you will not accomplish anything, and may even cause more damage. You have to sort of "love" your blur. With such a high prescription, you might be better off to start with a reduced prescription if it is just too frustrating.

Another thing you could do is go to a good movie you have already seen, and watch it through without your glasses, making sure to blink often and stay relaxed.

I tried this once (though on a movie I *hadn't* seen before) and found that I actually enjoyed the movie and could tell what was going on.. even more so, I could see better when I came out of the movie! Bear in mind I'm at -4.5 and sat in the front row. I think a true movie screen is much easier on your eyes than a television .. because the image is much clearer and originates from a clearer, more pure light (as opposed to a scanning electron gun in a TV picture tube.)

Do not worry that the images you see are a big blur, just let your eyes go and enjoy the soft images you get..

Also, don't worry about the sharpness so much, but maybe try to notice the colors more... notice your peripheral vision more.. Don't notice what you CAN'T see, notice what you CAN see! And when you have your glasses off, colors should

be much brighter, and your peripheral field of vision should be much more opened up. Take this opportunity to enjoy the wider field of vision and better color perception, and don't worry about the blurriness.

I can actually see better in many respects without my glasses than with.

For example, if I am about 100 yards away from a stop light, I can easily see if it is red or green without my glasses, and the red, green and yellow colors are unmistakable. But with my glasses on (reduced prescription), I cannot easily and instantaneously tell the color differentiation even though the image is a little sharper.

Excellent books to read:

"Take off your glasses and See" by Jacob Liberman
"The Power Behind your eyes" by Robert-Michael Kaplan

Now while reading, don't wear your glasses either. What I tend to do is hold the material the maximum distance away that I can still read it, without putting extra strain on my eyes. Even if you have to hold the material quite close, it is much less of a strain on your eyes than reading with the glasses on ..

> >I am looking forward to going without my glasses for a couple of
> >weeks straight this holiday season, when I don't have to work.
> >Art Blake -> art@blakesys.com
> >
> dc :-)
>
> Charade@worldnet.att.net

BTW, I didn't get to go as long without my glasses over the holiday weekend, as I wanted to because I was looking for a new apartment. Maybe over Christmas!

Cheers

--
Art Blake -> art@blakesys.com

-
- **Follow-Ups:**
 - [Re: Cold turkey](#)

- *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

- **References:**

- [Cold turkey](#)

- *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [Accupressure](#)
- Next by Date: [Re: emotions & vision](#)
- Prev by thread: [Cold turkey](#)
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Re: emotions & vision

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* Re: emotions & vision
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 01 Dec 1996 22:11:33 -0500
 - *CC:* i_see@indiana.edu
 - *Organization:* Blake Systems, Inc.
 - *References:* <19961201220238.AAB21862@LOCALNAME>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Dawn Isaacson wrote:

>
> An interesting finding relating emotions to vision....
>
> While working with the accommotrac the other day, I discovered that I could
> alter the feedback sound based on what I was thinking. If I thought about
> something sad, the sound became lower/slower (showing that my eyes were'n't
> relaxing), but if I thought about something happy, the sound immediately
> became more positive.
>

When I started on the accomotrac, the therapist told me to think of something stressful. When I did, the sound instantly got lower pitched. Then she said stop thinking that. The sound returned to its higher pitched tone. Then she said think of something happy, this correspondingly raised the tone.. so yeah, I got the same effect..

> There are other things I can do to "manipulate" the results from the
> machine, suggesting that simply "relaxing" is not enough to stop the
> over-accommodation.

>
> Has anyone else tried anything like this with any results?

>
> Dawn 8-)
> dc :-)

>

> Charade@worldnet.att.net

Another therapist had a good sense of humour, and when he could make me laugh on the machine, my numbers rose as well!

So .. yeah, the machine pretty much refelcts your level of happiness or sadness, which reflects your level of stress, and therefore blood flow to the eyes ... I wonder if a mood ring would work too :)

--

Art Blake -> art@blakesys.com

- **References:**

- [emotions & vision](#)

- *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [Re: Cold turkey](#)

- Next by Date: [web site](#)

- Prev by thread: [emotions & vision](#)

- Next by thread: [Re: emotions & vision](#)

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web site

- *To:* I_SEE@indiana.edu
 - *Subject:* web site
 - *From:* JRalls7959@aol.com
 - *Date:* Mon, 2 Dec 1996 02:00:36 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Here's a web site especially for parents. Visit the site of Parents Active for Vision Education (PAVE). There is info on vision therapy and vision related learning disorders. They have a recommended reading list and a way to contact the national office and local chapters.

<http://www.pave-eye.com/vision>

- Prev by Date: [Re: emotions & vision](#)
- Next by Date: [Re: emotions & vision](#)
- Prev by thread: [Re: Accupressure](#)
- Next by thread: [My Experience](#)
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Re: emotions & vision

- *To:* i_see@indiana.edu
 - *Subject:* Re: emotions & vision
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 2 Dec 1996 10:03:23 -0500 (EST)
 - *In-Reply-To:* <19961201220238.AAB21862@LOCALNAME>
 - *Sender:* owner-i_see@indiana.edu
-

I noticed a MAJOR improvement in my vision, especially the astigmatic part, this last week. I had a few days to myself (husband and daughters on family pilgrimage - I stayed home to watch new puppies). During that time I did pretty much what I wanted (hit three big bookstores, two eclectic hole-in-the-walls)! I also had enough psychic quiet to come to the decision that I will pursue a healing career (homeopathy, mainly). That is when I got the clear flashes - more like a veil lifted.

I have always had an interest in the healing arts. I formerly read the Merck Manual for entertainment - mesmerizing stuff. But the treatments didn't match my philosophy. I have finally found a modality that does, and I seem to have a knack for it. Even better, my mate is very encouraging - he thought I should do this last year :) My daughters have always thought I could work miracles, so I have much support. Seems the only one lacking was ME! As I am typing this I realized how right this all is, how happy it makes me.... and I look around the room and see everything clearly, with my reduced perscription. Think I'll go trade that last box of disposable lenses for another reduced perscription!

Mary Marlowe
a.k.a. phishes@pbfreenet.seflin.lib.fl.us

On Sun, 1 Dec 1996, Dawn Isaacson wrote:

```
> An interesting finding relating emotions to vision....
> While working with the accommotrac the other day, I discovered that I could
> alter the feedback sound based on what I was thinking. If I thought about
> something sad, the sound became lower/slower (showing that my eyes were'n't
> relaxing), but if I thought about something happy, the sound immediately
> became more positive.
```

>
> There are other things I can do to "manipulate" the results from the
> machine, suggesting that simply "relaxing" is not enough to stop the
> over-accommodation.
>
> Has anyone else tried anything like this with any results?
>
> Dawn 8-)
> dc :-)
>
> Charade@worldnet.att.net
>

● **References:**

- [emotions & vision](#)
 - *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [web site](#)
- Next by Date: [Re: Cold turkey](#)
- Prev by thread: [Re: emotions & vision](#)
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Re: Cold turkey

- *To:* i_see@indiana.edu
 - *Subject:* Re: Cold turkey
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Mon, 2 Dec 1996 09:41:06 -0500 (EST)
 - *In-Reply-To:* <19961201220238.AAC21862@LOCALNAME>
 - *Reply-To:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Sender:* owner-i_see@indiana.edu
-

Part of vision improvement for me was to get comfortable with not "doing something constructive" every once in a while! I used to read compulsively (the newspaper, cereal boxes, deodorant labels), watch TV too much and use the computer the rest of the time. I was physically uncomfortable during times when I wasn't using my eyes for close work.

I took up juggling for those times when I had to wait (I usually read a book). Not only is it fun, good exercise for body and eyes, but it also allowed me to be more social. People are at ease talking to me, and I am comfortable talking with them (this doesn't happen with a book). Now I sometimes just sit and have conversations, without the juggling 8)

Another side effect is that I have come to value what I feel/think/believe more than what I read! I am trusting MY perceptions, instead of relying on the written word to tell me what is out there. I also find it easier to try on new ideas and question old ones. I still check out a lot of library books, but now I read the part I am interested in and skip the parts that rub me the wrong way. It is more fun, and I get more of what I value accomplished 8D)

Mary Marlowe

On Sun, 1 Dec 1996, Dawn Isaacson wrote:

> not being able to see just made me frustrated! I feel as though I just
> wasted the time, when I could've been out doing something more productive!

- **References:**

- [Cold turkey](#)

- *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [Re: emotions & vision](#)

- Next by Date: [Re: Accupressure](#)

- Prev by thread: [Re: Cold turkey](#)

- Next by thread: [Re: Cold turkey](#)

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Re: Accupressure

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* Re: Accupressure
 - *From:* furmark@pipeline.com (Alexandra Hill)
 - *Date:* Mon, 2 Dec 1996 12:57:38 -0500
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

>Can anyone recommend book(s) on accupressure?
>dc :-)
>
>Charade@worldnet.att.net

Acupressure"s Potent Points, a guide to self-care for common ailments by
Michael Reed Gach
ISBN 0-553-34970-8
Bantam new age Books

Its still in print I saw it recently at Barnes and Noble in the US.
I highly reccommend it I use it all the time. It has a section on eyestrain.

best of luck
alexandra

-
- Prev by Date: [Re: Cold turkey](#)
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 - Next by thread: [Re: Accupressure](#)
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Re: emotions & vision

- *To:* i_see@indiana.edu
 - *Subject:* Re: emotions & vision
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Mon, 2 Dec 96 12:30:29 -0800 (PST)
 - *Sender:* owner-i_see@indiana.edu
-

Dawn at Charade@worldnet.att.netwrote on Sun, 1 Dec 1996 22:02:43 +0000:
>An interesting finding relating emotions to vision....

>
>While working with the accommotrac the other day, I discovered that I could
>alter the feedback sound based on what I was thinking. If I thought about
>something sad, the sound became lower/slower (showing that my eyes were'n't
>relaxing), but if I thought about something happy, the sound immediately
>became more positive.

>
>There are other things I can do to "manipulate" the results from the
>machine, suggesting that simply "relaxing" is not enough to stop the
>over-accommodation.

>
>Has anyone else tried anything like this with any results?

I reported this phenomenon in my book Seeing Without Glasses. While guiding my clients to see more clearly on the eye chart, I would say things to them to see if their perceptions would change. I was amazed at how simple words could alter their visual acuity by sometimes as much as 3 lines. I continue to use this method with other vision practices. Just this weekend, a post surgical farsighted person was able to turn on his right eye perception while using a fusion type activity when he said; Be Open!. This natural biofeedback use of our eyes never ceases to amaze me.

Enjoy,

Robert-Michael Kaplan. O.D., M.Ed., FCOVD

Sunshine Coast, B.C. Canada

"Enhancing vision is more than technique, it is what you intend from within. "

Beyond 20/20 Web Page-With Online EYE FITNESS NEWS letter

<http://www.sunshine.net/www/0/sn0011/>

Want to increase your vision fitness while at the computer
a new P.C. software program - see <http://www.fv2020.com/>

-
- Prev by Date: [Re: Accupressure](#)
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Re: Cold turkey

- *To:* Art Blake <art@blakesys.com>
 - *Subject:* Re: Cold turkey
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Mon, 2 Dec 1996 17:24:59 -0700 (MST)
 - *Cc:* Dawn Isaacson <charade@worldnet.att.net>, i_see@indiana.edu
 - *In-Reply-To:* <32A247D8.30EF@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Sun, 1 Dec 1996, Art Blake wrote:

```
> I tried this once (though on a movie I *hadn't* seen before) and found
> that I
> actually enjoyed the movie and could tell what was going on.. even more
> so,
> I could see better when I came out of the movie!  Bear in mind I'm at
> -4.5
> and sat in the front row.  I think a true movie screen is much easier on
> your
> eyes than a television .. because the image is much clearer and
> originates
> from a clearer, more pure light (as opposed to a scanning electron gun
> in
> a TV picture tube.)
```

I tried this as well it was very enjoyable, you can also see the movie repeatedly and sit farthur back each time.

```
> --
> Art Blake    ->    art@blakesys.com
>
```

Excellent post Art.

Have fun,

-Peter

- **References:**

- [Re: Cold turkey](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: emotions & vision](#)

- Next by Date: [Re: Accupressure](#)

- Prev by thread: [Re: Cold turkey](#)

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Re: Accupressure

- *To:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Subject:* Re: Accupressure
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 3 Dec 1996 02:58:25 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Thanks for the reference!

I have that book, too. I've been doing those exercises for almost a year now. I'm pretty much addicted. I also learned a similar one: you make circles around your eyes (up the insides of your nose, across the eyebrows, down the sides of the eyes, and across the top of the cheekbones back to your nose) with your fingers, making the circles about an inch wider every five or so circles. When you get to the outer limits of your face, you can massage your head & shoulders. This practice is supposed to get the same points as the Chinese exercises, plus a few extras.

Good luck!

dc 8-)

At 12:39 AM 12/3/96 +0000, you wrote:

>
>

>On Mon, 2 Dec 1996, Dawn Isaacson wrote:

>

>> Can anyone recommend book(s) on accupressure?

>> dc :-)

>>

>> Charade@worldnet.att.net

>>

>Dawn, I recently read Jacob Liberman's book *_Take off your glasses and see_* it has some eye message exercises from the China. There are four exercises. If you can get the book it's on page 26+27. The chinese started

>doing these eye message exercises since 1949, and their myopia rate has
>dropped. I find them very relaxing.

>

>Good luck on your journey to clearer vision,

>

>-Peter

>

>

dc :-)

Charade@worldnet.att.net

● **Follow-Ups:**

○ [Re: Accupressure](#)

■ *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

● Prev by Date: [Re: Cold turkey](#)

● Next by Date: [Re: Accupressure](#)

● Prev by thread: [Re: Accupressure](#)

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Re: Accupressure

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* Re: Accupressure
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Mon, 2 Dec 1996 22:01:29 -0700 (MST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <19961203025814.AAA17350@LOCALNAME>
 - *Sender:* owner-i_see@indiana.edu
-

On Tue, 3 Dec 1996, Dawn Isaacson wrote:

> Thanks for the reference!

>

> I have that book, too. I've been doing those exercises for almost a year
> now. I'm pretty much addicted. I also learned a similar one: you make
> circles around your eyes (up the insides of your nose, across the eyebrows,
> down the sides of the eyes, and across the top of the cheekbones back to
> your nose) with your fingers, making the circles about an inch wider every
> five or so circles. When you get to the outer limits of your face, you can
> massage your head & shoulders. This practice is supposed to get the same
> points as the Chinese exercises, plus a few extras.

>

> Good luck!

>

> dc 8-)

>

I really enjoy the facial massage exercises and neck and shoulder ones as well. Janet Goodrich's also has some good ones too. I also read about this one exercise where you put hands over your ears and apply pressure gently and make circles. This really is relaxing for me.

I am aware that you are in the -9.0 area. My latest prescription was left eye -7.5 and right -6.75 and I am only 14 years old. I only wear my -5.5 glasses when I am at school. The rest of the time I go cold turkey. I used to always "check" my vision constantly. I know its hard especially since

you can't see farther than 4 inches away, and that is pretty inconvenient when reading or doing close work. You always have the paper very close to your face. What I have learned though is to not look at the world but rather let the world look at you. Like many others mentioned on this list, the key is not put any effort into it.

The reason I like this group is it provides support, encouragement and new ideas, people can express what they feel, which is helpful.

A very important factor in getting clearer vision is having someone to lean on in those difficult times. It can get tough, and sometimes even feel impossible throughout Vision Therapy.

Good luck on your journey to clearer vision,

-Peter

> At 12:39 AM 12/3/96 +0000, you wrote:

> >
> >

> >On Mon, 2 Dec 1996, Dawn Isaacson wrote:

> >

> >> Can anyone recommend book(s) on accupressure?

> >> dc :-)

> >>

> >> Charade@worldnet.att.net

> >>

> >Dawn, I recently read Jacob Liberman's book Take off your glasses and see it has some eye message exercises from the China. There are four exercises. If you can get the book it's on page 26+27. The Chinese started doing these eye message exercises since 1949, and their myopia rate has dropped. I find them very relaxing.

> >

> >Good luck on your journey to clearer vision,

> >

> >-Peter

> >

> >

> dc :-)

>

> Charade@worldnet.att.net

>

- **References:**

- [Re: Accupressure](#)
 - *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [Re: Accupressure](#)
- Next by Date: [Re: Cold turkey](#)
- Prev by thread: [Re: Accupressure](#)
- Next by thread: [web site](#)
- Index(es):
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 - [Thread](#)

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Re: Cold turkey

- *To:* i_see@indiana.edu
 - *Subject:* Re: Cold turkey
 - *From:* marif@btigate.com
 - *Date:* Tue, 3 Dec 1996 05:12:27 -0600 (CST)
 - *Sender:* owner-i_see@indiana.edu
-

Dawn wrote:

>Has anyone with high myopia (I guess I mean anything over -6.00) had any
>positive results going cold turkey without ANY correction?
>I also took advantage of the long weekend (five days) to try a cold turkey
>experiment.

>and actually not wearing anything (the pinholes
>don't really correct my vision, they only prevent bumping into walls) and
>not being able to see just made me frustrated!

Dawn, I can relate to what you said about feeling frustrated. I think I first got started with this vision therapy stuff about a month ago. It's easier for me to go without my glasses now. At first, I would notice I got irritated because I couldn't see clearly, especially when I was looking for something. Gradually, I've "let go" of wearing my glasses more and more and I'm surprised at how much I *can* see. (I have my glasses hanging on a chain around my neck, so I can slip them on anytime I need to see clearly.) I still get frustrated when it's high stress situations like when I'm really busy at work. If I notice myself straining a lot, I put on my glasses.

After about a month of this, I think I may be seeing the eye chart a little better and the lines on the astigmatism chart are more balanced, which means my astigmatism has improved. Also, it's easier to read without my glasses. But that's about it for improvements. Is this the normal rate of improvement? I realize that being new to this stuff, I probably haven't been doing the actual eye exercises very much. I've mostly concentrated on eye massage, palming, swinging, some chart work. I'm just wondering how much time per day is everyone spending on this? What is your regular daily routine for vision therapy? What exercises do you do and how do you fit them into your daily activities? Any suggestions for me? Thanks, Mari

- Prev by Date: [Re: Accupressure](#)
- Next by Date: [Re: Cold turkey](#)
- Prev by thread: [Re: Cold turkey](#)
- Next by thread: [Re: Cold turkey](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: Cold turkey

- *To:* i-see@indiana.edu
 - *Subject:* Re: Cold turkey
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Tue, 03 Dec 1996 10:02:40 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i-see@indiana.edu
-

At 05:12 AM 12/3/96 -0600, marif@btigate.com wrote:

> I've mostly concentrated on
>eye massage, palming, swinging, some chart work. I'm just wondering how
>much time per day is everyone spending on this? What is your regular daily
>routine for vision therapy? What exercises do you do and how do you fit
>them into your daily activities? Any suggestions for me? Thanks, Mari

As I see it, there are two kinds of "daily activities" for vision improvement.

One is changes in your visual habits. That is, you do the things you always did, but you use your eyes differently. For example, taking vision breaks from reading or TV or computer to focus far on something and see it as detailed as you can. Another example might be using idle time such as at a traffic light or in an elevator or whatever to practice focussing near and far ("pumping"), stretching your outside eye muscles by looking far left, right, up, down, diagonals, or tracing distant objects' edges. These things you do for the rest of your life. These don't take any "time" from your day.

The second is active work that does take time. This would be studying an eye chart, sunning, palming, trying to read as far away from your eyes as possible (using plus lenses on top of or instead of regular glasses if necessary), more intensive pumping or other exercises.

I certainly don't know the ideal mix of time spent on all these. In "Improve your Vision without Glasses or Contact Lenses" by Beresford, Muris, Allen, and Young, the authors call the second activity "Booster Techniques" and suggest 1/2 hour a day for

30 days. You can then stop them (but continue with the new visual habits) and resume them some other time for another boost in vision. The authors suggest that your improvement will be in bursts with stable times between the bursts.

You can be creative in finding ways to embed vision therapy components in your regular life. An important part of that, of course, is maintaining normal relationships with others, who might think you're behaving a bit strangely. If you are stuck on always looking completely normal, you might miss out on some good ideas. Think of yourself as being on the leading edge of a revolution in how people see. Part of that involves educating yourself and others so you and they can accept your new behaviors.

-
- Prev by Date: [Re: Cold turkey](#)
 - Next by Date: [My Experience](#)
 - Prev by thread: [Re: Cold turkey](#)
 - Next by thread: [Re: Cold turkey](#)
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 - [Date](#)
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My Experience

- *To:* i_see@indiana.edu
 - *Subject:* My Experience
 - *From:* Robert Symes <rsx@Cs.Nott.AC.UK>
 - *Date:* Tue, 03 Dec 1996 15:07:23 +0000
 - *Sender:* owner-i_see@indiana.edu
-

Hi there,

I've been reading the list for a while although have only contributed once or twice as I have not been as dilligent in my quest to elliminate my myopia as I would have liked. anyway i thought I'd tell you what happened the last time I visited my optician.

My prescription at the time I had the check-up was L:-1.75 R:-1.25 and I found when wearing my contact lenses (which I only wear a couple of evenings a week when going out) that my left eye had virtually no blur and my right eye was slightly blurry. The optician tested my eyes and determined that I needed a stronger prescription of L:-2.25 R:-1.75. After he had tested my eyes I asked him what my new prescription was and he seemed reluctant to even tell me, saying that its not important - (he used the analogy that its just like a shoe size!). I explained that I was concerned about my vision deteriorating further if I was given stronger lenses and was told that myopia is purely genetic and the effect of the natural 'growth' of the eyes. I mentioned that I had been investigating the possibility of vision improvement and was told that it was all 'absolute rubbish'.

I don't know why but at the time I believed him - I took the view that he must know what he's talking about if he's been trained in ophthalmology. So I got the stronger glasses and wore them that evening. I found however that my eyes felt very uncomfortable in the new glasses - I must mention that I usually get around without my glasses, using them only for lectures, tv, driving and such activities. I was convinced that the glasses were too strong so I went back to the opticians asking if I could revert to my old prescription. I was told this was not possible and my only course of action was to have another checkup. During this checkup I explained that I don't usually wear glasses for the majority of the day and I really need them as a boost to my vision, not necessarily giving me absolutely crystal clear

vision when I wear them. He 'strongly advised' me to simply wear the new prescription until I got used to them. (This alarmed me - it didn't seem right that my eyes should adjust to the glasses - surely it should be the other way around!). I explained that my contact lenses were fine, in the left eye and that they probably needed a very small boost in the right, and asked if I could revert to my old prescription with that adjustment. He argued that if I changed the prescription in my right eye (from -1.25 to -1.5) then I should also change the left to match (-1.75 to -2.00) which seemed ludicrous to me as the vision in the left eye was fine anyway and I was actually bringing the strength of the two lenses nearer to each other which seems more natural. Well I had completely lost faith in the optician by now and asked outright for a prescription of L:-1.75 and R:-1.5 which he very reluctantly prescribed, making a long note on his pad and calling the idea 'daft'. Since wearing these new glasses I have found that they are perfect for my needs, only giving a minute blur at long distances, also any difference in clarity between the two eyes (with the lenses) is inperceptible.

I thought that I would tell you this story in the hope that anyone who has a similar experience might be wary of what any optician might recommend, against the gut feeling of the 'patient'. I'd love to hear from anyone with a similar experience.

Regards,

Rob (21)

- **Follow-Ups:**

- [Re: My Experience](#)
 - *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: Cold turkey](#)
- Next by Date: [Re: Cold turkey](#)
- Prev by thread: [web site](#)
- Next by thread: [Re: My Experience](#)
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Re: Cold turkey

- To: marif@btigate.com
 - Subject: Re: Cold turkey
 - From: Dawn Isaacson <charade@worldnet.att.net>
 - Date: Tue, 3 Dec 1996 15:50:09 +0000
 - Cc: i_see@indiana.edu
 - Sender: owner-i_see@indiana.edu
-

>After about a month of this, I think I may be seeing the eye chart a little
>better and the lines on the astigmatism chart are more balanced, which means
>my astigmatism has mproved. Also, it's easier to read without my glasses.
>But that's about it for improvements. Is this the normal rate of
>improvement? I realize that being new to this stuff, I probably haven't
>been doing the actual eye exercises very much. I've mostly concentrated on
>eye massage, palming, swinging, some chart work. I'm just wondering how
>much time per day is everyone spending on this? What is your regular daily
>routine for vision therapy? What exercises do you do and how do you fit
>them into your daily activities? Any suggestions for me? Thanks, Mari

Hi Mari!

I started reading about vision therapy about a year ago & started doing
massages (Lieberman ones, every morning & nite) & easy stuff. When I went
to my eye dr, I begged him to lower my contact lens prescription, the best I
could do was -0.5D, which wasn't much lower because it turned out my contact
lens prescription was higher than it should have been. To get it lower, I
complained that it hurt to switch between my backup glasses & my contacts.

Now I'm doing the accommotrac through a very educated doctor and an
extremely sensitive vision therapist (yes, it's expensive :- (). Within
two weeks, I had very clear vision with my old "reduced" contacts. Now I do
palming with my eye pillow (thanks for the idea, guys!), plus lenses over my
contacts and over nothing (only for a few minutes at a time, one eye at a
time--I use the pluses to look at a chart & sway back & forth to see if I
can make it clearer), and divergence exercises (previously described). Last
week's attempt to go cold turkey was a failure, I'm back to only -5.00's
(glasses) at home and last week received a pair of -7D(L) -6(D) lenses for

work (it was hard at first!). I still can't read without my glasses, but I use plus lenses for both computer (-1,00D) and reading (-2.00) over my contacts. They seem to produce the most immediate results.

The most effective thing ever was changing how I use the computer & read. Also just generally moving my eyes around (Goodrich: using your nose as a pencil & outlining things--this is especially fun on the NYC subway, now I fit right in!). When I get tense, I move my eyes in various patterns to each far corner & along the sides of my vision. Normally, my eyes progressed -1D every year to year & half. I know for certain they haven't gotten any worse.

As for actual time per day, it depends, because I can't really do much at work (I work 10-12 hours per day, and most of the time I work with bank CEOs & stuff, so I have to be 100% focused on them), but I try to be constantly aware of how I'm using my eyes. At home, it's 10 min here, 15 min there, maybe a total of an hour a day, more if I'm not working, but it's not really concentrated effort, except that it's hard to see with the reduced prescription (it's almost half). When I tried to go cold turkey, there wasn't much else I could do!

Hope this helps!

Dawn :-)

dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [My Experience](#)
 - Next by Date: [Re: Patching \(was :Myopter Viewer\)](#)
 - Prev by thread: [Re: Cold turkey](#)
 - Next by thread: [emotions & vision](#)
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Re: Patching (was :Myopter Viewer)

- To: i_see@indiana.edu
 - Subject: Re: Patching (was :Myopter Viewer)
 - From: MikeM727@aol.com
 - Date: Tue, 3 Dec 1996 13:29:09 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-12-01 17:48:57 EST, richardc@SYDNEY.BTAP.bt.com writes:

> My eyes have improved a quarter of a diopter by patching alone (from -0.5
> and 01.0 to -0.25 and -0.75).

Really? You didn't do **anything** else? Not even wearing your minus glasses less?

> As I understand it (very imperfectly but here goes), the benefits are:
> 1. The patched eye is given a rest.

Is it really? If something, like a patch is stuck in front of an eye, isn't it being forced to accommodate?

> 2. The unpatched eye is given a chance to work alone and if weaker than the
> patched eye, given an incentive to improve itself instead of relying on the
> better eye.

Well, couldn't you do that with plus lenses alone? If you read at the blur-point, the radial fibers of the ciliary muscle promote "active relaxation", or actually working away from accommodation. But if you read at the far-point, you ciliary muscle will simply be relaxed. If you had eyes that had different degrees of myopia, you could just hold the reading material so the "weaker" eye is at the blur-point (working) and the other eye is at the far-point (relaxing).

> 3. My behavioural optometrist mentioned something about improving
> flexibility. Not sure if this is rate of accommodation or what.

I dunno either.

> 4. Improved peripheral vision since the other other eye is 'missing' -
which
> (but I'm not sure how) is supposed to reduce myopia.

I dunno that either.

> 5. Eliminates convergence/divergence problems from seeing and allows the
> eyes to practice focussing alone.

I'm not convinced that it does eliminate convergence. I think when the eye looks at something close, it converges, as it has been trained all it's life to do. It's a factor of distance, not whether or not both eyes are being used. (Unless a person had monocular vision all his/her life, then they eye would have never been trained to converge in the first place.)

> >What about the fact that
> >patching, lid-suturing (sp?) or otherwise occluding the eye CAUSES myopia
> in
> >experimental animal models?
> Tell us more!!

There are hundreds of studies where myopia has been experimentally induced in animal models by, one war or another, restricting it's visual environment. This has been done by lid-suture, restrictive hoods, translucent occlusions, or negative lenses.

That's why I thought patching might be bad. However, the key might be the absence of light during patching. If you had something, anything, restricting your vision, that would cause excessive accommodation, which is bad. However, if your eye was deprived of all light, the ciliary muscle wouldn't even try to focus, and would just go into it's most relaxed position. (I think Kip calls it the TA, Tonic of Accommodation.)

So, I guess, as long as you keep all the light out when patching, it's OK. I still think you'd get more "active" improvement by reading at the blur-point. It makes your eyes *work* at focusing far, and that's the whole goal!

Mike

-
- Prev by Date: [Re: Cold turkey](#)
 - Next by Date: [Re: My Experience](#)
 - Prev by thread: [Re: My Experience](#)

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Re: My Experience

- *To:* Robert Symes <rsx@Cs.Nott.AC.UK>
 - *Subject:* Re: My Experience
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Tue, 03 Dec 1996 18:26:57 -0500
 - *CC:* i_see@indiana.edu
 - *Organization:* Blake Systems, Inc.
 - *References:* <199612031509.KAA01915@roatan.ucs.indiana.edu>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Robert Symes wrote:

```
> ... (deleted to save bandwidth)
> I thought that I would tell you this story in the hope that anyone who has
> a similar experience might be wary of what any optician might recommend,
> against the gut feeling of the 'patient'. I'd love to hear from anyone
> with a similar experience.
>
> Regards,
>
> Rob (21)
```

If I were you I would get a new doctor! There are plenty of eye doctors who have heard of natural vision improvement and are perfectly willing to help us in our quest for improved vision!

It's a simple matter of making a few phone calls, and asking a few questions.

You can tell pretty quickly if the doctor is receptive or not.

It is a fact that these techniques work. I (and many others on the list) can personally vouch for this with my 2 D of improvement!

Good Luck.

--
Art Blake -> art@blakesys.com

- **References:**

- [My Experience](#)

- *From:* Robert Symes <rsx@Cs.Nott.AC.UK>

- Prev by Date: [Re: Patching \(was :Myopter Viewer\)](#)

- Next by Date: ["Turn on" that eye](#)

- Prev by thread: [My Experience](#)

- Next by thread: [Re: My Experience](#)

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- [Thread](#)

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"Turn on" that eye

- *To:* i_see@indiana.edu
 - *Subject:* "Turn on" that eye
 - *From:* JulPS@aol.com
 - *Date:* Wed, 4 Dec 1996 01:08:20 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Recently, Dr. Kaplan wrote:

>>Just this weekend, a post surgical farsighted person was able to turn on his right eye perception while using a fusion type activity when he said; Be Open!. This natural biofeedback use of our eyes never ceases to amaze me.<<

I find this very interesting as my quest involves "turning on" my left eye.

Me: 36 year-old wife and Mommy of five. Strabismus as a baby (about 8 months age), first crossing, then after 2 operations, divergence (left eye looks up and out).

Very little central vision in left eye. I keep telling myself that my eye is perfectly fine (which is what ophthalmologists and optometrists have told me) but that it is one small area of my brain that needs to "turn on".

I am amazingly functional (if I don't count not seeing stereograms as important...), but, of course, I worry, what if anything ever happened to that right eye. No more driving (God help my kids), no more reading or, dare I say it...COMPUTER!!!!!! Ugh!

So, every night I scan the room with my left eye (edging objects) and relaxing and hoping that it will register in my brain.

Somehow, the dim room allows me to perceive the edges of objects (the doorway, windows) as dim shadows because there is less distraction peripherally(?). The more contrast there is (bright lights), the harder it is to see the edges. It is just a dark spot.

You might imagine, I would really like to find a person just like me to

compare notes. I really have to work to explain what it is I am perceiving. So, if anyone has central blindness in one eye (or both, God forbid!), let me know!

To the group: Everytime I think I need to unsubscribe myself because the amount of mail generated is pretty high, you all are so interesting I just can't do it!

Thanks! ;-) <squinting eye???

Julie S.

-
- Prev by Date: [Re: My Experience](#)
 - Next by Date: [Health warning \(fwd\)](#)
 - Prev by thread: [Re: Patching \(was :Myopter Viewer\)](#)
 - Next by thread: [Re: "Turn on" that eye](#)
 - Index(es):
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 - [Thread](#)

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Health warning (fwd)

- *To:* i_see@majordomo.ucs.indiana.edu
 - *Subject:* Health warning (fwd)
 - *From:* Ari Solovyova <asolovyo@indiana.edu>
 - *Date:* Wed, 4 Dec 1996 11:17:28 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Bilberry, among other herbs, is about to be outlawed.
Ari

----- Forwarded message -----
Date: Tue, 3 Dec 1996 19:19:02 +0000
From: natlife@netroute.net
To: "Natural Life Forum"@orion.netroute.net
Subject: Health warning

We're forwarding the following message, even though it's much longer than our normal length, since we think it's of extreme importance. It can be read as a follow-up to the article in Natural Life Issue 51 on antibiotics.

Wendy Priesnitz, Natural Life Forum Moderator

> From: Project.McLuhan@ASTRAL.MAGIC.CA
> To: Multiple recipients of list MADNESS <MADNESS@SJUVM.STJOHNS.EDU>

> As our regular readers know, we will break our "one
> posting a month" rule ONLY when we feel there is a
> matter of sufficient URGENCY to take action.
>
> WE FEEL THE SITUATION WITH THE ATTEMPTED
> IMPLEMENTATION OF THE UN CODEX (BAN ON VITAMINS) IN
> THE US AND CANADA WARRANTS THIS SPECIAL POST.
>
> We have reported on this a number of times already.
> Some of you have sent us messages indicating that you
> understand the importance. Some of you may be too
> cynical -- or perhaps too healthy..? -- to care.
>

> But that may change. You have to appreciate how close
> to collapse our current medical paradigm is. New
> "bugs" are appearing every day, many of which are
> resistant to conventional medicine. In fact, as of
> last week, there is only one true broad-spectrum
> antibiotic left in the entire arsenal of modern
> medicine, and new bugs which it cannot kill are
> already appearing! [Have doubts? Check with your own
> doctor!]
>
> A study JUST released in Canada last week tested
> hundreds of pre-schoolers (children in day-care
> centers) and found that 1 in every 3 (33.3%) were on
> some form of antibiotic at any given point in time!
> Further research found that 1 in 4 had at least ONE
> FORM OF BACTERIA PRESENT IN NASAL TISSUE that was 100%
> drug-resistant. [Source: CBC TV]. This data can safely
> (there's a misnomer!!...) be extrapolated to ANY
> COUNTRY in the western world. And hostpitals in the US
> and Canada are now routinely enforcing VOLUNTARY
> QUARANTINES to deal with outbreaks of drug resistant
> bugs that thrive ONLY IN HOSPITALS.
>
> One top US virologist recently suggested that MORE
> DRUG RESISTANT BUGS HAVE APPEARED IN THE LAST 24
> MONTHS THAN IN THE LAST TWO DECADES. Taking this as a
> mathematical progression, it doesn't look good for us. Or our children.
>
> What does this have to do with the UN CODEX -- which,
> BY THE WAY, IS ALREADY IN FORCE IN GERMANY AND NORWAY?
> Simply this -- as medical paradigms collapse (and they
> ARE collapsing), the greatest defence you have against
> these bugs is a HEIGHTENED IMMUNE SYSTEM. A good trick
> in these "toxic times." Many of the vitamins that the
> Codex wants to ban are the ONLY way we see to keep
> your immune system up in the times ahead. And, another
> reminder, the OLDER you get, the MORE problems you are
> likely to have...
>
> Communication and Editorial Offices
> Project McLuhan On The 'Net (since 1994)
>
> Our Web Site:
>
> <http://www.magic.ca/mcl-prj/>
>
> ***** attached article *****
>

> Although written by a prominent Canadian M.D., the
> article below, one of the BEST we have read on the
> topic, was distributed by a U.S. group seeking to stop
> the CODEX in the U.S. The CODEX affects the U.S., Canada,
> and all member nations of the U.N. We URGE you to read
> it and decide if maybe, just maybe, it's finally time
> for you to use the democractic process TODAY to
> preserve the future of you and your family TOMORROW.

>
> -----> BY Zoltan P. Rona, M.D., M.Sc.

>
>>If you value freedom of choice in health care, it may still not
>>be too late for you to help stop the pending world wide suppression of
>>Complementary Medicine. If the Codex Alimentarius (Nutrition
>>Code) Commission has its way, then herbs, vitamins, minerals,
>>homeopathic remedies, amino acids and other natural remedies you
>>have taken for granted most of your life will be gone. The name
>>of the game for Codex is to shift all remedies under the prescription
>>category that would be
>>controlled exclusively by the medical monopoly and its bosses, the major
>>pharmaceutical firms. This scenario, predictably, has been
>>denied by both the Canadian Health Food Association (CHFA) and
>>the Health Protection Branch (HPB or Hocus Pocus Bunch). Do not
>>for one second believe these people. Let me explain.

> >
>>WHAT IS CODEX?

> >> >
>>No, Codex is not a new sanitary napkin. Nor is it a benign
>>group of boring bureaucrats. It is officially known as the
>>United Nations/World Health Organization (WHO) Codex Alimentarius
>>(Nutrition Code) Commission. It meets every 2 years, usually in Rome,
>>and very little has appeared about it in the media. Nevertheless,
>>documentation supports the possibility that Codex is the
>>greatest threat to health freedom in the world today. Most of
>>the information we have on this secretive group can be found on
>>the Internet.

>>
>>Codex is empowered by governments to set standards of operation for
>>the health industry. Over 90% of the international organizations
>>"allowed" to send delegates to the meetings represent giant multinational
>>pharmaceutical corporations. The only "consumer" organization is
>>the "International Organization of Consumer Unions". Neither
>>the natural health care industry nor the general public has any
>>representation at Codex meetings.

> >
> >THE CODEX PLAN OF ACTION

>>
>>In October, 1996, Codex met in Bonn, Germany to make radical

>>changes in
>>the rules governing dietary supplements for member nations. The
>>proposals of greatest concern were those made by the German
>>delegation ("Proposed Draft Guidelines for Dietary Supplements") and is
>>being sponsored by Hoechst, Bayer and BASF. These are the three
>>drug companies formed when the Nurenberg War Trials disbanded IG
>>Farben, manufacturer of the poison gas used in Nazi
>>concentration camps.

>>Ostensibly, their purpose is "...create a set of international
>>standards to guide the world's growing food industry and to
>>protect the
>>health of consumers." If you really believe that, I have some
>>ocean front property for you at half price in Saskatoon. The
>>drug company backed proposals call for the following:

>>
>>1. No vitamin, mineral, herb, etc., can be sold for prophylactic
>>(preventative) or therapeutic reasons.

>>
>>2. Natural remedies can be sold as food but they must not exceed
>>the potency (dosage) levels set by the commission. This means
>>that consumer
>>access to dietary supplements will be limited to the RDA dosage
>>as a maximum limit for vitamins (vitamin C - 60 mg, vitamin E -
>>15 mg, etc.).

>>Supplements without an RDA (e.g. coenzyme Q10) would be illegal
>>to sell because they would all become drugs.

>
>>3. Codex regulations for dietary supplements would become
>>binding, eliminating the escape clause within the General
>>Agreement of Tariffs and Trade (GATT) that allows a nation to
>>set its own standards. This applies to all member countries of
>>the U.N. Any nation that does not accept and apply these new
>>standards will be heavily fined by the World
>>Trade Organization (WTO) creating the potential of crippling
>>entire sectors of that nation's economy.

> >
>>4. All new supplements would be banned unless they go through
>>the Codex approval process.

>>
>>Five steps have already been taken in the Codex process over the
>>past few years. Remember Canadian Bill C-7 which was passed
>>eventually in Canada as C-8? The similarity of the process, the
>>secrecy and the wording between the Codex proposals and the
>>Canadian laws is uncanny. Voting in favour of adopting the
>>German proposal has been overwhelming
>>(16 for and 2 against in the most recent vote). The Codex
>>process is now

> >at "Step Five"- formalization and debate concerning the specific

>>features. In two years, Codex could jump from step 5 to step 8
>>to finalize these restrictions.
>>
>>The Codex proposals already exist as law in Norway and Germany
>>where the
>>entire health food industry has literally been taken over by the
>>drug companies. In these countries, vitamin C above 200 mg is
>>illegal as is vitamin E above 45 IU, Vitamin B1 over 2.4 mg and so on.

>>Shering-Plough, the Norway pharmaceutical giant, now controls an echinacea
>>tincture which is being sold there as an OTC drug at grossly
>>inflated prices. The same is true of ginkgo and many other herbs and only one
>>government controlled pharmacy has the right to import
>>supplements as medicines which they can sell to health food
>>stores, convenience stores, or pharmacies.
>>

>>According to Dr. Matthias Rath, researcher and author who discovered
>>a correlation between vitamin C deficiency and heart disease, the
>>three Nazi-linked drug companies pushing so hard for the German
>>proposal, Hoechst, Bayer and BASF, are also manufacturers of
>>heart drugs. Obviously, with the vitamin competition gone,
>>nothing will stop their profits.
>>

>>IS CANADA INVOLVED?
>>
>>Yes, very much so. According to John C. Hammell, legal advocate
>>for the U.S. based Life Extension Foundation, the Nazi-linked proposals
>>have the backing of Canadian and French Codex commission representatives.
>> In June of 1996, the Codex Executive committee will be creating an
>>"expert panel" on herbs which is likely to generate a "negative list" to
>>prevent public access to certain herbs internationally (see the list
>>below). The formation of this "expert panel" was advocated by
>>none other than the Canadian representatives.
>>>

>>Aloe vera
>>Astragalus
>>Bilberry
>>Capsicum
>>Cascara sagrada
>>Cat's claw
>>Chamomile
>>Dong Quai
>>Echinacea Augustifolia and Purpurea
>>Ephedra
>>Feverfew
>>Garlic
>>Ginger
>>Ginkgo biloba

>>Ginseng
>>Golden Seal
>>Gotu Kola
>>Hawthorne
>>Java Java
>>Licorice
>>Milk Thistle
>>Pau D'arco (Taheebo)
>>Peppermint
>>Psyllium
>>Sarsaparilla
>>Saw palmetto
>>Yohimbe

>>This list is likely to expand over the next two years. If the
>>Codex and the HPB have their way, your favourite supplements will be
>>replaced by
>>expensive, patented, over-the-counter or prescription drugs.
>>Just look what has already happened to amino acids like tryptophan. Once
>>available for under \$20 for a bottle of 100 tablets of 500 mgs. at your
>>local health food store, the same tablet is now only available
>>by prescription at a cost of over \$120 at your pharmacy. On top
>>of that, in order to get a prescription for tryptophan, you will have to
>>convince your doctor to give you one. This is easier said than done
>>simply because most medical doctors have no clue what tryptophan
>>does or believe it to be toxic. Project this shallow thinking
>>on to the herbs listed above and it becomes quite clear that public access to
>>natural remedies will be a thing of the past. For more
>>information, documentation and a plan of action that you can
>>take to fight the Codex proposals, contact:

>>
>>John Hammell
>>Legislative Advocate
>>The Life Extension Foundation
>>2411 Monroe St. #2
>>Hollywood, FL 33020 USA
>>800-333-2553
>>954-929-2905
>>fax: 954-929-0507
>>e-mail: John@lef.org
>>Internet: <http://www/lef.org/lef/index.html>

-
- Prev by Date: ["Turn on" that eye](#)

- Next by Date: [Re: "Turn on" that eye](#)
- Prev by thread: [Re: "Turn on" that eye](#)
- Next by thread: [weekend vision](#)
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Re: "Turn on" that eye

- To: i_see@indiana.edu
 - Subject: Re: "Turn on" that eye
 - From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - Date: Wed, 4 Dec 1996 10:55:09 -0800 (PST)
 - Sender: owner-i_see@indiana.edu
-

Julie S. posted to ISEE on Wed, 4 Dec 1996 01:08:20 -0500

>Recently, Dr. Kaplan wrote:

>

>>>Just this weekend, a post surgical farsighted person was
>able to turn on his right eye perception while using a fusion
>type activity when he said; Be Open!. This natural biofeedback
>use of our eyes never ceases to amaze me.<<

>

>I find this very interesting as my quest involves "turning on" my left eye.

>

>Me: 36 year-old wife and Mommy of five. Strabismus as a baby (about 8 months
>age), first crossing, then after 2 operations, divergence (left eye looks up
>and out).

>

>Very little central vision in left eye. I keep telling myself that my eye is
>perfectly fine (which is what ophthalmologists and optometrists have told me)
>but that it is one small area of my brain that needs to "turn on".

If I might be so bold to say that it might be more accurate to say it is
one part of your consciousness that needs to be turned on. Perhaps refer to
some of my comments in The Power Behind Your Eyes

>

>I am amazingly functional (if I don't count not seeing stereograms as
>important...), but, of course, I worry, what if anything ever happened to
>that right eye. No more driving (God help my kids), no more reading or, dare
>I say it...COMPUTER!!!!!! Ugh!

>

>So, every night I scan the room with my left eye (edging objects) and
>relaxing and hoping that it will register in my brain.

>

>Somehow, the dim room allows me to perceive the edges of objects (the

>doorway, windows) as dim shadows because there is less distraction
>peripherally(?). The more contrast there is (bright lights), the harder it
>is to see the edges. It is just a dark spot.
>
>You might imagine, I would really like to find a person just like me to
>compare notes. I really have to work to explain what it is I am perceiving.
>So, if anyone has central blindness in one eye (or both, God forbid!), let me
>know!

The challenge in post surgical situations like yours is the residual scar tissue, trauma from the surgery and the brain and mind still being wired for a turned eye condition. The metaphor I see in your case is the need, perhaps, to diverge more in your life. I wonder what that means? Good vision and if I can be of any more help please let me know.

>
>To the group: Everytime I think I need to unsubscribe myself because the
>amount of mail generated is pretty high, you all are so interesting I just
>can't do it!
>Thanks! ;-) <squinting eye???

Robert-Michael in rainy and cold British Columbia

-
- Prev by Date: [Health warning \(fwd\)](#)
 - Next by Date: [weekend vision](#)
 - Prev by thread: ["Turn on" that eye](#)
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weekend vision

- To: i_see@indiana.edu (Int. Soc. for Eyesight)
 - Subject: weekend vision
 - From: "Marco A. Terry" <mat@metrica.com>
 - Date: Wed, 4 Dec 1996 15:05:46 -0500 (EST)
 - Organization: Metrica, Inc.
 - Reply-To: mat@metrica.com
 - Sender: owner-i_see@indiana.edu
-

Hello fellow memebbers.....

I've noticed the following phenomena: during the WEEKENDS my vision actually improves dramatically and during weekedays my vision sort of sucks. It's goodish in the AM, but after 10 hrs of CRT it's out the window....

I do not use a computer during weekends and I barely watch TV.

I have also noticed that most of my fellow computer users (especially on the unix side) tend to be near sighted....

Any ideas anyone?

Marco Terry
8 Winchester Pl.
Winchester, Ma 01890
(617) 939 8026

"I don't think so," said Rene Descartes. Just then,
he vanished.....

-
- Prev by Date: [Re: "Turn on" that eye](#)
 - Next by Date: [Televisions](#)
 - Prev by thread: [Health warning \(fwd\)](#)
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Televisions

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Televisions
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 05 Dec 96 09:39:00 PST
 - *Encoding:* 12 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

I can understand why computer use should be restricted. It's hard to sit very far away from the screen - but what is wrong with a television if you sit the other side of the room? Is there something more than the focusing distance involved here?

Caroline

From: Marco A. Terry

..... and I barely watch TV.

-
- **Follow-Ups:**
 - [Re: Televisions](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - Prev by Date: [weekend vision](#)
 - Next by Date: [Re: Televisions](#)
 - Prev by thread: [weekend vision](#)
 - Next by thread: [Re: Televisions](#)
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Re: Televisions

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: Televisions
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Wed, 4 Dec 1996 17:05:22 -0700 (MST)
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *In-Reply-To:* <32A707A3@msmail-gw.bta.bt.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 5 Dec 1996, Richards, Caroline wrote:

>
> I can understand why computer use should be restricted. It's hard to sit
> very far away from the screen - but what is wrong with a television if you
> sit the other side of the room? Is there something more than the focusing
> distance involved here?

I think the problem might staring, not blinking as much and maybe holding your breath. Television provides a perfect environment for those bad habits, but it isn't alone.

Have fun,

-Peter

-
- **References:**
 - [Televisions](#)
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - Prev by Date: [Televisions](#)

- Next by Date: [Re: emotions & vision](#)
- Prev by thread: [Televisions](#)
- Next by thread: [Food Irradiation? \(fwd\)](#)
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Re: emotions & vision

- *To:* ISee <i_see@indiana.edu>
 - *Subject:* Re: emotions & vision
 - *From:* Stefan Stefanov <stefansi@usa.net>
 - *Date:* Wed, 4 Dec 1996 21:23:25 -0600 ()
 - *Priority:* NORMAL
 - *Sender:* owner-i_see@indiana.edu
-

On Mon, 02 Dec 1996 10:03:23 -0500 (EST) Mary Marlowe
<phishes@pbfree.net.seflin.lib.fl.us> wrote:

> I noticed a MAJOR improvement in my vision, especially the astigmatic
> part, this last week. I had a few days to myself...I also had enough
> psychic quiet to come to
> the decision that I will pursue a healing career (homeopathy, mainly).
> That is when I got the clear flashes - more like a veil lifted.
>
> As I am typing this I realized how right this
> all is, how happy it makes me.... and I look around the room and see
> everything clearly, with my reduced perscription. Think I'll go trade
> that last box of disposable lenses for another reduced perscription!

Mary, this is such great news! I feel very happy about you. A major
revelation!

All the best!

Stefan

- Prev by Date: [Re: Televisions](#)
- Next by Date: [Re: My Experience](#)
- Prev by thread: [Re: emotions & vision](#)
- Next by thread: [Accupressure](#)
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Re: My Experience

- To: rsx@cs.nott.ac.uk, I_SEE@indiana.edu
 - Subject: Re: My Experience
 - From: JRalls7959@aol.com
 - Date: Thu, 5 Dec 1996 01:30:03 -0500
 - Sender: owner-i_see@indiana.edu
-

When I first heard about vision therapy I called around to optician shops to find out if I could get 20/40 lenses. No one had heard of vision therapy. A few had heard of pin hole glasses. I ended up making an appointment with my own eye Dr. who's secretary said "Oh, that's the old school." Well, I had a conference that day that started at 8:30 and my Dr appointment was at nine.

So I cancelled the appt. and wrote my own prescription down by 1/2 diopter on each side. I'm an M.D. but I actually just whited out an old Rx from 1989 instead of rewriting my own. I did the therapy on my own and got another lower prescription. After I could tell from the wall chart in my office that I had improved by one diopter on each side I made an appointment with a behavioral optometrist. She confirmed this improvement. At this point I was kind of mad that no M.D. had ever advised me to try a vision therapy program.

I had dinner with an ophthalmologist friend and went over my experience with him. I think he thought I was a loon from outer space and I thought he was a brainwashed zombie. He said I must be squinting. I may not be a specialist but I can tell whether I am squinting or not. He also said the optometrist was biased in her measurements. He seemed not to realize that I as the patient was not a lab animal and would know whether I was seeing better or not. He's the one who was biases. I'm tired of them all.

Julie

- Prev by Date: [Re: emotions & vision](#)
- Next by Date: [Food Irradiation? \(fwd\)](#)
- Prev by thread: [Re: My Experience](#)
- Next by thread: [Re: My Experience](#)
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Food Irradiation? (fwd)

- *To:* i_see@majordomo.ucs.indiana.edu
 - *Subject:* Food Irradiation? (fwd)
 - *From:* Ari Solovyova <asolovyov@indiana.edu>
 - *Date:* Thu, 5 Dec 1996 15:12:16 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

----- Forwarded message -----

Date: Wed, 4 Dec 1996 14:46:22 -0800 (PST)

From: International Society For Ecology and Culture <isecvt@igc.apc.org>

To: permaculture-mg@amani.ces.ncsu.edu

Subject: Food Irradiation?

Food & Water Action Alert: Hormel Foods Considers Irradiation Technology

Hormel Foods recently attended a pro-irradiation symposium in Austin, Texas. Concerned that Hormel's attendance might indicate that the company supported irradiation, Food & Water asked Hormel whether or not the corporation intended to pursue the technology. But Hormel refused to reveal the corporation's policy regarding food irradiation.

Since that time, Hormel has said that, although it does not currently expose its products to radiation, it might consider using irradiation if consumers would accept the technology and if the company decided that irradiation would make its products "safer."

Hormel is one of the largest food processors in the United States. If Hormel condones food irradiation and decides to use the technology, the doors will be open for a wide range of food processors, from fruits and vegetables to meat and poultry, to "follow the leader" and expose their foods to irradiation as well. Now is the time for

everyone concerned about food irradiation to take action.

-- Call Hormel at 1-800-533-2000, extension 5269.

-- Let their corporate representative know that you are aware of the dangers associated with food irradiation.

-- Tell them that you will only support companies that give assurance that they will not knowingly expose their products to radiation.

-- Ask them for a promise that Hormel Foods will not expose their customers to the unnecessary risks of food irradiation.

-- Tell the corporate representative that you will not be satisfied until you see an official Hormel policy rejecting irradiation. Tell them you know that Hormel Foods, as a leader in the food industry, has the ability to ensure that the company will not use irradiation in the future.

-- If Hormel responds to your call with unusual comments that you think we should know about, call us at 1-800-EAT-SAFE and let us know. We'll pass the information on to future callers.

The Problems with Food Irradiation

-- Food irradiation exposes food to the equivalent of 30 million chest X-rays.

-- Irradiation creates new chemicals in foods called radiolytic products. Some of these products are known cancer-causing substances (like benzene in irradiated beef). Others are unique to the irradiation process and no one knows what effects these have on human health.

-- Irradiation destroys essential vitamins and nutrients that are naturally present in food. No studies have been done to show that a long-term diet of irradiated foods is safe. Safer, well-tested alternatives to irradiation exist.

-- Irradiation plants pose environmental threats to workers and surrounding communities. The transportation of nuclear materials to irradiation facilities also poses severe public health risks.

For information about Food & Water, or for hard copies of this Action

Alert, call us at 1-800-EAT-SAFE.

- Prev by Date: [Re: My Experience](#)
- Next by Date: [NEW SCIENTIST Vision Book Review](#)
- Prev by thread: [Re: Televisions](#)
- Next by thread: [NEW SCIENTIST Vision Book Review](#)
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NEW SCIENTIST Vision Book Review

- *To:* I_SEE@indiana.edu
 - *Subject:* NEW SCIENTIST Vision Book Review
 - *From:* Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
 - *Date:* Thu, 5 Dec 1996 12:56:54 -0800 (PST)
 - *Sender:* owner-i_see@indiana.edu
-

THE POWER BEHIND YOUR EYES by Robert-Michael Kaplan, O.D., M.ED., FCOVD

- Prev by Date: [Food Irradiation? \(fwd\)](#)
- Next by Date: [Press Release demanding recall of NutraSweet/with support list for recall/attachment.](#)
- Prev by thread: [Food Irradiation? \(fwd\)](#)
- Next by thread: [Press Release demanding recall of NutraSweet/with support list for recall/attachment.](#)
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Press Release demanding recall of NutraSweet/with support list for recall/attachment.

- *To:* I_SEE List <i_see@indiana.edu>
 - *Subject:* Press Release demanding recall of NutraSweet/with support list for recall/attachment.
 - *From:* Betty Martini <betty@noel.pd.org>
 - *Date:* Thu, 5 Dec 1996 16:49:03 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Dear Group: Here is the recall for aspartame with a list of doctors and organizations the world over who support this recall. You might like to refer it to press in your city. I have another release for magazines that gives some background material I will also put on the list.

Regards,
Betty

---- Begin included message ----

- *To:* etsj19@mail.idt.net
- *Subject:* Press Release
- *From:* Eva T S Jones <etsj19@mail.idt.net>
- *Date:* Thu, 05 Dec 1996 00:35:18 -0800

Is This Why FDA Commissioner David Kessler Quit?

NUTRASWEET RECALL DEMAND BASED ON KEY RESEARCH INFORMATION THAT IS
RECENTLY REVEALED BY A FREEDOM OF INFORMATION ACT REQUEST !!!

ATTENTION: Assignment Editors and Producers for
IMMEDIATE RELEASE

Contact: Betty Martini
Mission Possible
(770) 242-2599

In 1981, aspartame, the artificial sweetener also known as NutraSweet, was approved by the FDA. Of the 112 papers submitted to FDA by Searle Pharmaceuticals (in the FDA Index of Master file No.134 for Aspartame), 15 studies were designated "PIVOTAL". One of those studies was E-32; a "52 Week Oral Toxicity Infant Monkey Study (SC-18862)."

The researcher and author of the monkey study notes a significantly high

level of phenylalaine in samples of blood serum. Aspartame is made up of three components. Phenylalaine which makes up 50% of the formula, aspartic acid is 40% and methanol is 10%. The study concludes that:

"The convulsions in the monkeys are correlated with and can be attributed to high serum phenylalaine levels"

It is often difficult to review every page of every study so submitted to the FDA. On page 3,197 of the aspartame application, this study reveals:

"All animals in the medium and high dosage groups exhibited seizure activity. Seizures were observed for the first time following 218 days of treatment....The seizures were of grand mal type....."

The study correlates the seizures with the high amount of phenylalaine ingested by the monkeys. The author of the study noted:

"Following the termination of treatment, medium and high dose monkeys were kept under observation for 3 months on powdered Similac. No further convulsions were detected during this period."

Dr. Robert Moser, NutraSweet spokesman, declared no scientific evidence was ever found to implicate aspartame as the cause of seizures?! Here was the PROOF that should have resulted in an ASPARTAME BAN! HOW WAS IT MISSED?

As a group of citizens around the world we demand that ASPARTAME (NutraSweet, Equal, Spoonful, etc.) be immediately and forever banned. It is a chemical poison when ingested causing seizures, depression, brain damage, memory loss, headaches, blindness, tumors, birth defects, infertility, etc. Mission Possible and the partial list of doctors and organizations that are attached support this recall:

---- End included message ----

- Prev by Date: [NEW SCIENTIST Vision Book Review](#)
- Next by Date: [Press Release/Recall of NutraSweet with background](#)
- Prev by thread: [NEW SCIENTIST Vision Book Review](#)
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Press Release/Recall of NutraSweet with background

- *To:* I_SEE List <i_see@indiana.edu>
 - *Subject:* Press Release/Recall of NutraSweet with background
 - *From:* Betty Martini <betty@noel.pd.org>
 - *Date:* Thu, 5 Dec 1996 16:53:54 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

This is the version some like to use for web pages or to refer to magazines, etc. The support list for recall is the attachment on the shorter version and several have since added their name.

REgards,
Betty

ATTENTION: ASSIGNMENT EDITORS AND PRODUCERS
FOR IMMEDIATE RELEASE

Contact: Betty Martini
MISSION POSSIBLE
770 242-2599

IS THIS WHY FDA COMMISSIONER DAVID KESSLER QUIT? NUTRASWEET RECALL DEMAND!

Two weeks before Kessler resigned Dr. Robert Moser, NutraSweet spokesman, declared no scientific evidence was ever found to implicate aspartame as the cause of seizures. An Atlanta activist group, Mission Possible, announced Tuesday FDA had conclusive evidence all along, but chose to ignore it, and Kessler approved NutraSweet as a general sweetener for all foods in June. But now it appears that the S.S. NutraSweet has hit the iceberg and First Mate David Kessler has just jumped overboard. FDA designated 15 of the studies upon which NutraSweet approval was granted as "Pivotal Studies". One study proved Dr. Moser wrong.

"A 52 WEEK ORAL TOXICITY INFANT MONKEY STUDY"
(SC-18862)

Seven monkeys were divided into 3 dosage groups.

"52 Weeks" was actually 204 to 364 days.

Data was "lost" on the monkey which died

One monkey, P53, had "congenital physical deficiencies" resulting in "poor growth due to inappetance."

Data on this one was also "lost".

"limitations in adequately skilled laboratory personnel contributed to our decision to eliminate the requirement of a control group in this study." says the report.

What happened to the little monkeys?

"All animals in the medium and high dosage groups exhibited seizure activity. The seizures were of the grand mal type. One monkey, M38, died after 300 days. The cause of death was not determined."

The report continues: "Following the termination of treatment, medium and high dose monkeys were kept under observation for three months on powdered Similac. No further convulsions were detected." The study makes this conclusion: "The convulsions in the monkeys are correlated with and can be attributed to high serum phenylalanine levels." This Pivotal Study proved aspartame triggers gran mal seizures in monkeys. The seizures stopped when aspartame was discontinued. They took the "No-Aspartame Test and got well. You're the monkey now, as this poison is fed to earth's human population.

The late Dr. Adrian Gross, FDA Toxicologist, summed up separate test, on rats, and listed 14 blunders, including:

Unreported tumors. Incompleted examinations.
Missing batch records. Hiding deaths.
Destroying rats before they could be completely analyzed.
Mixing foods so rats could avoid the aspartame.
Resurrecting dead rats on paper.

Dr. Jacqueline Verrett, FDA toxicologist testified in 1987 in U.S. Senate hearing that the tests were a disaster, should have been thrown out; and data in the study was worthless. She said: "(aspartame) was too unstable to be used in hot preparations, hot liquids and also diet drinks."

The soft drink companies knew in advance aspartame degrades into toxic components, and protested to Congress in 1983. Five pages of their objections were printed in the Senate Congressional Record on May 7, 1985:

"OBJECTIONS OF THE NATIONAL SOFT DRINK ASSOCIATION TO A FINAL RULE PERMITTING THE USE OF ASPARTAME IN CARBONATED BEVERAGES"

"Objection One: Searle has not demonstrated that aspartame and its degradation products are safe for use in soft drinks
... Aspartame is inherently, markedly and uniquely unstable"

However, the greatest evidence is in the bodies of thousands of aspartame victims, well known to the FDA. In 1995 FDA listed 10,000 complaints with 92 symptoms including seizures, blindness and death. 75% of all complaints to the agency on additives are on aspartame. This report is available only through Freedom of Information as FDA conceals anti-aspartame data.

FDA Commissioner Arthur Hayes, Jr. who approved NutraSweet, overruled the Public Board of Inquiry established to investigate the safety of the product. Hayes later resigned to work for NutraSweet's (Searle) public relations firm while he was under investigation for accepting gratuities.

The fraudulent tests that ended up approving NutraSweet were so corrupt that Federal prosecution was initiated against Searle. But the government prosecutors switched sides to hire on with the defense attorneys and the case died when the statute of limitations expired. NutraSweet was bought by Monsanto in 1985.

The foregoing depressing events are but the scum on top of the cesspool of scandal surrounding aspartame, a recognized neurotoxin that now finds a place on every restaurant table and in millions of homes worldwide. It must end. We must proclaim it from the housetops, one to another until the bell of freedom from the scourge of aspartame rings clear in all lands.

We, citizens of the world, to defend the lives and health of all mankind, hereby demand that ASPARTAME (NutraSweet, Equal, Spoonful, etc.) be immediately and forever banned. It is a chemical poison. It causes seizures, depression, brain damage, , memory loss, headaches, blindness, tumors, birth defects, infertility and abortions, is escalating Alzheimers and causes DEATH! Murder by chemistry must fall!

A partial list of doctors and organizations supporting the recall of aspartame (NutraSweet) is attached.

To get more information on aspartame, email betty@pd.org as follows:
Subject: sendme help The subject line must be typed exactly like the above line. Betty Martini 1. Take the 60-day No-Aspartame test Mission Possible and send us your case history. PO Box 28098 2. Tell your doctor and your friends. Atlanta GA 30358 3. Return Aspar-Poisoned foods to the store. USA (NutraSweet(tm), Equal(tm), Spoonful(tm), etc)

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

- Prev by Date: [Press Release demanding recall of NutraSweet/with support list for recall/attachment.](#)
- Next by Date: [algae bad for eyes?](#)
- Prev by thread: [Press Release demanding recall of NutraSweet/with support list for recall/attachment.](#)
- Next by thread: [algae bad for eyes?](#)
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algae bad for eyes?

- *To:* I_See post <i-see@indiana.edu>
 - *Subject:* algae bad for eyes?
 - *From:* Virginia Sauer <72607.3335@CompuServe.COM>
 - *Date:* 05 Dec 96 19:07:25 EST
 - *Sender:* owner-i-see@indiana.edu
-

Someone on the health newsgroup just posted something about algae (e. g., Cell-Tech) having been found to be bad for the eyes.

Since there has been a recent discussion here about blue-green algae (Cell-Tech, Synergy, et cetera), has anyone here heard anything about this?

Thank you very much for any information anyone can provide.

Best regards,
Virginia

-
- Prev by Date: [Press Release/Recall of NutraSweet with background](#)
 - Next by Date: [Vitamin A](#)
 - Prev by thread: [Press Release/Recall of NutraSweet with background](#)
 - Next by thread: [Vitamin A](#)
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Vitamin A

- *To:* I_See post <i_see@indiana.edu>
 - *Subject:* Vitamin A
 - *From:* Virginia Sauer <72607.3335@CompuServe.COM>
 - *Date:* 05 Dec 96 19:07:27 EST
 - *Sender:* owner-i_see@indiana.edu
-

A friend of mine has a relative from China staying with her. The woman has a degenerative eye condition that has been stabilized, and her ophthamologist told her to take 15000 units of vitamin A with palmatate (not beta carotene) each day.

Is anyone familiar with this? Can anyone tell me why it would be preferable to beta carotene (and under what circumstances it would be)?

Thank you very much.

Best regards,
Virginia

-
- Prev by Date: [algae bad for eyes?](#)
 - Next by Date: [Peripheral and Central](#)
 - Prev by thread: [algae bad for eyes?](#)
 - Next by thread: [Vitamin A](#)
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Peripheral and Central

- To: i_see@indiana.edu
 - Subject: Peripheral and Central
 - From: "Peter F." <pdf@freenet.edmonton.ab.ca>
 - Date: Thu, 5 Dec 1996 20:09:33 -0700 (MST)
 - Sender: owner-i_see@indiana.edu
-

Hello I_seers,

I had an interesting awareness experience. First I always thought that if your myopic that whatever you focus on is blurry and that your peripheral vision would be equally blurry or more blurry. For me, I just became aware that i can see fairly well but also a lot better with my peripheral vision than what i focus on.

How come if my "eye is too long" that my peripheral isn't worse than what i focus on ? If the eyeball is elongated, how come the peripheral vision and what i focus on are not blurred equally from what they were before? Could this be because minus lenses encourage you to look through the center of your lenses, resulting in staring and using only one part of my retina while barely using the outer part of the retina.

Am I right here, or am I not "seeing" something? :)

Have Fun,

-Peter

-
- Prev by Date: [Vitamin A](#)

- Next by Date: [Re: My Experience](#)
- Prev by thread: [Vitamin A](#)
- Next by thread: [Re: Peripheral and Central](#)
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Re: My Experience

- To: i_see@indiana.edu
 - Subject: Re: My Experience
 - From: Tara Banfield <terror@eskimo.com>
 - Date: Thu, 5 Dec 1996 19:21:57 -0800 (PST)
 - Sender: owner-i_see@indiana.edu
-

At 01:30 AM 12/5/96 -0500, J. Ralls wrote:

(...)I did the therapy on my own and got another
>lower prescription. After I could tell from the wall chart in my office that
>I had improved by one diopter on each side I made an appointment with a
>behavioral optometrist. She confirmed this improvement. At this point I was
>kind of mad that no M.D. had ever advised me to try a vision therapy program.

I'm still trying to decide whether I should bother being mad. :) Seems
like folks believe what they prefer to believe, especially if it's convenient.

> I had dinner with an ophthalmologist friend and went over my experience with
>him. I think he thought I was a loon from outer space and I thought he was a
>brainwashed zombie. He said I must be squinting.

Gee whiz, what else could it *possibly* be??

>I may not be a specialist
>but I can tell whether I am squinting or not.

You mean you *don't* have to go to school for an additional two years for
that sort of information? Based on the prevailing attitude (of eye doctors
in my experience) I couldn't POSSIBLY have a clue as to ANYTHING having to
do with my eyes.

>He also said the optometrist
>was biased in her measurements.

Jeez. He knows her? He was there? This sort of stuff makes me want to shriek.

>He seemed not to realize that I as the
>patient was not a lab animal and would know whether I was seeing better or
>not. He's the one who was biased. I'm tired of them all.

>Julie

Darn it. You should've been an eye doctor. I'd fly across the country every year for a checkup if that's where you were. I've just been to three boneheaded eye guys (one was an eye gal, actually) in as many years; they were all recommended to me and they all had the attitude you describe. I couldn't ask a question more complex than "where's the restroom?" without getting strange looks. The attitude was that if I wanted to understand the Meaning of Lenses, I had to go to school for that -- it wasn't in the doctor's job description to explain anything to me. (They're just my eyes, folks, it's okay!)

I decided about 10 years ago that mom, grandma and the eye doctor were completely wrong, as I had noticed that my eyes went downhill more slowly when I only wore my glasses for distance reading and driving. I tried to explain to one of the doctors that I wanted her to write an undercorrected prescription and she didn't even understand what I was saying. I think it was so far from her experience that she couldn't even *hear* me.

So how likely is an eye doctor to return your phone call and answer your questions? Other than my pediatrician (who is now my son's pediatrician) I have never met a doctor who thought he had time for that sort of thing. Should I just start calling around? Send letters? I don't want to take any more recommendations if the darn doctor hasn't got time to do much besides get the cash and insult any form of therapy besides surgery.

I'm not happy to hear that other folks have similar experiences and reactions, but it's reassuring in a way to know that at least I'm not the *only* one who's got wacky ideas.

:)

-Tara

-
- Prev by Date: [Peripheral and Central](#)
 - Next by Date: [Focus coming closer](#)
 - Prev by thread: [Re: My Experience](#)
 - Next by thread: [Re: Patching \(was :Myopter Viewer\)](#)
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Focus coming closer

- To: i_see@indiana.edu
 - Subject: Focus coming closer
 - From: "Peter F." <pdf@freenet.edmonton.ab.ca>
 - Date: Thu, 5 Dec 1996 20:22:00 -0700 (MST)
 - Sender: owner-i_see@indiana.edu
-

Hello I_seers,

I was going through some of what is posted at the I_see page, and read something i not to sure about.

Alex wrote that minus lenses bring the picture closer to you and the higher the degree of myopia the closer the picture is brought in. Am I right then in saying, that if you have -8.00 lenses on and are focusing at something at twenty feet away, that the picture is brought in within your 12.5cm range. So you may see twenty feet away, but are truly only focusing within that 12.5 cm range.

If this is true, which i am not sure and am asking, that could explain why myopes become progessive, they are limited to what distance they can focus at, causing strain in the cillary muscle.

Comments, Question or Answers appreciated,

Have fun,

-Peter

-
- Prev by Date: [Re: My Experience](#)

- Next by Date: [Getting reduced prescriptions from deaf OD's](#)
- Prev by thread: [Re: Peripheral and Central](#)
- Next by thread: [Re: Focus coming closer](#)
- Index(es):
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Getting reduced prescriptions from deaf OD's

- To: i_see@indiana.edu
 - Subject: Getting reduced prescriptions from deaf OD's
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Fri, 06 Dec 1996 10:05:23 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 07:21 PM 12/5/96 -0800, Tara Banfield <terror@eskimo.com> wrote:

```
> I tried to
>explain to one of the doctors that I wanted her to write an undercorrected
>prescription and she didn't even understand what I was saying. I think it
>was so far from her experience that she couldn't even *hear* me.
```

Here's a trick you can use to get a reduced prescription from an eye doctor (OD) without having to discuss things that the OD "can't hear." (I've also noticed that selective deafness.)

"Ok, this minus prescription does seem to allow me to read that far-away chart just fine. However, I've sometimes had trouble reading close. Perhaps I'm getting old or getting early presbyopia, but when I put on plus one reading glasses on top of my regular glasses, I can read much easier, and I'm more comfortable in front of the computer, too.

"Would it be possible to get a separate prescription for reading glasses for me? I think one diopter less minus would be just right."

(Eye docs can hear "diopter" and "presbyopia" without thinking you're a vision improvement freak.)

At that point, the OD might get out the tiny type reading chart and put it about 14 inches in front of you and experiment

with "how does this feel?" If you say "oh, that's much better" at the right time, you'll be all set.

Whether plus one diopters is right for you or not, only you can say, but it would be wise for you to have some familiarity with which amount of plus to add to your regular minus prescription BEFORE you go in to see the OD. (Hang around the reading glasses section of the drug store for a while, trying on different pairs of reading glasses over your regular glasses or contacts.)

-
- Prev by Date: [Focus coming closer](#)
 - Next by Date: [Re: Peripheral and Central](#)
 - Prev by thread: [Re: Focus coming closer](#)
 - Next by thread: [Alternative treatment for presbyopia](#)
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Re: Peripheral and Central

- To: i_see@indiana.edu
 - Subject: Re: Peripheral and Central
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Fri, 06 Dec 1996 10:22:48 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

At 08:09 PM 12/5/96 -0700, "Peter F." <pdf@freenet.edmonton.ab.ca> wrote:

> How come if my "eye is too long" that my peripheral isn't worse
> than what i focus on ? If the eyeball is elongated, how come the
> peripheral vision and what i focus on are not blurred equally from
> what they were before?
>

Bates would suggest that you might need improvement in "Central Fixation" to improve your vision. I sure don't know. You should probably check out Bates' suggestions to see if they work in your case.

Another perspective:

A child's eye is approximately spherical like an adult's eye is. However, the lens/cornea focussing component must be much more powerful in order to bring distant images into focus on the closer retina. As the eye grows, the power of the lens/cornea reduces to keep things still in focus.

A myope with a lengthened eye has a LONGER eye, but not necessarily a LARGER eye. That is, the shape is distorted. This is not the same as simply having "too much plus" in the front of your eye.

Most people assume that if -3 Diopters of minus lenses correct your vision, that means that your eye is simply +3 D too plus. This is nice and simple, but it ignores the distortion in shape.

The sides of your retina may be closer to the lens than the

center of your retina, and so images are more in focus there. Unfortunately, the sensors in your retina (rods and cones) are not as dense on the sides, so even if the image is clearly projected on the retina, you won't see fine details.

In your other note, you asked:

>Am I

>right then in saying, that if you have -8.00 lenses on and are focusing at
>something at twenty feet away, that the picture is brought in within your
>12.5cm range. So you may see twenty feet away, but are truly only focusing
>within that 12.5 cm range.

Yes, the -8 D lens makes a "virtual image" of the distant object appear at 12.5 cm. You're living your whole life inside a 12.5cm box, never looking further away. The orthodox perspective is that there is a hard solid stop to your focussing ability at your far point, and so there's no need to ever try to focus beyond that. If you put on +1 D reading glasses on top of your -8 D glasses, you've made your box grow to 14.3 cm instead. Ahh!! Some breathing room.

● **Follow-Ups:**

○ [Re: Peripheral and Central](#)

■ *From:* "Art Blake" <art@blakesys.com>

○ [Re: Peripheral and Central](#)

■ *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

● Prev by Date: [Getting reduced prescriptions from deaf OD's](#)

● Next by Date: [Re: Peripheral and Central](#)

● Prev by thread: [Peripheral and Central](#)

● Next by thread: [Re: Peripheral and Central](#)

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Re: Peripheral and Central

- *To:* i_see@indiana.edu
 - *Subject:* Re: Peripheral and Central
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Fri, 06 Dec 1996 21:44:31 -0500
 - *Organization:* Blake Systems, Inc.
 - *References:* <01ICOPY0HVIA95RVMW@delphi.com>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Kip Bryan wrote:

```
> .... the -8 D lens makes a "virtual image" of the distant object
> appear at 12.5 cm.  You're living your whole life inside a 12.5cm
> box, never looking further away.  The orthodox perspective is that
> there is a hard solid stop to your focussing ability at your
> far point, and so there's no need to ever try to focus beyond that.
> If you put on +1 D reading glasses on top of your -8 D glasses,
> you've made your box grow to 14.3 cm instead.  Ahh!! Some breathing
> room.
```

A dioter is $1 / (\text{the focal length in meters})$

so $-8D = -1 / (1/8 \text{ meter focal length})$

or the focal length is $-1/8 \text{ m}$ or -12.5 cm

is that how you got 12.5 cm ?

what is the significance of the lense being plus or minus in calculating the amount of compression of space that is occuring? If someone is far sighted, does that mean they are expanding too much as opposed to compressing like a myope would ?

Also, if a -8D myope is viewing everything at a 12.5 cm range, why do the images still *look like* they are just as far away as they really are when wearing correction (as opposed to appearing to be at 12.5 cm.)

hmm... I just did a quick check (I'm not wearing any correction) of how far away from the screen I am reading. At 17cm I have perfect clarity.

At 21 cm I can still read the text, but can't really read it any farther away (its very small text on a 17" monitor at 1280 x 1024 pixels...)

this corresponds to -5.88D for full correction and -4.76D for reduced correction... These are very close to my actual measurements (I wear -4.5 correction.)

I wonder if this is a fairly valid way to measure your correction ... ?

Any doctors care to comment?

PS. I tried looking at 12.5 cm and it feels like I am way too close (even though it is only about 5cm closer!)

--

Art Blake -> art@blakesys.com

● **References:**

- [Re: Peripheral and Central](#)
 - *From:* Kip Bryan <kipb@world.std.com>

- Prev by Date: [Re: Peripheral and Central](#)
- Next by Date: [Alternative treatment for presbyopia](#)
- Prev by thread: [Re: Peripheral and Central](#)
- Next by thread: [Re: Peripheral and Central](#)
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Alternative treatment for presbyopia

- *To:* owner-i_see@indiana.edu
- *Subject:* Alternative treatment for presbyopia
- *From:* Joan Lartin-Drake <jlartin@epix.com>
- *Date:* Sat, 07 Dec 1996 16:03:23 -0500
- *Organization:* self
- *Reply-To:* 165@epix.net, E.Louther@epix.net, St.@epix.net, Carlisle@epix.net, PA@epix.net, 17013@epix.net

Hi. After a year of trying to find alternatives to bifocals, "visualizing" optimal sight, which often works very well for me, I obtained glasses. As a person who strongly believes in alternate methods, I've been disappointed by the paucity of alternative treatments for presbyopia.

My sister-in-law, a few years younger than I, embarked on a course of vitamins-C, B complex, lecithin and perhaps some others.

Do you know of this approach, or of any references for this and other approaches?

Thanks
jlartin@epix.net

-
- Prev by Date: [Re: Peripheral and Central](#)
 - Next by Date: [pin hole glasses](#)
 - Prev by thread: [Getting reduced prescriptions from deaf OD's](#)
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pin hole glasses

- *To:* I_SEE@indiana.edu
 - *Subject:* pin hole glasses
 - *From:* JRalls7959@aol.com
 - *Date:* Sun, 8 Dec 1996 11:47:22 -0500
 - *Sender:* owner-i_see@indiana.edu
-

I didn't save the posts on these glasses and now I want to get some. Could someone e-mail me privately as to where to get pin-hole glasses? Thanks.
Julie

- Prev by Date: [Alternative treatment for presbyopia](#)
- Next by Date: [Re: Focus coming closer](#)
- Prev by thread: [Alternative treatment for presbyopia](#)
- Next by thread: [Press Release 12/9/96 II \(fwd\)](#)
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Re: Focus coming closer

- To: i_see@indiana.edu
 - Subject: Re: Focus coming closer
 - From: MikeM727@aol.com
 - Date: Sun, 8 Dec 1996 19:19:36 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-12-05 22:27:32 EST, pdf@freenet.edmonton.ab.ca writes:

```
> If this is true, which i am not sure and am asking, that could
> explain why myopes become progressive, they are limited to what distance
> they can focus at, causing strain in the cillary muscle.
```

BINGO! That's exactly what happens. The minus lenses force even more accommodation which exacerbates the ciliary muscle spasm. The ciliary muscle constantly pulling on the outer coats of the eye causes the elongation known as axial length myopia.

It is interesting that studies on one species of primates shows that when accommodation is eliminated, the elongation of the eye (progression of myopia) ceases. However, on another species of primate, the constant close focusing still causes elongation even if accommodation is eliminated. This suggests that axial lengthening is controlled by higher level neural inputs from the retina. Perhaps in humans it's a combination of the two. Either way, excessive close focusing, which is aggravated by minus lenses, causes progressive myopia.

Mike

-
- Prev by Date: [pin hole glasses](#)
 - Next by Date: [Press Release 12/9/96 II \(fwd\)](#)
 - Prev by thread: [Focus coming closer](#)
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Press Release 12/9/96 II (fwd)

- *To:* I_SEE List <i_see@indiana.edu>
 - *Subject:* Press Release 12/9/96 II (fwd)
 - *From:* Betty Martini <betty@noel.pd.org>
 - *Date:* Mon, 9 Dec 1996 10:29:20 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

Updated version of support list for recall of NutraSweet.

Regards,
Betty

Physicians and organizations around the world support the recall of NutraSweet and as space permits they are:

H. J. Roberts, M.D., Board Certified Internist and author of publications, books and tapes on the dangers of NutraSweet. Included in Who's Who in America, Who's Who in the World, Who's Who in Science and TEchnology and THE BEST DOCTORS IN THE US. Office 407 832-2408 Publications: 1 800 - 814-9800.

Russell Blaylock, M.D., Neurosurgeon and author of EXCITOTOXINS; THE TASTE THAT KILLS (601 -982-1175, Office - Health Press - 1 800 -643-2665)

Neal D. Barnard, M.D., President, Physicians Committee for Responsible Medicine, Washington, D.C. 202 - 686-2210

Community Nutrition Institute, Washington, D. C. , Ron Leonard, (202) 776-0596

Virgil Hulse, M.D., MPH, FAACPM, Dairy Scientist, Cancer Epidemiologist and Researcher, Author of MAD COWS AND MILK GATE PRIONS (503) -535-4010

Robert Cohen, Filed suit against the FDA for failure to release under Freedom of Information, the rest of the data on Monsanto's bovine growth

hormone 201 599 -0325

Frank Swoboda, POB 37 A -1164, Vienna, Austria (Filed criminal charges against Austria for allowing NutraSweet in the country.

Citizens for Health, 1 800 -357 -2211

Pure Food Campaign, Washington, D.C., and Little Marais, Mn. 55614, Ronnie Cummins (218 - 226-4164)

Patricia Ziliani- Mission Possible, Australia, Nutritional Counsellor and Massage Therapist, Womens Health Advisory Service N.S.W. Australia

Dr. Sandr Cabot - MB.BS D.R.O.C.G. Director International Womens Health Network, Australia. Well known author and media personality & publisher of womens health books. Author of 1996 bestseller : "Liver Cleansing Diet".

Women's Network on Health and The Environment, 736 Bathurst Street, Toronto, Ontario, Canada MSS ZR4 Mrs. Theresa Puchta

Mission Possible Canada, (John Linnell) 508 - 40 Bay Mills Blvd, Scarborough, Ontario MIT3PS FAX 416 -754-1225

Captain Frederick M. Fox, Major Airline Carrier, Grounded 9/26/95 (atrial fibrillation, arrhythmia, pulmonary edema -- triggered by NutraSweet) Spokesman to remove this deadly toxin from aviation for the safety of passengers worldwide 714 -856 -9041 Reinstated

Barbara Alexander Mullarkey, Anti-aspartame journalist and author of Bittersweet Aspartame: A Diet Delusion 708 -848 -0116

Mission Possible Holland, Ed Gunneweg, Postbus 28029, 3039 B B Rotterdam, Holland

Alex Constantine, journalist, author of "NutraPoison, Psychic Dictatorship in U.S.A." and "Virtual Government: CIA Mind Control Operations in America", to be released by Feral House in the Spring of 1997.

U. S. McLibel Support Campaign, David Briars

James F. Ransdell, M.D. 475 Edwards, Winters, California 95694

Mrs. Bernice Raiford in memory of Morgan Raiford, M.D., specialist in methanol toxicity who diagnosed patients who went blind on NutraSweet in the 80's, and devoted his life to removal of aspartame from the marketplace.

Dr. Joe Espisto, Marietta, Georgia 770 -427-7387 (lectures on the dangers of NutraSweet).

World Health News, Atlanta, GA

Mark Gold, research for Mission Possible - 617 -497 -7843

Richard Wilson in memory of wife, Joyce, who went blind and died from NutraSweet - 770 -474-2210 Until her death, Aspartame Victims And Their Friends of Georgia.

Dr. Erik Millstone, Science Policy Research Unit, Mantell Bldg, Sussex University, Brighton BN1 9RF England

Dave Rietz who spent 11 shattered years on NutraSweet. Says devotes the money he use to pay physicians for his web page to tell the world - <http://www.dorway.com>

Denise Nativel, Pharmacist, Diabetes Educator and Counsellor, South Africa (DNativel@Bankmed.co.ZA) Committee member of Western Cape Branch of the South African Diabetes Assoc.

Lic. Manuel Morales Guillaumi, Mission Possible Mexico, 01152 (93) 162810, Circuito Planetario 118-201, Villahermosa, Tabasco 86035 Mexico
Dr. Ron Austin, Norwalk, California (author of the brochure - NUTRASWEET, FRIEND OR FOE) 310 929-3650

In memory of William Randolph who recently died, victim of NutraSweet poisoning, and all others who have perished from this toxin.

Doctors the world over who daily warn patients off NutraSweet, including two special ones from Greece!

Dr. Costas Giannakenas MD, Nuclear Physician, Patras, Greece. WWW sites containing information about aspartame:

Email : cgian@hol.gr

<http://www.hol.gr/nuclear/nuclear.htm>

(USA) <http://www.gsc.net/medical/nuclear/nuclear.htm>

<http://eagle.patra.hol.gr/~aesclep/public.htm>

<http://users.patra.hol.gr/~cgian/aware.htm>

And the hundreds of thousands of volunteer activists the world over working diligently daily, and working free to warn the world. A particular thank you to Eva Jones and Elaine Fitchpatrick of Atlanta, Georgia for work above and beyond the call of duty, and Janice and Peter Britos who fly packets around the world to air traffic controls to warn pilots and saturate the globe with warning flyers.

December brings us closer to our 1996 HANDS AROUND THE WORLD CAMPAIGN, and we pray an end to the mass poisoning of the American Public and citizens of more than 90 countries of the world!

Mrs. Betty Martini, Founder
Mission Possible Worldwide

(warning the world NutraSweet is a deadly poison)

To get more information on aspartame, email betty@pd.org as follows:

Subject: sendme help

The subject line must be typed exactly like the above line.

Betty Martini	1. Take the 60-day No-Aspartame test
Mission Possible	and send us your case history.
PO Box 28098	2. Tell your doctor and your friends.
Atlanta GA 30358	3. Return Aspar-Poisoned foods to the store.
USA	(NutraSweet(tm), Equal(tm), Spoonful(tm),
etc)	

We are dedicated to the proposition that we will not be satisfied until death and disability are no longer considered an acceptable cost of business.

-
- Prev by Date: [Re: Focus coming closer](#)
 - Next by Date: [Blur Zones, stereo vision, and exercise](#)
 - Prev by thread: [pin hole glasses](#)
 - Next by thread: [Blur Zones, stereo vision, and exercise](#)
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Blur Zones, stereo vision, and exercise

- *To:* "i. see" <i_see@indiana.edu>
 - *Subject:* Blur Zones, stereo vision, and exercise
 - *From:* Barry D Benowitz <bbenowit@telescience.com>
 - *Date:* Mon, 9 Dec 96 10:59 EST
 - *Reply-To:* b.benowitz@telescience.com
 - *Sender:* owner-i_see@indiana.edu
-

First let me report a small success! My prescription is -5.75 in both eyes plus some astigmatism. I also have an exotropia that I am battling at the same time. In fact my main goal is maintain what stereo vision I gained when I was doing supervised VT.

Anyway, I tried going without any glasses at all to see if 1) I could and 2) see if the eye exercises I read about make any more sense that way. I'm pleased to report that I was able to go at least 20 minutes before I "had to" put my lenses on. It isn't easy, but I was pleased with the small progress I had made. Back to the questions:

I'm confused about the concept of the blur zone. When I don't wear lenses, it is clear enough where the blur zone begins (very close to my face). With my lenses, my blur zone appears not to exist. The problem I have is should I do eye exercises with or without my lenses? If with, then I'm not sure about where the near point and far point should be. If I do them without lenses, The near point is clear, but the far point either needs to be relatively close (so I can make it out without straining) or I need to strain and squint, neither of which seem right. any help out there?

Stereo-grams: I have placed them on my cubicle wall, above and beyond my computer. I have two of them, one I have never been able to do at all (thats my goal, to see the planet). The other one I can do at normal reading distances, but when its at the wall (3 Ft away) I can't really seem to hold it. Almost, but not quite. The question is: should I be able to do it at any distance?

Plus lenses: Since I have bifocals, do I still need plus lenses (for stress reduction) or can I merely use the bottom part of my lenses.

Thanks in advance.

Barry

--

Barry D. Benowitz - FAQ maintainer for alt.lefthanders

Email:b.benowitz@telescience.com

Phone:+1 609 866 1000 x354

Snail:Securicor Telescience Inc, 351 New Albany Rd, Moorestown, NJ, 08057-1177

-
- Prev by Date: [Press Release 12/9/96 II \(fwd\)](#)
 - Next by Date: [Re: Peripheral and Central](#)
 - Prev by thread: [Press Release 12/9/96 II \(fwd\)](#)
 - Next by thread: [Full-spectrum light](#)
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Re: Peripheral and Central

- *To:* Kip Bryan <kipb@world.std.com>
 - *Subject:* Re: Peripheral and Central
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Mon, 9 Dec 1996 16:25:29 -0700 (MST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <01ICOPY0HVIA95RVMW@delphi.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 6 Dec 1996, Kip Bryan wrote:

> In your other note, you asked:

> >Am I

> >right then in saying, that if you have -8.00 lenses on and are focusing at
> >something at twenty feet away, that the picture is brought in within your
> >12.5cm range. So you may see twenty feet away, but are truly only focusing
> >within that 12.5 cm range.

>

> Yes, the -8 D lens makes a "virtual image" of the distant object
> appear at 12.5 cm. You're living your whole life inside a 12.5cm
> box, never looking further away. The orthodox perspective is that
> there is a hard solid stop to your focussing ability at your
> far point, and so there's no need to ever try to focus beyond that.
> If you put on +1 D reading glasses on top of your -8 D glasses,
> you've made your box grow to 14.3 cm instead. Ahh!! Some breathing
> room.

I understand what your saying, but how come people who are severly myopic, lets say over -15.00 aren't constantly cross-eyed because their focus point is 6 cm away? What do you think the "breathing room" should be in terms of mesurment? or would you just knock off a diopter?

Have fun,

-Peter

- **References:**

- [Re: Peripheral and Central](#)
 - *From:* Kip Bryan <kipb@world.std.com>

- Prev by Date: [Blur Zones, stereo vision, and exercise](#)

- Next by Date: [Re: Peripheral and Central](#)

- Prev by thread: [Re: Peripheral and Central](#)

- Next by thread: [Re: Peripheral and Central](#)

- Index(es):

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- [Thread](#)

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Re: Peripheral and Central

- *To:* Kip Bryan <kipb@world.std.com>, "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Subject:* Re: Peripheral and Central
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 10 Dec 96 12:19:00 PST
 - *Cc:* i_see <i_see@indiana.edu>
 - *Encoding:* 14 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Do glasses perhaps allow for focusing using a different level of accommodation, but with the original level of divergence???? If so, you wouldn't go cross eyed.

Caroline

I understand what you're saying, but how come people who are severely myopic, lets say over -15.00 aren't constantly cross-eyed because their focus point is 6 cm away? What do you think the "breathing room" should be in terms of mesurment? or would you just knock off a diopter?

-Peter

-
- Prev by Date: [Re: Peripheral and Central](#)
 - Next by Date: [Full-spectrum light](#)
 - Prev by thread: [Re: Peripheral and Central](#)
 - Next by thread: [Focus coming closer](#)
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Full-spectrum light

- *To:* i_see@indiana.edu
 - *Subject:* Full-spectrum light
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 10 Dec 1996 03:14:45 +0000
 - *Sender:* owner-i_see@indiana.edu
-

Does anyone have any information about using light in vision therapy? Many of the vision therapy books available talk about the benefits of full-spectrum light (sunlight) and doing exercises with it. I saw a mention of the use of "full-spectrum" or "blue" lightbulbs that could substitute.

Does anyone know how effective these "full-spectrum" lightbulbs are?

What makes them different from regular lightbulbs?

Where can you buy "full-spectrum" lightbulbs?

As always, thanks for your help!

Have a great day!

Dawn 8-)
dc :-)

Charade@worldnet.att.net

- Prev by Date: [Re: Peripheral and Central](#)
- Next by Date: [full spectrum light](#)
- Prev by thread: [Blur Zones, stereo vision, and exercise](#)
- Next by thread: [Re: Full-spectrum light](#)
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- [Thread](#)

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full spectrum light

- *To:* i_see@indiana.edu
 - *Subject:* full spectrum light
 - *From:* freelynn@exit109.com
 - *Date:* Tue, 10 Dec 1996 17:39:44 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

dawn asked about full spectrum light. i use Chromalux bulbs, different watts for different functions, at home and work. before i did any exercises to alleviate/eliminate my astigmatism this bulb along seemed to do the trick. i got the bulbs, originally, for other reasons. but they seem to make reading a more comfortable experience no matter where i am with my eye therapy. i purchase mine at the health food stores, approx. cost between \$5.50 to \$7.00.

best wishes

-
- Prev by Date: [Full-spectrum light](#)
 - Next by Date: [Plus lens & OrtkoK](#)
 - Prev by thread: [Re: Full-spectrum light](#)
 - Next by thread: [Plus lens & OrtkoK](#)
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Plus lens & OrtkoK

- *To:* owner-i_see@indiana.edu
 - *Subject:* Plus lens & OrtkoK
 - *From:* tsomers@usfg.e-mail.com
 - *Date:* Wed, 11 Dec 1996 09:31:43 EST
-

My dilemma is: I use Ortho-K lenses to correct my myopia, but would like to use plus lenses to permanently correct vision (a la Vision Freedom). I have had very favorable short term results using plus lenses, but then my OrthoK contacts feel weird, and I feel an eye strain while wearing them.

Using OrthoK contacts (which maintain my eye shape) conflicts with using plus lenses (which change the shape of my eyes). If I chuck my very expensive Ortho-K lenses, would my eyes revert to their original state (20/400 R, 20/175 L) ?

I saw a letter on the net from a Commander Gray, who was in a similar situation about a year ago.
My goal is 20/20, with no lenses.

Any suggestions would be much appreciated.

Sincerely,
Tim

-
- Prev by Date: [full spectrum light](#)
 - Next by Date: [Re: Full-spectrum light](#)
 - Prev by thread: [full spectrum light](#)
 - Next by thread: [lisette scholl](#)
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- [Thread](#)

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Re: Full-spectrum light

- To: i_see@indiana.edu
 - Subject: Re: Full-spectrum light
 - From: Kip Bryan <kipb@world.std.com>
 - Date: Wed, 11 Dec 1996 09:54:09 -0500 (EST)
 - Date-warning: Date header was inserted by delphi.com
 - Sender: owner-i_see@indiana.edu
-

Dawn Isaacson <charade@worldnet.att.net> wrote:

>Does anyone have any information about using light in vision therapy? Many
>of the vision therapy books available talk about the benefits of
>full-spectrum light (sunlight) and doing exercises with it. I saw a mention
>of the use of "full-spectrum" or "blue" lightbulbs that could substitute.

Your eye's optics have "axial chromatic aberration", which is comes from your lens and cornea focussing blues and reds differently. (Blues focus closer to the lens, reds further away, so myopes could see reds easier than blues.)

Depending upon where you focus on a white spot, your retina would have a blue dot surrounded by a red circle or a red dot with a blue circle. (I'm simplifying and ignoring greens, yellows, etc. in white light.) Some researchers think this is how your eye knows whether to go "in or out" to clear up a blur. Some also think that if you're not exposed to full-spectrum light your focussing won't develop correctly.

The human body isn't so simple, though, to have one mechanism for something as important as this, so even when they put special lenses in front of the eye to cancel out the chromatic aberration, the eye can still focus. That doesn't mean it's not used, just that it's not the ONLY way you know where to focus.

>Does anyone know how effective these "full-spectrum" lightbulbs are?

Here's the spectra for "cool white fluorescent" and "full-spectrum fluorescent" bulbs (I don't know whose bulbs or how truthful this is):

<http://www.cybergate.com/~lovelea/11.htm>

You can see on that spectrum that sunlight has a very smooth spectrum, but that the "full spectrum" bulb has sharp spikes at certain colors. Who knows how your eye deals with this.

As for how effective they are, like most vision-related studies, you'll find them on both sides -- valuable and useless. My feeling is that you should get a good dose of natural sunlight every day possible. Getting a VARIETY of light, brightness, distance, nutrition, etc. is more important than trying to get a lot of the "right" thing.

>What makes them different from regular lightbulbs?

Every kind of bulb would have a different shape spectral curve. The curve is the amount of light emitted in each color region. Your eye is lousy at seeing the real spectrum, so you need more tools. You should ask to see a spectrum chart before spending big bucks on a bulb, and if they don't have one, don't buy it. Anyone selling a "good" full spectrum light would have measured the spectrum and would be proud to show how superior their bulb is compared to others. It's possible, though I haven't seen it, to have a collection of colors on paper that would tell you if you have full-spectrum light by looking at the colors. That is, you could make a paper-based spectrum detector. You'd need a lot of special dyes, though, and not just mix three "primary" pigments.

Incidentally, your lens absorbs a lot of blue and UV (ultraviolet, the normally invisible color just beyond blue-indigo-violet) light. However, your retina can still see into the UV. So people who have their lenses removed can actually see more colors (deeper into violet, I suppose) than you can. (Not that I've experienced this...)

-
- Prev by Date: [Plus lens & OrtkoK](#)
 - Next by Date: [lisette scholl](#)
 - Prev by thread: [Full-spectrum light](#)
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lisette scholl

- *To:* i_see@@indiana.edu
 - *Subject:* lisette scholl
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Thu, 12 Dec 1996 08:52:30 -0600
 - *Sender:* owner-i_see@indiana.edu
-

Greetings, Visioneers!

I just got my Inter-Library Loan copy of Lisette Scholl's *_Visionetics: The Holistic Way to Better Eyesight_* (New York: Doubleday, 1978), ISBN 0-385-13279-4. It looks quite good.

There is an address at the beginning where one may write the author to request a brochure describing a series of tapes. Since this book is from 1978, I don't know if the address is still good. Does anyone know if Lisette Scholl and/or some group of people carrying on her work can be reached anywhere? I'd like to get a copy of this out of print book and see what they offer. The address in the book is

P.O. Box 596
Templeton, CA 93465

Mark Jones

- Prev by Date: [Re: Full-spectrum light](#)
- Next by Date: [Vision Care](#)
- Prev by thread: [Plus lens & OrtkoK](#)

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Vision Care

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Vision Care
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Thu, 12 Dec 1996 17:49:38 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

>I had assumed that the company was called Vision
>Care, but I may be wrong. It's some kind of miniature eye chart that you
>view through an eye piece. Then you move the eye chart further away on a
>slider and read it again. I know that's a bit vague, but I haven't actually
>seen one of these, I've just had it described to me.

Did anyone ever figure out what the Vision Care product was? In my
(behavioral) optometrist's office the other day I found a brochure for a
Biopter by Steroe Optical (Products for Better Vision). The picture looks
like the animal you described. The Biopter is a hand held device with
pictures at one end and eye-view thingies at the other end. It doesn't look
like a plastic thing, but it is on a slide. Here is the description:

"Hand held model No. 1 offers a quality home-training unit at
moderate cost. Precision glass optics...designed for ease of use and
durability. Office Model No. 2 in addition to the above, offers 2-lamp
illumination, adjustable table elevation, and special clips to hold
auxiliary lenses, prisms or occluders. Metal plate also provided for
cheirosopic tracing [?]. Biopter test consists of 10 full-color targets in
unique flip-up binding to test phorias, acuities, stereopsis, color
discrimination, etc."

At 11:09 PM 11/18/96 +0000, you wrote:

>

>I haven't forgotten the request for more information.....

> -----

>To: Richards, Caroline

>

>Sounds like the same thing we are talking about..... exercise the eye muscle

>by focusing far and near..... like a viewmaster.....slides are lite from
>behind.....
>
>The salesman will be coming to my house to change a slide on it. I wanted a
>slide that is just stripes on it so that I could focus on lines, it's good
>for astigmatism. I will ask him about how to get one in Australia.
>Will let you know next week.
>
>Bye,
>Mei
> -----
>Mei
>
>I've had quite a bit of response from people regarding your vision care
>stuff. Some people are asking who the supplier is and how they can order
>it. Do you have the information or is it only available in Singapore?
>
>Thanks
>Caroline
> -----
>
dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [lisette scholl](#)
 - Next by Date: [homeopathics](#)
 - Prev by thread: [lisette scholl](#)
 - Next by thread: [RE: Vision Care](#)
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homeopathics

- *To:* i_see@indiana.edu
 - *Subject:* homeopathics
 - *From:* freelynn@exit109.com
 - *Date:* Thu, 12 Dec 1996 17:57:15 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

dear i_seers,

I thought the following homeopathic post might be of interest to some.

freda

X-Sender: ekondrot@pop.pipeline.com
Date: Thu, 12 Dec 1996 10:10:52 -0500
To: hillhaven@zephyr.net (Healani)
From: "Edward C. Kondrot" <ekondrot@pipeline.com>
Subject: Re: Eyesight/ Vision
Cc: homeopathy@lyghtforce.com
X-Info: Evaluation version at server.lyghtforce.com
X-ListMember: freelynn@exit109.com [homeopathy@lyghtforce.com]

We need to look at the etiology of blurred vision in order to evaluate the potential effectiveness of Homeopathic treatment . Congenital or structural defects are less likely to respond compared to an acute condition which will have a more favorable response. I have noticed a slight improvement in my refraction (-4.50 to a -4.00) after constitutional treatment. This is about a 10% improvement unexplained by allopathic theories.

Let us look at the different etiologies of blurred vision.

Axial refractive errors.

This is were the eye is normal except for an abnormal length, either too short or too long. It is unlikely that Homeopathic treatment can alter this

structural problem.

Curvature refractive errors.

This is due to changes in the curvature of the cornea or the human lens. Swelling of the cornea due to injury, dehydration of the cornea, cataract formation and keratoconus are examples in this group. Homeopathic treatment can be very helpful in many of these conditions especially if the problem is acute.

Change in the index of refraction

This can be caused by a chemical imbalance in the body and due to the side effects of many allopathic medications. For example in diabetes there is a disturbance in the water balance of the lens which can change the index of refraction. Cataracts can also cause a change in the density of the lens with a change in the index of refraction. Homeopathic treatment can be helpful in this group.

Change in the position of the lens

This can be due to trauma , infection or inflammation of the eye. Homeopathic treatment can be very helpful.

Accommodative spasms/ Migraine

These refractive problems are due to either vascular spasms or muscular spasms. They are very responsive to homeopathic treatment.

As in all cases it is important to look at the totality of the case. We should not limit ourselves to the remedies listed in the EYE and VISION section of the repertory. I have found that there are deficiencies in this section. Hopefully with time, those of us with an interest in the eye will be able to update this section.

Sincerely, Ed

Edward C. Kondrot, MD
Homeopathic Ophthalmology
239 4th Ave.
Pittsburgh, PA 15222
Phone (412) 281-0447
Fax (412) 341-6761
ekondrot@pipeline.com
<http://www.pipeline.com/~ekondrot/>

To leave this list, email <homeopathy-request@lyghtforce.com>
with the body text: leave homeopathy

- Prev by Date: [Vision Care](#)
- Next by Date: [RE: Vision Care](#)
- Prev by thread: [FW: Vision Care](#)
- Next by thread: [Myopia Research Bibliography](#)
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 - [Thread](#)

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RE: Vision Care

- *To:* "TAI, Mei Er" <TaiME@SINGAPORE.BTAP.bt.com>, Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* RE: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 13 Dec 96 10:29:00 PST
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 70 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Mei

Did your salesman call round? If he didn't, perhaps you could give me a number to ring in Singapore and I can find out some more directly?

Many thanks
Caroline

From: Dawn Isaacson
cc: I_SEE
To: Richards, Caroline

Did anyone ever figure out what the Vision Care product was? In my (behavioral) optometrist's office the other day I found a brochure for a Biopter by Steroe Optical (Products for Better Vision). The picture looks like the animal you described. The Biopter is a hand held device with pictures at one end and eye-view thingies at the other end. It doesn't look like a plastic thing, but it is on a slide. Here is the description:

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> -----

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>Care, but I may be wrong. It's some kind of miniature eye chart that you
>view through an eye piece. Then you move the eye chart further away on a
>slider and read it again. I know that's a bit vague, but I haven't
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>seen one of these, I've just had it described to me.

> -----

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>I haven't forgotten the request for more information.....

> -----

>To: Richards, Caroline

>
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muscle

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>behind.....

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>slide that is just stripes on it so that I could focus on lines, it's good
>for astigmatism. I will ask him about how to get one in Australia.

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> -----

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>

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>stuff. Some people are asking who the supplier is and how they can order
>it. Do you have the information or is it only available in Singapore?

>

>Thanks

>Caroline

> -----

>

dc :-)

Charade@worldnet.att.net

- Prev by Date: [homeopathics](#)
- Next by Date: [Myopia Research Bibliography](#)
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Myopia Research Bibliography

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Myopia Research Bibliography
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 12 Dec 1996 19:50:19 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

A while back on I SEE, mention was made of the recently published book "Improve Your Vision Without Glasses or Contact Lenses: The AVI Program" by Steven M. Beresford and some other optometrists. Julie Ralls writes:

-----Begin Forwarded message -----

Date: Wed, 11 Dec 1996 15:43:42 -0500

From: JRalls7959@aol.com

Subject: more to book

After reading Beresford et al.'s book I wrote to them in a helpful way telling them how to improve their book. I suggested they add some scholarly reference to back up the material in the book. References from learned journal and all that for skeptical scientists. It turns out that that was their original intent but the editors at Simon and Schuster edited the list out. I will try to send it now as an attached file. I am told it is in WORD 3.0. Feel free to pass it around.

Julie

----- End Forwarded Message -----

I have unattached the file (a Microsoft WORKS file, incidentally), converted it into text format, and append it to this message. --Alex

=====

RESEARCH REFERENCES

Copies of these research papers can be obtained through your local public library. They will contact a medical or optometric library on your behalf and will provide you with all the papers you desire for a small copying fee.

Agarwal K.M., Prevention of Myopia in Schools, Indian J. Ophth., 10: 21-23, 1949.

Akiba J., Prevalence of Posterior Vitreous Detachment in High Myopia, Ophth., 100(9): 1384-1388, 1993.

- Alexander E.B., The History Of The Optometric Extension Program, J. Am. Optom. Assoc., 36(2): 140-145, 1965.
- Alexander L.J., Ocular Vitamin Therapy, Optom. Clin., 2(4): 1-34, 1992.
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introducing myself/questions

- *To:* i_see@indiana.edu
 - *Subject:* introducing myself/questions
 - *From:* macy <macy@ipoline.com>
 - *Date:* Thu, 12 Dec 1996 20:12:46 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Hi. I just got on this list so I want to introduce myself and ask some questions along the way.

Anyways. I am only 16 years old and have *bad* eyesight (at least for someone my age). I started wearing glasses in gr. 3, and every year I had to change prescription for stronger glasses. By now my eyes are about 7.25 diopters. =(It's really inconvenient to wear glasses and I hate them, but I don't want to wear contacts either because I know lots of people got infections this way. I've always believed that my poor eyesight would heal itself any minute I begin to try, but i never knew what to do. Then, by chance, I found a book in the library about the Bates Method, and I read 3-5 books on VT now. I think the HypnoVision one was the best. I had the best improvements from it but unfortunately, I am not someone who can patiently stick to a schedule, and my eyesight very soon went back to the way they were. Then I accidentally stumbled onto the I See homepage and came *here* immediately. I used to read a lot but after a while I got scared of reading (this is before I learned about VT) and didn't read as much as I used to. I've noticed that after swimming and riding on roller coasters that your eyes get better a bit! This may be because you have to take glasses off to do them but it has to be more than that. With the swimming I think it's also because of the exercise you get (ie. blood circulates to the eyes), and with the roller coaster, well all I can say is it works too. It's really annoying wearing glasses because I have to worry about them breaking or the screws coming out. It's inconvenient and a drag. The bad thing is it gets me down. Sometimes I can't do some things (at concerts/parties) that other people can because I have to worry about my glasses. It already discouraged me in many ways, but I am here and I want to make my eyes better again. By telling the world my goal I hope to make it true. Goal: to have better eyesight and vision by January. (That's when I have to go to the optimist and I don't want to get stronger glasses) So I hope I have the support here

to discard my glasses, I can't be open about this anywhere else, and I guess not much of you would care anyway but I'd like to ask a few questions now:

1. Does anyone feel really insecure without glasses on, esp. in a public place? I'm not comfortable without glasses at school/ on the bus... I feel like since I haven't even seen my own face clearly yet, I don't want others to see me w/o my knowing what I look like.

2. My family does NOT believe this can work. This gets me very discouraged. My bro keeps on bugging me and telling me to put my strong glasses on. My dad is against it too. They feel I'm just too stupid to know what's good for me. They think the optimist people knows everything and I'm just reading some books about eyes with no importance. Anyone knows what I should do to sneak some eye exercise in? Talking to them about it is out of question because I've already tried it with a 2 weeks fight and it got nowhere (the same as my wanting to be a vegetarian).

3. As I've said before, I have little patience to sit and palm for half an hour every day. The longest time I've palmed was 10-15 min and I almost fell asleep. Any advice on what kind of exercise to do, how to do them, schedulings, etc? BTW, I have myopia and astigmatism.

4. yeah, is it OK to wear a much weaker pair of glasses in front of a computer? I don't need to squint but I do have to lean forward a little, although now I can sit up further from the screen as time goes on. I guess it helps the eyes too as long as you rest a lot. Just wondering if it can do any harm to my eyes.

5. I've tried VT a little before but it's very discouraging when your eyes get a *little* better for 1/2 a day and then get worse again. Should I be aware of some things that I might have been doing wrong? and anyone with success please tell me about it and how you did it. I know some are in the archive but I'm still trying to sort through everything.

6. Does playing piano cause any problems to the eyes? I've read somewhere it can cause strain to eyes unless you change you attitude toward piano (or whatever hobbies/things you have to do).

Anyways, I've wasted all your precious time with this pointless post and I'd like to thank you for reading this. Hopefully some of you can take the time to answer me. You can just email me back privately so we won't annoy anyone with stuff everyone already knows. Any help is greatly appreciated. My address is macy@ipoline.com .

Thanx in advance.

macy

"We'll crucify the insincere tonight."

~~Smashing Pumpkins, Tonight Tonight

- **Follow-Ups:**
 - [Re: introducing myself/questions](#)
 - *From:* katerina_x_voracek@amoco.com
- Prev by Date: [Myopia Research Bibliography](#)
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RE: Vision Care

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>, Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* RE: Vision Care
 - *From:* "TAI, Mei Er" <TaiME@SINGAPORE.BTAP.bt.com>
 - *Date:* Fri, 13 Dec 96 14:56:00 PST
 - *Cc:* I_SEE <i_see@indiana.edu>
 - *Encoding:* 129 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Hi Caroline,

The last time the salesman spoke to me was that they didn't appoint an agent in Australia so you can't get one there. But yesterday he called me and said that he would courier one over if somebody wants one. I am not sure whether that's a good idea or not, I would classify it as fragile equipment.

Today, I saw Graham Stanton in the lift. I understand he comes down quite often. Perhaps you can ask him a favour to carry one over for you if you are interested. I will send you a brochure if you give me your address.

I believe any product would work differently on different people. I am not trying to sell this product but I believe that in strengthening the eye muscle it would help our vision. I had an old friend who told me her son has a lazy eye. He had to wear special glasses which had no degree on one eye and about 475 degrees on the lazy eye. This was to prevent him from only seeing with the good eye and have the lazy eye continue to deteriorate. As the equipment has helped my niece who also had lazy eye, I then recommended her to try it. Having recommended her on this, I naturally am curious to monitor the progress. One course of treatment is 3 to 5 weeks, and the first course of treatment should see tremendous result especially for children. After the first week, I called her to check on the boy's progress. She said he could read 4 lines further down with the lazy eye now. After the second week, I called her again, she told me she hasn't checked which line he could read yet but the son has the tendency to remove his glasses away preferring to see without the glasses. But she would nag him to wear it for fear the he would fall into the habit of only

seeing with the good eye. I told her she should ask him why he did that, it could be because the glasses is now too deep for him and he feels it tiring to look through it and that she should use an eye patch if she wants him to use the lazy eye. She told me she has a doctor's appointment soon for the boy to check the eye sight and would let me know.

I checked with her again on the doctor's appointment. She told me at first the doctor checked and told her the degree has reduced to 300 and then explained to her that there was too much variation, and that he needs to use the eye drops to relax the child's eye muscle and check again. She didn't understand what that means. After putting the muscle to "sleep", he then checked the degree again and found it back to 475 degree. He was satisfied now and told her she could go home and come back again one year later.

How one interprets this whole episode is up to individual. But Meng Hong was convinced that her son's eye sight has improved and would look for another optometrist end of this month to make a new pair of glasses. I would let you know more if you are interested to follow up.

Your baby will be coming soon, please take care and keep me informed of the arrival.

I wish you a Merry Christmas and a Happy New Year,
Cheers,
Mei

From: Richards, Caroline
To: TAI, Mei Er; Dawn Isaacson
Cc: I_SEE
Subject: RE: Vision Care
Date: 13 December 1996 10:09

Mei

Did your salesman call round? If he didn't, perhaps you could give me a number to ring in Singapore and I can find out some more directly?

Many thanks
Caroline

From: Dawn Isaacson
cc: I_SEE
To: Richards, Caroline

Did anyone ever figure out what the Vision Care product was? In my (behavioral) optometrist's office the other day I found a brochure for a Biopter by Steroe Optical (Products for Better Vision). The picture looks like the animal you described. The Biopter is a hand held device with

pictures at one end and eye-view thingies at the other end. It doesn't look like a plastic thing, but it is on a slide. Here is the description:

"Hand held model No. 1 offers a quality home-training unit at moderate cost. Precision glass optics...designed for ease of use and durability. Office Model No. 2 in addition to the above, offers 2-lamp illumination, adjustable table elevation, and special clips to hold auxiliary lenses, prisms or occluders. Metal plate also provided for cheirosopic tracing [?]. Biopter test consists of 10 full-color targets in unique flip-up binding to test phorias, acuities, stereopsis, color discrimination, etc."

> -----

>I had assumed that the company was called Vision
>Care, but I may be wrong. It's some kind of miniature eye chart that you
>view through an eye piece. Then you move the eye chart further away on a
>slider and read it again. I know that's a bit vague, but I haven't
actually
>seen one of these, I've just had it described to me.

> -----

>

>I haven't forgotten the request for more information.....

> -----

>To: Richards, Caroline

>

>Sounds like the same thing we are talking about..... exercise the eye
muscle

>by focusing far and near..... like a viewmaster.....slides are lite from
>behind.....

>

>The salesman will be coming to my house to change a slide on it. I wanted
a

>slide that is just stripes on it so that I could focus on lines, it's good
>for astigmatism. I will ask him about how to get one in Australia.

>Will let you know next week.

>

>Bye,

>Mei

> -----

>Mei

>

>I've had quite a bit of response from people regarding your vision care
>stuff. Some people are asking who the supplier is and how they can order
>it. Do you have the information or is it only available in Singapore?

>

>Thanks

>Caroline

> -----

>

dc :-)

Charade@worldnet.att.net

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FW: Vision Care

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* FW: Vision Care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 13 Dec 96 16:50:00 PST
 - *Encoding:* 12 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

I've asked Mei for the brochure and will send you all any appropriate details. The company is in Singapore but I could easily ring them and see if they distribute within America.

Caroline

[snip]

I will send you a brochure if you give me your address.

Mei

-
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 - Prev by thread: [RE: Vision Care](#)
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Degree of blur

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Degree of blur
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Fri, 13 Dec 96 17:30:00 PST
 - *Encoding:* 14 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

I know this was discussed before, but without a conclusion as I recall.

I often wonder as I look out of a bus window whether to focus mainly in the near distance where things are a little blurred but not too bad, or the far distance where things are very blurred.

Then something occurred to me. People keep saying that high myopes improve a lot more easily and quickly initially (and when compared with low myopes).

Isn't this evidence for providing the eyes with a greater rather than a lesser amount of blur (even though logic tells me to 'give my eyes a chance' with a lesser amount)?

Caroline

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Homeopathics

- *To:* i_see@indiana.edu
 - *Subject:* Homeopathics
 - *From:* cheryl_lee@rdrorl.com
 - *Date:* Fri, 13 Dec 96 10:17:18
 - *Sender:* owner-i_see@indiana.edu
-

Thanks Ed for the info on homeopathics. I will check out the web site too.

I have a bottle of Vision Complex by Nova Homeopahics near my computer at work (not too near) that is supposed to help with tired or strained eyes from computer use, driving, etc. It does seem to help.

Ingredients:

Aurum metallicum 12X
Belladonna 12X
Cactus grandiflorus 4X
China officinalis 8X
Conium maculatum 8X
Curare 12X
Gelsemium sempervirens 12X
Phosphorus 10X
Ruta graveolens 6X
Veratrum album 6X

I know my eyes tend to be dry as when I first put drops in them, everything is much clearer.

Cheryl

- Prev by Date: [**Degree of blur**](#)
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Re: introducing myself/questions

- *To:* macy@ipoline.com, owner-i_see@indiana.edu
 - *Subject:* Re: introducing myself/questions
 - *From:* katerina_x_voracek@amoco.com
 - *Date:* Fri, 13 Dec 96 09:52:01 -0700
 - *In-Reply-To:* <9612130112.AA108160@ipo.ipoline.com>
-

Macy,

just briefly to reply to your note:

1. whatever you do, do not give in to negative, discouraging comments on your approach. You are on the right track!

2. VT is NOT an 'instant happiness'!!! It take perseverance, desire to see the world clearer and become a different (better) person. That is what happens to one, when one embarks on this journey.

3. read and rest and read and rest - your eyes! Learn as much as you can to equip yourself with the knowledge you need to improve your vision. The VT with it's philosophy should become an integral part of your daily being. Learn to look at the world with open heart, get excited about the challenge!

4. one of many good books with exercises and the background is Dr Michael Robert Kaplan Book - Seeing Without Glasses (used to be called 'Beyond 20/20').

This book provides the background and "how to" information to increase your vision fitness. It includes self-analysis questionnaires, vision fitness games, nutritional information, movement and exercise recommendations and "insights" into your mind's eye.

An other one - just giving the spiritual uplift is Adouls Huxleys: The Art of seeing (did you know, that the writer, A. Huxley was large part of his life blind before he regenerated his vision???)

5. Get on <http://www.sunshine.net/www/0/sn0011/> page. You find a bunch of other information. (You can order the above book in here).

6. I have improved from -18.00 (yes you read it right) to -11.00 - have also astigmatisms. It took me 2 - 3 years. Daily stress does play large role in the progress or regress.

7. Learn to control your fatigue and stress level. Learn to meditate. There is alot of literature on the subject in a library or a bookstore.

Learn to follow your subconscious mind. It will tell you if you are on the right track - trust yourself.

That is in summary what I would recommend. Good luck. Katerina

Reply Separator

Subject: introducing myself/questions

Author: owner-i.see (owner-i_see@indiana.edu) at unix,mime

Date: 12/12/96 6:12 PM

Hi. I just got on this list so I want to introduce myself and ask some questions along the way.

Anyways. I am only 16 years old and have *bad* eyesight (at least for someone my age). I started wearing glasses in gr. 3, and every year I had to change prescription for stronger glasses. By now my eyes are about 7.25 diopters. =(It's really inconvenient to wear glasses and I hate them, but I don't want to wear contacts either because I know lots of people got infections this way. I've always believed that my poor eyesight would heal itself any minute I begin to try, but i never knew what to do. Then, by chance, I found a book in the library about the Bates Method, and I read 3-5 books on VT now. I think the HypnoVision one was the best. I had the best improvements from it but unfortunately, I am not someone who can patiently stick to a schedule, and my eyesight very soon went back to the way they were. Then I accidentally stumbled onto the I See homepage and came *here* immediately. I used to read a lot but after a while I got scared of reading (this is before I learned about VT) and didn't read as much as I used to. I've noticed that after swimming and riding on roller coasters that your eyes get better a bit! This may be because you have to take glasses off to do them but it has to be more than that. With the swimming I think it's also because of the exercise you get (ie. blood circulates to the eyes), and with the roller coaster, well all I can say is it works too. It's really annoying wearing glasses because I have to worry about them breaking or the screws coming out. It's inconvenient and a drag. The bad thing is it gets me down. Sometimes I can't do some things (at concerts/parties) that other people can because I have to worry about my glasses. It already discouraged me in many ways, but I am here and I want to make my eyes better again. By telling the world my goal I hope to make it true. Goal: to have better eyesight and vision by January. (That's when I have to go to the optimist and I don't want to get stronger glasses) So I hope I have the support here to discard my glasses, I can't be open about this anywhere else, and I guess

not much of you would care anyway but I'd like to ask a few questions now:

1. Does anyone feel really insecure without glasses on, esp. in a public place? I'm not comfortable without glasses at school/ on the bus... I feel like since I haven't even seen my own face clearly yet, I don't want others to see me w/o my knowing what I look like.

2. My family does NOT believe this can work. This gets me very discouraged. My bro keeps on bugging me and telling me to put my strong glasses on. My dad is against it too. They feel I'm just too stupid to know what's good for me. They think the optimist people knows everything and I'm just reading some books about eyes with no importance. Anyone knows what I should do to sneak some eye exercise in? Talking to them about it is out of question because I've already tried it with a 2 weeks fight and it got nowhere (the same as my wanting to be a vegetarian).

3. As I've said before, I have little patience to sit and palm for half an hour every day. The longest time I've palmed was 10-15 min and I almost fell asleep. Any advice on what kind of exercise to do, how to do them, schedulings, etc? BTW, I have myopia and astigmatism.

4. yeah, is it OK to wear a much weaker pair of glasses in front of a computer? I don't need to squint but I do have to lean forward a little, although now I can sit up further from the screen as time goes on. I guess it helps the eyes too as long as you rest a lot. Just wondering if it can do any harm to my eyes.

5. I've tried VT a little before but it's very discouraging when your eyes get a *little* better for 1/2 a day and then get worse again. Should I be aware of some things that I might have been doing wrong? and anyone with success please tell me about it and how you did it. I know some are in the archive but I'm still trying to sort through everything.

6. Does playing piano cause any problems to the eyes? I've read somewhere it can cause strain to eyes unless you change you attitude toward piano (or whatever hobbies/things you have to do).

Anyways, I've wasted all your precious time with this pointless post and I'd like to thank you for reading this. Hopefully some of you can take the time to answer me. You can just email me back privately so we won't annoy anyone with stuff everyone already knows. Any help is greatly appreciated. My address is macy@ipoline.com .

Thanx in advance.

macy

"We'll crucify the insincere tonight."

~~Smashing Pumpkins, Tonight Tonight

- **References:**
 - [introducing myself/questions](#)
 - *From:* macy <macy@ipoline.com>
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- Prev by thread: [introducing myself/questions](#)
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eye mechanical linkage

- *To:* i_see@indiana.edu
 - *Subject:* eye mechanical linkage
 - *From:* dennis@netcom.com (Dennis Yelle)
 - *Date:* Fri, 13 Dec 1996 16:36:36 -0800
 - *Sender:* owner-i_see@indiana.edu
-

Is there any mechanical linkage between the two eyes that keeps them pointed at the same thing in normal people and that keeps them pointed at different things in some people?

Or is it just a habit?

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Re: Degree of blur

- *To:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Subject:* Re: Degree of blur
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Fri, 13 Dec 1996 18:06:13 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Hi Caroline

Here's what I've learned (IMHO) working with the vision therapist (and the accomotrac)--

The idea is to look "through" things. Different ways of doing this include trying to use (pretend) x-ray vision, pretending that what you want to see isn't there and seeing what's behind it, and instead of looking at it, point your eyes at it but then try to see through the back of your head. While these ideas seem silly, they apparently work to reduce accomodation, because I get a good response from the machine.

I also read (in probably more than one book) you're supposed to continually change your focus, ie. Look at an object further away to see one slightly nearer, then look close, then far away, then at your target again. One other thing that has worked, which is hard to explain and probably is only a result of "seeing correctly" is actually (well, maybe not really) physically extending my eyeballs out towards my target as I'm trying to see through it. This action(?) gets GREAT results from the machine.

As a high myope, my experience is that all of the above produces noticeable results. Last night we went to see Les Mis (Broadway). Someone (sorry, I don't recall who) suggested watching movies more than once with reduced (or no?) prescription. The idea, I think, is that if you're familiar with something, your memory will be able to fill in the gaps. Since I've seen it before (actually, it was a last minute thing & I had no choice), I wore an approx 1/2 prescription (-5.00). I used every technique I could recall, especially the above (also outlining things with your eyes, seeing in-between objects instead of focusing on them). Surprisingly, I think I enjoyed seeing it more this time than last! Rather than focusing on

details, I focused on the big picture & saw more of what was happening on stage. In the past, I always felt like I was missing things because I only focused on one thing at a time (ie. an actor's face, as opposed to everything that was going on on stage).

As far as focus was concerned, yes, things were a little blurry, but it didn't bother me too much. And after the show it felt like everything was more in focus. It might be that after focusing in the distance (and continually changing my distance focus as I moved my eyes around & throughout the stage & tried to see through things & in 3-d as much as possible) for an extended period of time (the play is about 3 1/2 hours), my near -distance focus may have improved.

On the other hand, last week was filled with crises, and as a result the whole week was what the therapist calls "monovision" meaning I could only see one thing at a time, in a very small field of vision. My eyes got worse again, and I've spent all this week trying to make up what I lost last week. So while maybe it's easier for high myopes to tell what works & what doesn't because it causes more dramatic results, all is not necessarily easier for high myopes: I think we tend to slip back into the old patterns much easier.

BTW, since you mentioned the bus, here is my bus routine: No glasses (believe it or not), continually moving my eyes out the window to things in the bus, through people around people & between people. If I'm wearing my reduced prescription contacts, I read, but every paragraph or so I look up, out the window, etc. The idea, as I see it, is not to focus on anything, but just see everything and expand the visual field. Another thing worth mentioning: smiling gets a good accomotrac response! :-) (And on the bus it gets stares from people wondering "Why is she so happy at 6am????") ; -)

If anyone with similar experience has read this far down (this is really long & probably not too interesting), my current struggle is which eye to look through for what. I can't seem to make my eyes work together (I think I had build-in monovision because one eye always did the reading with less myopia and some astigmatism, while the other did the distance stuff with higher myopia and no astigmatism). I feel like I am constantly trying to make the weaker one do what it didn't do before & it's VERY tiresome (& sometimes confusing).

Any ideas?

Hope this helps, and good luck!

Dawn 8-)

At 01:30 AM 12/14/96 +0000, you wrote:

>

>I know this was discussed before, but without a conclusion as I recall.

>

>I often wonder as I look out of a bus window whether to focus mainly in the
>near distance where things are a little blurred but not too bad, or the far
>distance where things are very blurred.

>

>Then something occurred to me. People keep saying that high myopes improve a
>lot more easily and quickly initially (and when compared with low myopes).
> Isn't this evidence for providing the eyes with a greater rather than a
>lesser amount of blur (even though logic tells me to 'give my eyes a chance'
>with a lesser amount)?

>

>Caroline

>

dc :-)

Charade@worldnet.att.net

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Re: introducing myself/questions

- *To:* macy <macy@ipoline.com>
 - *Subject:* Re: introducing myself/questions
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Fri, 13 Dec 1996 22:09:07 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Hi Macy!

I'd like to answer your email, although I'm not a doctor or anything at all. I'm just like yourself, and two months ago (after months of reading books only) I started vision therapy with a behavioral therapist.

At 01:12 AM 12/13/96 +0000, you wrote:

>I am only 16 years old and have *bad* eyesight (at least for someone my age). I started wearing glasses in >gr. 3, and every year I had to change prescription for stronger glasses. By now my eyes are about 7.25D. =(

Exactly the same story as mine. Only I'm almost 30 and my full (eyeglass)prescription is above -9.50D.

>It's really inconvenient to wear glasses and I hate them, but I don't want to wear contacts either because I know lots of people got infections this way. It's really annoying wearing glasses because I have to worry about them breaking or the screws coming out. It's inconvenient and a drag. The bad thing is it gets me down. Sometimes I can't do some things (at concerts/parties) that other people can because I have to worry about my glasses.

There's no reason why you should have to wear contacts if you don't want to, but I can tell you that people only get infections because they handle the lenses improperly. Nowadays, with lenses you throw away each day, the risk is almost nonexistent.

I love my contacts for several reasons: My glasses press on my sinuses and nose, but my contacts allow me to breathe better; I feel like an ugly

duckling hiding behind thick frames (small frames won't support my thick lenses); I find it easier to participate in sports; my peripheral vision is not impeded with contacts; I can actually fix my hair much nicer and put makeup on properly with contacts, but with glasses I can't do it right or not at all.

The only drawback to contacts is that you can't take them off easily. But at my prescription, I get too frustrated going "cold turkey" to do that. Instead I wear contacts in a weaker prescription and when I do exercises I put plus glasses over them (reading glasses about \$15 from the drug store) if it's not convenient to take them off. At home I have glasses that are 1/2 my prescription and pinhole glasses (to wear alone or over my half prescription when I get frustrated).

>I've always believed that my poor eyesight would heal itself any minute I begin to try, but i never knew what to do. Then, by chance, I found a book in the library about the Bates Method, and I read 3-5 books on VT now. I think the HypnoVision one was the best. I had the best improvements from it but unfortunately, I am not someone who can patiently stick to a schedule, and my eyesight very soon went back to the way they >were. Then I accidentally stumbled onto the I See homepage and came *here* immediately.

This is exactly how I found out, too. I also have problems sticking to a schedule, but now I look forward each day to reading my ISee emails and immediately afterward spending a few minutes doing some training exercises. All other times I just keep reminding myself of my goal and trying to incorporate exercises and good visual practices into my day.

>Goal: to have better eyesight and vision by January. (That's when I have to go to the optometrist and I don't want to get stronger glasses)

Someone posted an email on how to "trick" the optometrist into giving you weaker glasses. Probably the best bet would be to tell him what you're doing first, then try to convince him, & if it's a no-go then find a new optometrist.

>1. Does anyone feel really insecure without glasses on, esp. in a public place? I'm not comfortable without glasses at school/ on the bus... I feel like since I haven't even seen my own face clearly yet, I don't want others to see me w/o my knowing what I look like.

I could NOT deal with work without corrective lenses. A 20/50 (?) prescription is the most I can handle at work, and even then I still feel uneasy. The bus is much easier, but when you're in school the bus is a social time, so that might be why you feel uncomfortable. When I was in school, the most horrible thing was not recognizing people because my glasses were never strong enough. People thought I was anti-social or

really quiet (even though I was active in many activities). And that made me more withdrawn, more depressed, and more myopic. These things seem to reinforce themselves. Contacts helped me to see my own face and become more comfortable, and as a result everyone learned that yes, I did have a personality!

>2. My family does NOT believe this can work. This gets me very discouraged. My bro keeps on bugging me and telling me to put my strong glasses on. My dad is against it too. They feel I'm just too stupid to know what's good for me. They think the optimist people knows everything and I'm just reading some books about eyes with no importance. Anyone knows what I should do to sneak some eye exercise in? Talking to them about it is out of question because I've already tried it with a 2 weeks fight and it got nowhere (the same as my wanting to be a vegetarian).

We must have the same family!!! Ok, this is what I did: First, convince Mom. If she understands, the others will at least be accepting. My mom doesn't have really bad eyesight, but I showed her some accupressure stuff and a few of the exercises so that she was able to see that the exercises DO work. She still thinks I'm wasting my money and time, but since I've dropped more than one diopter in less than 2 months, she sees that I'm happy and doesn't argue with me any longer. As for the men, it has been statistically proven that females are more prone to things such as depression. We have been discussing the fact that myopia is highly related to emotions, and there is no doubt in my mind that depression and myopia are intricately related. I pretty much ignore my brother (who, everytime I get a cold, tells me it's all in my mind), and as for Dad, he's so stuck in his ways he can't change his toothpast brand without going bonkers. But Mom convinced him to leave me alone. BTW, Mom & bro's vision isn't too bad, Dad & I share high myopia. Periodically I email Mom with stuff from this list. But I don't live with my parents & bro. My boyfriend is not really supportive, but he is understanding. At work I told some colleagues about it & was surprised when they were interested. Although no one else is actively doing it, we discuss it often and they are surprisingly supportive.

As far as sneaking, I don't think there's any need to do that, but my friend Debbi was great at it in high school. I could ask her for sneaking techniques if you like. ;-) Instead, consider working the exercises into everyday activities so they're not noticeable. Living at home and trying to be vegetarian could be difficult if no one agrees (you have to change your whole diet and it would require twice the cooking). But improving your vision only requires you to do it. Just do it when they're not around, in the bathroom, at school, at night (see below).

As far as eyedoctors being "all-knowing," that's baloney. No one is all-knowing, no one is perfect. There is one theory that optometrists don't like vision therapy because it takes away from their profits from

eyeglasses. Who knows. I believe that glasses are addictive, but I'm not so sure about the paranoid theory, either. Either way, if you're doing something positive, as long as it isn't going to hurt you, all you're losing is your time. That's not such a bad risk, is it?

On the other hand (sorry about the repetition on this story, but I just love it), my best referral for vision therapy came from a Laser-PRK surgeon. I was totally ready for it, and he was even running a special for people with high prescriptions (because it's only approved in the US for up to -6.00D) and I would have been a perfect candidate. Although he is skeptical that VT will work (he says maybe 1 or 2D, if I'm persistent), AND he lost a patient and \$\$, he referred me to the optometrist I am seeing, who has attended many of the surgeon's seminars. Both doctors were so wonderfully open-minded that it encouraged me even more.

>3. As I've said before, I have little patience to sit and palm for half an hour every day. The longest time I've palmed was 10-15 min and I almost fell asleep. Any advice on what kind of exercise to do, how to do them, schedulings, etc? BTW, I have myopia and astigmatism.

Again, same here. I am VERY busy: I work 10+ hours/day in a high profile, high stress job, karate/yoga a few times a week, plus whatever play the community theatre is working on. After that, cleaning the house, spending time with a boyfriend, and keeping up social interactions leaves no time for anything else. I no longer palm (unless my eyes get really tired or dry from the computer). Per recommendations from the group on ISee, I bought an eye pillow (\$7 at Bed, Bath & Beyond or \$10 at the Body Shop) and now I put it over my eyes before I go to bed and do my "palming" exercises. Then I fall asleep. On the weekends, if I'm really stressed I take a few minutes out to sit with my eye pillow on my eyes in the bath. As for the other exercises, I don't do much that I can't work into day-to-day activities (although I am going to a vision therapist for accomotrac (biofeedback) and have posted a lot of the exercises the therapist has taught me). Other than the eye pillow at night and the accupressure (From the Lieberman book) once in the morning (5 min) and before the eye pillow (10 min, tops), I spend, actively, less than 15 min per day on actual exercises.

>4. yeah, is it OK to wear a much weaker pair of glasses in front of a computer? I don't need to squint but I do have to lean forward a little, although now I can sit up further from the screen as time goes on. I guess it helps the eyes too as long as you rest a lot. Just wondering if it can do any harm to my eyes.

The first thing my behavioral optometrist did was to prescribe what he calls "stress lenses." All they are is a +.75 prescription. They are the same as reading glasses you buy from a drug store. I wear them over my contact lenses when reading or computer-ing. From what I understand, it is exactly

the same as wearing a weaker prescription. (For some reason, that doesn't make sense to me, but I don't think a weaker prescription could ever hurt your eyes, as long as you don't resort to squinting.)

One of my exercises is to put a +2D lens over my uncorrected eye (patch the other one) and look at an eye chart, moving in as far as I need to see the letters clearly. Then I sway back & forth until I can maintain the clarity as I sway backwards. Always keep the eyes wide open, never squint.

>

>5. I've tried VT a little before but it's very discouraging when your eyes get a *little* better for 1/2 a day and then get worse again. Should I be aware of some things that I might have been doing wrong? and anyone with success please tell me about it and how you did it. I know some are in the archive but I'm still trying to sort through everything.

Some things to watch when you notice your vision getting either worse or better: What did you eat that day? Are you happy, sad, frustrated, depressed, relaxed, etc? Have you been straining? What time of the day is your vision better/worse? How is the lighting?

My eyes are always getting better and worse. Always better when relaxed, especially during lunchtime walks when it's sunny out, always worse under stress.

>

>6. Does playing piano cause any problems to the eyes? I've read somewhere it can cause strain to eyes unless you change you attitude toward piano (or whatever hobbies/things you have to do).

I don't understand about "attitude toward piano." I have played piano since I was in 5th grade (I started late when an accident caused me to give up dancing), have played professionally and for fun. I know that when I practice, if I get frustrated it gets harder to see the notes. I almost quit in college because I couldn't read the music that far away anymore. Now I think playing piano IMPROVES my vision. (As long as I stop BEFORE I become frustrated with whatever I'm playing.)

**Please email me back with what you mean by playing piano causing eye problems. If you can, please include info on your piano playing.

>Anyways, I've wasted all your precious time with this pointless post and I'd like to thank you for reading this. Hopefully some of you can take the time to answer me. You can just email me back privately so we won't annoy anyone with stuff everyone already knows. Any help is greatly appreciated. My address is macy@ipoline.com .

I kind of feel the same, like I'm wasting people's time (especially since I'm not a professional or anything and all of this is only opinion), but on the other hand, they have the choice not to read this, and yet it may

benefit someone who's new to the list or hasn't heard of it. Isn't the whole point of the list to hear EVERYONE's ideas, no matter how good or bad, so we all can have the benefit of everyone else's experiences?

>
Hope this helps!

Good luck & remember that unless you're having fun doing something, you won't want to do it.

Dawn 8-)
dc :-)

Charade@worldnet.att.net

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Re: introducing myself/questions

- *To:* i_see@indiana.edu
 - *Subject:* Re: introducing myself/questions
 - *From:* eileen <emd4154@osfmail.isc.rit.edu>
 - *Date:* Sat, 14 Dec 1996 11:03:35 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

hi. my name's eileen. i've posted to i see before, but no one really responds much. i am 34 now, and i also have worn glasses since age 3. i used the hypnovision techniques in lisette scholl's book and dropped 2 diopters in 2 months. that was 2 years ago. i am not sure what has caused the plateau, but a lot of other stuff has happened since then that may be related. not the least of which has been weird flashback emotional states related to stressful traumatic childhood experiences.

after reading some posts by a former i see member, "Elena", i looked at my journal from the time period of the great changes in vision, and it coincided exactly to when i was doing yoga. Elena mentioned that she thought doing yoga had a lot to do with her changes. now i am attempting to get a yoga habit happening again, but my self discipline leaves a little to be desired (then, i was recovering from knee surgery and yoga was the only thing i could do.... i had a tape by Bikram Choudry that i got from the Kripalu Institute in MA, where i had taken a self esteem course.) my intent is to eventually do a way with wearing glasses entirely, but my understanding has grown to "see" that your eyes are just one small part of your total system.

the interesting thing is that i first thought about my eyes after reading books by Brian Weiss about reincarnation, and when i went to get books about regression therapy i thought, "Hey, why don't i work on some stuff * now * instead of looking back? ... so i got Hypnovision from the library in the same trip that i got the reincarnation therapy books at, and started it.

it is funny that the last chapter of Scholl's book is titled, "regression" i haven't been regressed yet, tho it may be a step i will take if it comes my way. i say, don't talk to your family about it. just make time to do

the relaxation and especially the acupuncture massage daily. it might seem ineffectual, but even tho i have mostly stopped doing things, (i am a graduate student in medical illustration now, and have not been good at budgeting my time!) i have not lost any of the ground i gained. my original prescription was -9.50 sphere, -3.50 cylinder, and now it is -7.50 s, -1.75 c. i intend to keep going. it is a journey into discovering yourself. you should be proud that you are dealing with this at age 16. you are way ahead of the game. stick with it. write in a journal. read deepak chopra, and a terrific author i just discovered is Caroline Myss. maybe you can find stuff at the library. she's a medical intuitive. very cool stuff. another great book to expand your awareness is "Many Mansions" by Gina Cerminara. enough pontificating. eileen

> 1. Does anyone feel really insecure without glasses on, esp. in a public
> place? I'm not comfortable without glasses at school/ on the bus... I feel
> like since I haven't even seen my own face clearly yet, I don't want others
> to see me w/o my knowing what I look like.

>
yes, i reach for them first thing in the morning. the times i walk around with lower prescriptions than i need, i get paranoid (well, not much) that people will be angry with me for not recognizing them and not "saying hi" but it's all about learning to "be comfortable with the blur"

> 2. My family does NOT believe this can work. This gets me very discouraged.
> My bro keeps on bugging me and telling me to put my strong glasses on. My
> dad is against it too. They feel I'm just too stupid to know what's good
> for me. They think the optimist people knows everything and I'm just
> reading some books about eyes with no importance. Anyone knows what I
> should do to sneak some eye exercise in? Talking to them about it is out of
> question because I've already tried it with a 2 weeks fight and it got
> nowhere (the same as my wanting to be a vegetarian).

>
> 3. As I've said before, I have little patience to sit and palm for half an
> hour every day. The longest time I've palmed was 10-15 min and I almost fell
> asleep. Any advice on what kind of exercise to do, how to do them,
> schedulings, etc? BTW, I have myopia and astigmatism.

i made a tape and use it morning and evening. if you share a room with a sibling, get a walkman. put the tape on FIRST THING. after a while, learning to "feel" and relax each of the parts of your body becomes a great gift. you can make the tape so that it takes only 20 min... you can do it. and if you have a walkman, maybe you can add a 5 minute induction and palm at lunchtime after relaxing your body. relaxing is the KEY.

>

> 4. yeah, is it OK to wear a much weaker pair of glasses in front of a
> computer? I don't need to squint but I do have to lean forward a little,
> although now I can sit up further from the screen as time goes on. I guess
> it helps the eyes too as long as you rest a lot. Just wondering if it can
> do any harm to my eyes.

don't know. have similar questions, since right now i have to use a
computer a lot. mattera fact, i try not to log on to email much so i
don't have to read anymore than i need to.

>
> 5. I've tried VT a little before but it's very discouraging when your eyes
> get a *little* better for 1/2 a day and then get worse again. Should I be
> aware of some things that I might have been doing wrong? and anyone with
> success please tell me about it and how you did it. I know some are in the
> archive but I'm still trying to sort through everything.

>
> 6. Does playing piano cause any problems to the eyes? I've read somewhere
> it can cause strain to eyes unless you change you attitude toward piano (or
> whatever hobbies/things you have to do).

i would work on improv and memorized pieces. try to do away with
straining to look at tiny little black dots! play something else for a
while, improvise!

>
> Anyways, I've wasted all your precious time with this pointless post and I'd
> like to thank you for reading this. Hopefully some of you can take the time
> to answer me. You can just email me back privately so we won't annoy anyone
> with stuff everyone already knows. Any help is greatly appreciated. My
> address is macy@ipoline.com .

>
> Thanx in advance.
> macy

> "We'll crucify the insincere tonight."
> ~~Smashing Pumpkins,Tonight Tonight

>
>

-
- Prev by Date: [Re: introducing myself/questions](#)
 - Next by Date: [Accupressure and Eyes?](#)
 - Prev by thread: [Re: introducing myself/questions](#)
 - Next by thread: [Re: introducing myself/questions](#)

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Accupressure and Eyes?

- *To:* owner-i_see@indiana.edu
 - *Subject:* Accupressure and Eyes?
 - *From:* David Campano <davecam@prgone.com>
 - *Date:* Sat, 14 Dec 1996 11:18:00 -0500
-

Hello everyone...has anyone had any positive experiences with accupressure for vision problems? Are there any good web sites on this that show the techniques? Thanks for your response on this! Dave Campano(davecam@prgone.com)

- Prev by Date: [Re: introducing myself/questions](#)
- Next by Date: [Re: Degree of blur](#)
- Prev by thread: [eye mechanical linkage](#)
- Next by thread: [Percentages](#)
- Index(es):
 - [Date](#)
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Re: Degree of blur

- To: i_see@indiana.edu
 - Subject: Re: Degree of blur
 - From: MikeM727@aol.com
 - Date: Sat, 14 Dec 1996 12:05:49 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-12-13 01:21:22 EST, richardc@sydney.btap.bt.com writes:

> I often wonder as I look out of a bus window whether to focus mainly in the
> near distance where things are a little blurred but not too bad, or the
> far
> distance where things are very blurred.

I would say to look at something that creates the maximum amount of blur, but still allows you to read it. If you look at something just at the far-point (before it becomes blurry) your accommodation will be essentially neutral.

If you start to blur the image, you will achieve "active relaxation" of the ciliary muscle, which it what works towards reducing myopia. If you look at something so blurry that you can't even read it, you eyes will not even attempt to focus.

That's what makes plus lenses so effective. Looking out the window of a bus, what are the odds of finding something in just the right degree of blur? And when you do, how long do you get to focus on it? If you wear plus lenses for reading, you can find the perfect range, and work on it for as long as you are reading. You can push the reading material to the maximum blur point where you can still read it. Then, you can keep "pushing" while you are reading, to try to extend that blur point even further.

> Then something occurred to me. People keep saying that high myopes
> improve a
> lot more easily and quickly initially (and when compared with low myopes).
> Isn't this evidence for providing the eyes with a greater rather than a
> lesser amount of blur (even though logic tells me to 'give my eyes a
chance'

>
> with a lesser amount)?

I think you hit it right on the head. Keep the image as blurry as you can and still read it. Any less blur, and you aren't doing any good. Any more, and you're not "giving your eyes a chance".

Mike

-
- Prev by Date: [Accupressure and Eyes?](#)
 - Next by Date: [Re: introducing myself/questions](#)
 - Prev by thread: [Re: Degree of blur](#)
 - Next by thread: [Homeopathics](#)
 - Index(es):
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 - [Thread](#)

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Re: introducing myself/questions

- To: i_see@indiana.edu
 - Subject: Re: introducing myself/questions
 - From: MikeM727@aol.com
 - Date: Sat, 14 Dec 1996 12:16:21 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-12-14 11:07:26 EST, Macy writes:

```
> > 2. My family does NOT believe this can work. This gets me very
discouraged.
> > My bro keeps on bugging me and telling me to put my strong glasses on.
My
> > dad is against it too. They feel I'm just too stupid to know what's
good
> > for me. They think the optimist people knows everything and I'm just
> > reading some books about eyes with no importance. Anyone knows what I
> > should do to sneak some eye exercise in? Talking to them about it is
out
> of
> > question because I've already tried it with a 2 weeks fight and it got
> > nowhere (the same as my wanting to be a vegetarian).
```

The best way to effectively debate someone (in any subject) is to become as educated as possible on the subject. Learn the speak the Optometrist's / Ophthalmologist's language. Be able to quote scientific studies that support your opinions.

I hate to sound like a one-man advertising machine, but my advice is:

Order this book:

THE MYOPIA MYTH; The Truth About Nearsightedness and How to Prevent it.
By Donald S. Rehm,
International Myopia Prevention Association
RD 5, Box 171
Ligonier, PA 15658

(\$15 including S&H)

Best 15 bucks I ever spent!

This book very effectively takes scientific concepts and explains them in a manner that anyone could understand. I believe it is the best single-source that will educate you on the subject. It is a pretty easy read, too.

Mike

-
- Prev by Date: [Re: Degree of blur](#)
 - Next by Date: [Percentages](#)
 - Prev by thread: [Re: introducing myself/questions](#)
 - Next by thread: [Degree of blur](#)
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Percentages

- *To:* i_see@indiana.edu
 - *Subject:* Percentages
 - *From:* "Katy Purviance" <PURV9655@novell.uidaho.edu>
 - *Date:* Sat, 14 Dec 1996 14:00:20 PST8PDT
 - *Organization:* University of Idaho
 - *Priority:* normal
 - *Sender:* owner-i_see@indiana.edu
-

Here's an interesting phenomenon...let's see if anyone can help be figure it out:

My contact prescription is -3.00 (left) and -3.5 (right), only my right eye has worsened to about 20/525 (-5.25). When I'm in class, I can see the board fine with my corrected left eye, but I can only see about 50-75% as far with my right. And here's where it gets weird...Outside, I try to look out as far as I can into the distance. This I can do fine with the left, but again the right can only see 50-75% as far. But the difference between this 50-75% in the class and 50-75% is prob'ly about 50 miles at least. Why this percentagology? Any answers?

Katy

purv9655@novell.uidaho.edu

You can't cut down a tree with a herring!

-
- Prev by Date: [Re: introducing myself/questions](#)
 - Next by Date: [No Subject](#)
 - Prev by thread: [Accupressure and Eyes?](#)
 - Next by thread: [No Subject](#)
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No Subject

- To: i_see@indiana.edu
 - From: Dawn Isaacson <charade@worldnet.att.net>
 - Date: Sat, 14 Dec 1996 22:34:47 +0000
 - Sender: owner-i_see@indiana.edu
-

Hi Everyone!

Can anyone help me? My current struggle is which eye to look through for what. I can't seem to make my eyes work together (I think I had build-in monovision because one eye always did the reading with less myopia and some astigmatism, while the other did the distance stuff with higher myopia and no astigmatism). I feel like I am constantly trying to make the weaker one do what it didn't do before & it's VERY tiresome (& sometimes confusing).

Anybody have any ideas (exercises, etc) on how to help this problem?

Thanks!

Dawn 8-)
dc :-)

Charade@worldnet.att.net

- **Follow-Ups:**
 - [Improving 3D vision](#)
 - From: Alex Eulenberg <aeulenbe@indiana.edu>
- Prev by Date: [Percentages](#)
- Next by Date: [No Subject](#)
- Prev by thread: [Percentages](#)

- Next by thread: [Improving 3D vision](#)
- Index(es):
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No Subject

- *To:* charade@worldnet.att.net
 - *From:* Zaven Arzoumanian <arzouman@spacenet.tn.cornell.edu>
 - *Date:* Sat, 14 Dec 1996 18:20:38 -0500
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Dawn,

Have you tried patching?

If you think one eye is trying to do all the reading, try covering it with an eye patch and reading with the other eye. If reading without corrective lenses is uncomfortable, use your reduced prescription glasses.

Practicing distant vision with a patch could help too, though it becomes a matter of first learning to judge distances and the relative positions of objects without the benefit of stereoscopic vision (try drinking a glass of water, or bringing a spoon to your mouth, with one eye patched -- it's a little weird). Walk around at home, or some other familiar place where you're unlikely to hurt yourself by bumping into things, with each eye patched.

You can get an eye patch at most pharmacies for a couple bucks. They (more or less) fit underneath glasses, so you don't have to go cold turkey and get frustrated.

By the way, you don't say which of your eyes is dominant, the more highly myopic one or the more highly astigmatic one? Oddly enough, my eyes are similarly arranged: the one with higher myopia has half the astigmatism of the other. The dominant eye is the more highly myopic one. Are either of these arrangements common, anyone?

I'm a little hesitant to give folks advice about eye exercises and habits, since my own efforts at improving my vision have been only marginally successful to date. If anyone would care to comment on the above or expand on it, I'd love to hear about it.

Thanks all,

Zaven

-
- Prev by Date: [No Subject](#)
 - Next by Date: [Eyesight & Music](#)
 - Prev by thread: [Improving 3D vision](#)
 - Next by thread: [No Subject](#)
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Eyesight & Music

- To: i_see@indiana.edu
 - Subject: Eyesight & Music
 - From: Dawn Isaacson <charade@worldnet.att.net>
 - Date: Sat, 14 Dec 1996 23:22:39 +0000
 - Sender: owner-i_see@indiana.edu
-

Hi Group:

Macy and I have been discussing the effect of playing the piano on eyesight. Has anyone had any negative effects (increased myopia/astigmatism) from playing the piano? What have you done to alleviate it?

Thanks!

8-)

dc :-)

Charade@worldnet.att.net

- **Follow-Ups:**
 - [Re: Eyesight & Music](#)
 - From: "Peter F." <pdf@freenet.edmonton.ab.ca>
- Prev by Date: [No Subject](#)
- Next by Date: [Monovision](#)
- Prev by thread: [No Subject](#)
- Next by thread: [Re: Eyesight & Music](#)
- Index(es):
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 - [Thread](#)

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Monovision

- *To:* Zaven Arzoumanian <arzouman@spacenet.tn.cornell.edu>
 - *Subject:* Monovision
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Sat, 14 Dec 1996 23:41:02 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Hi Zaven!

At 11:20 PM 12/14/96 +0000, you wrote:

>

>Have you tried patching?

>

I have a +2D lens that I use on one eye at a time w/a patch over the other. I can't do this for more than a few minutes at a time because 1) I get dizzy (no airhead jokes, please) 2) I can't see w/out my glasses to do most things (even washing the dishes--that's what I've been working on)

I will try it around the house under my 50% glasses. Thanks for the idea. Any ideas for while at work? (I spend more than 10 hours a day, sometimes working w/the public.)

>

>By the way, you don't say which of your eyes is dominant, the more
>highly myopic one or the more highly astigmatic one? Oddly enough, my
>eyes are similarly arranged: the one with higher myopia has half the
>astigmatism of the other. The dominant eye is the more highly myopic
>one. Are either of these arrangements common, anyone?

>

Yes, oddly enough I'm EXACTLY the same. But once in a while it changes--I think it may be stress related.

Here's another thing...I've been working w/the accomotrac w/ a vision therapist. At the beginning, my left eye (higher myopia, no astigmatism) seemed to improve faster. The last three weeks, my astigmatic eye has gotten better feedback (has been accomodating less).

Here's something I just remembered: Just before I started vision therapy, I attended a PRK seminar. The doctor pretty much admitted that the surgeries (PRK, RK and all the derivatives) cause presbyopia. To help with this, he said he has purposely undercorrected one eye for reading, in other words, purposely causing monovision. My dad was given monovision by his ophthalmologist so that he could wear contact lenses. (I don't know the details, just that his eyes are in the -15D range or more.) The PRK doctor said some people like it (monovision), others don't. I know my dad didn't like it because he went to a new doctor. Any thoughts, anyone?

>I'm a little hesitant to give folks advice about eye exercises and
>habits, since my own efforts at improving my vision have been only
>marginally successful to date. If anyone would care to comment on the
>above or expand on it, I'd love to hear about it.

>

Please don't hesitate! Ideas are ideas, and any one idea can help anyone improve, even if it's just a little bit. If it's a bad idea, it won't work & no one will do it.

Thanks for your help!

Dawn 8-)

dc :-)

Charade@worldnet.att.net

-
- Prev by Date: [Eyesight & Music](#)
 - Next by Date: [Emotions & vision](#)
 - Prev by thread: [Re: Eyesight & Music](#)
 - Next by thread: [Emotions & vision](#)
 - Index(es):
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Emotions & vision

- To: i_see@indiana.edu
 - Subject: Emotions & vision
 - From: Dawn Isaacson <charade@worldnet.att.net>
 - Date: Sun, 15 Dec 1996 06:00:14 +0000
 - Sender: owner-i_see@indiana.edu
-

Hi Group!

I'm getting to the point where I'm reading so much that I don't remember where I read things!

Can anyone help me find the following:

I remember reading statistics about myopia as it relates to development of girls and boys, including statistics as to the ages of girls when they develop myopia (and how much myopia) and the ages of boys.

Thanks all for your help!

Dawn

8-)

dc :-)

Charade@worldnet.att.net

- **Follow-Ups:**
 - [Good net resource for Myopia Statistics](#)
 - From: Alex Eulenberg <aeulenbe@indiana.edu>

- Prev by Date: [Monovision](#)
- Next by Date: [Improving 3D vision](#)
- Prev by thread: [Monovision](#)
- Next by thread: [Good net resource for Myopia Statistics](#)
- Index(es):
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Improving 3D vision

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Improving 3D vision
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 15 Dec 1996 10:54:11 -0500 (EST)
 - *In-Reply-To:* <19961214223445.AAA21310@LOCALNAME>
 - *Sender:* owner-i_see@indiana.edu
-

Dawn wanted some advice on exercises that would get the eyes to work together. One exercise that has worked for me is the "string" or "yardstick" exercise. Here's an easy-to-explain version. Hold a long stick pointing out from your nose and slide your finger along the stick. Look at your finger. You should see two stick images (one coming from each eye) crossing at your finger. As you move your finger towards the middle of the stick, you will see an "X". Towards yourself, you will see a "V" and so on. Another way to do this is to perch paper clips (or clothes pins) on a yardstick and shift your focus from one clip to another, always keeping the two crossing images of the yardstick in view. Another way to do it is to tie a string with beads in it to a doorknob and pull it out towards yourself.

Try it and let us know what you get!

--Alex

-
- **References:**
 - [No Subject](#)
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - Prev by Date: [Emotions & vision](#)
 - Next by Date: [Good net resource for Myopia Statistics](#)

- Prev by thread: [No Subject](#)
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Good net resource for Myopia Statistics

- *To:* i_see@indiana.edu
 - *Subject:* Good net resource for Myopia Statistics
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Sun, 15 Dec 1996 11:16:19 -0500 (EST)
 - *In-Reply-To:* <19961215060012.AAA28191@LOCALNAME>
 - *Sender:* owner-i_see@indiana.edu
-

On Sun, 15 Dec 1996, Dawn Isaacson wrote:

> Can anyone help me find the following:

>

> I remember reading statistics about myopia as it relates to development of
> girls and boys, including statistics as to the ages of girls when they
> develop myopia (and how much myopia) and the ages of boys.

I don't know the answer, but I can point you to the people who have it.
There is mailing list called "MYOPIA-NET" which you can subscribe to by
sending

subscribe myopia-net

to <Maiser@vision.eei.upmc.edu>. I'm subscribed to this list and it is
quite dead -- about two messages in the last month. But I do know that the
world's authorities on myopia development statistics such as prevalence
among various ages and sexes subscribe to the list. They also could give
you more information on the latest research on myopia in laboratory
animals.

--Alex

• References:

- [Emotions & vision](#)

- *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [Improving 3D vision](#)
- Next by Date: [Re: Eyesight & Music](#)
- Prev by thread: [Emotions & vision](#)
- Next by thread: [Re](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: Eyesight & Music

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* Re: Eyesight & Music
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Sun, 15 Dec 1996 13:44:07 -0700 (MST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <19961214232237.AAA9674@LOCALNAME>
 - *Sender:* owner-i_see@indiana.edu
-

On Sat, 14 Dec 1996, Dawn Isaacson wrote:

> Hi Group:
>
> Macy and I have been discussing the effect of playing the piano on eyesight.
> Has anyone had any negative effects (increased myopia/astigmatism) from
> playing the piano? What have you done to alleviate it?
>
> Thanks!
>
> 8-)
> dc :-)
>
> Charade@worldnet.att.net

Just wanted to through in my two cents. I noticed in my school everyone i know who plays the piano is myopic.

I not trying to scare anyone :)

Have fun,

-Peter

- **References:**

- [Eyesight & Music](#)

- *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [Good net resource for Myopia Statistics](#)

- Next by Date: [Re](#)

- Prev by thread: [Eyesight & Music](#)

- Next by thread: [Re: Eyesight & Music](#)

- Index(es):

- [Date](#)

- [Thread](#)

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Re

- *To:* i_see@indiana.edu
 - *Subject:* Re
 - *From:* Moses Shuldiner <mosess@interlog.com>
 - *Date:* Sun, 15 Dec 1996 18:00:15 -0500
 - *Sender:* owner-i_see@indiana.edu
-

At 02:09 AM 12/15/96 +0000, you wrote:

>>It seems that one of your eyes is so dominant at any given visual task that
>the other one gives up. Take a pair of empty glass frames and patch i.e.
>tape a piece of construction paper over one side so that the other eye can
>have the experience of being the major player. Then patch the other eye.
>Try this for short periods, about 15 minutes, as it often brings up strong
>emotions and can be tiring.

Dawn Isaacson's reply:

Can you explain why patching an eye would bring up strong emotions? I've
tried it for about ten minutes today, and yes, I agree it's tiring.

One of Bates clients was a little girl who could see the moons of jupiter
with her naked eye. She became myopic when she had to do math problems
which she hated. Relaxed mind = perfect vision, tense/upset mind = visual
impairment.

Jacob Lieberman, an optometrist and vision improvement teacher, said that
when he first decided to stop wearing his glasses, he found that he could
only keep them off for 15 minutes at a time. Then he would, without being
aware of it, put them back on.

My experience has been that not wearing my glasses brings up feelings of
fear, vulnerability, confusion, grief, sadness and rage. There is, in
vision improvement literature, reference to the myopic personality.

I remember the first vision improvement workshop, lead by Elizabeth Abraham,
that I went to. She distributed some articles and one referred to the
"deadly seriousness" of myopes. I looked around, and in the mirror, and saw
many grim, strained and staring faces. I decided that I did not want to go
around "looking like that".

So patching an eye, especially the dominant one, begins to reverse the process of repression that lead to the original visual impairment. The impairment was often caused by or greatly influenced by emotional trauma - moving to a new home or school, puberty, the death of a parent, seeing something so horrible that the body decides to not see clearly again.

People sometimes quit vision improvement after their vision starts to improve. I think that is because they have not dealt with the feeling issues around their vision.

Also in regards to your desire to have your eyes work together. Most convergence exercises can be used for divergence work if you focus behind the object being looked at and not in front.

Moses

-
- **Follow-Ups:**
 - [Re: Re](#)
 - *From:* "Art Blake" <art@blakesys.com>
 - Prev by Date: [Re: Eyesight & Music](#)
 - Next by Date: [Re: Eyesight & Music](#)
 - Prev by thread: [Good net resource for Myopia Statistics](#)
 - Next by thread: [Re: Re](#)
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Re: Eyesight & Music

- *To:* i_see@indiana.edu
 - *Subject:* Re: Eyesight & Music
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 15 Dec 1996 21:31:30 -0500
 - *Organization:* Blake Systems, Inc.
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

I play the piano and have found that it can indeed be stressful on the eyes. It is a bit like computer programming. However, I find when I sing too, it is much less stressful-- could it be that when I am singing, I am forced to breath more correctly?

--
Art Blake -> art@blakesys.com

- **Follow-Ups:**
 - [Re: Eyesight & Music](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
- Prev by Date: [Re](#)
- Next by Date: [Re: Re](#)
- Prev by thread: [Re: Eyesight & Music](#)
- Next by thread: [Re: Eyesight & Music](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

Re: Re

- *To:* i_see@indiana.edu
 - *Subject:* Re: Re
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Sun, 15 Dec 1996 21:29:19 -0500
 - *Organization:* Blake Systems, Inc.
 - *References:* <1.5.4.32.19961215230015.0066ec04@mail.interlog.com>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Moses Shuldiner wrote:

>
> People sometimes quit vision improvement after their vision starts to
> improve. I think that is because they have not dealt with the feeling
> issues around their vision.
>

I think we are on to something "key" here. Our vision problem is a deep seated "block." It is a subconscious mental block buried into the muscles themselves. A learned habit of tenseness in the muscles. I've been investigating some conscious breathing techniques. Sometimes when I get the deep breathing working properly I can feel these blocks, which I believe are normally subconscious. I can feel an underlying strain around my eyes, (as well as in my lower chest -- other blocks.) At this point, my vision improves noticeably.

A lot of the breathwork I have been reading has some very stunning parallels to the vision work I have been doing. One thing noted is that babies breath normally (deep breathing into the lower lungs, causing the abdominal area to

swell) and as people get older, they gradually revert to shallow "upper chest" breathing. Many many gains can be made simply by re-learning how to breath.

I thought this was very interesting and parallel to Linda Wright's Baby Mode Theory.

Still working on my vision and breathing- just thought I'd want to tell you, I went skydiving today (for the first time) and I did it with no correction! When getting ready to leave my home I had a huge urge to put my contacts in but I overrode that urge and went skydiving (tandem) without any correction . It was such a bright and sunny day- I had no problem at all! And it was a lot of fun.

Here are the books on breathing I am reading:

"The Art of Breathing" by Nancy Zi published by Vivi Co.

"Conscious Breathing" by Gay Hendricks, Ph.D. published by Bantam books

later

--
Art Blake -> art@blakesys.com

● **Follow-Ups:**

- [Re: Re](#)
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>

● **References:**

- [Re](#)
 - *From:* Moses Shuldiner <mosess@interlog.com>

● Prev by Date: [Re: Eyesight & Music](#)

● Next by Date: [Re: Re](#)

- Prev by thread: [Re](#)
- Next by thread: [Re: Re](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Re: Re

- *To:* Art Blake <art@blakesys.com>
 - *Subject:* Re: Re
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Sun, 15 Dec 1996 22:13:56 -0700 (MST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <32B4B3FF.3F86@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Sun, 15 Dec 1996, Art Blake wrote:

> Moses Shuldiner wrote:
> >
> > People sometimes quit vision improvement after their vision starts to
> > improve. I think that is because they have not dealt with the feeling
> > issues around their vision.
> >
>
> I think we are on to something "key" here. Our vision problem is a deep
> seated "block." It is a subconscious mental block buried into the
> muscles
> themselves. A learned habit of tenseness in the muscles. I've been
> investigating some conscious breathing techniques. Sometimes when I get
> the deep breathing working properly I can feel these blocks, which I
> believe are normally subconscious. I can feel an underlying strain
> around
> my eyes, (as well as in my lower chest -- other blocks.) At this point,
> my vision improves noticeably.
>
> A lot of the breathwork I have been reading has some very stunning
> parallels
> to the vision work I have been doing. One thing noted is that babies
> breath

> normally (deep breathing into the lower lungs, causing the abdominal
> area to
> swell) and as people get older, they gradually revert to shallow "upper
> chest"
> breathing. Many many gains can be made simply by re-learning how to
> breath.
>
> I thought this was very interesting and parallel to Linda Wright's Baby
> Mode
> Theory.

I agree with you art. I try to become aware of my breathing and notice
only a slight improvement, but i notice that it sometimes gets difficult
and that I tend to resort back to the short and held
breaths.

> Still working on my vision and breathing- just thought I'd want to tell
> you,
> I went skydiving today (for the first time) and I did it with no
> correction!
> When getting ready to leave my home I had a huge urge to put my contacts
> in
> but I overrode that urge and went skydiving (tandem) without any
> correction
> . It was such a bright and sunny day- I had no problem at all! And it
> was
> a lot of fun.
>
> Here are the books on breathing I am reading:
>
> "The Art of Breathing" by Nancy Zi published by Vivi Co.
> "Conscious Breathing" by Gay Hendricks, Ph.D. published by Bantam books

Thanks for the titles, i'll scope em out.

Does anybody else have any other book they would recommend relating to
breathing?

Have fun,

-Peter

- **References:**

- [Re: Re](#)

- *From:* "Art Blake" <art@blakesys.com>

- Prev by Date: [Re: Re](#)

- Next by Date: [Re: Eyesight & Music](#)

- Prev by thread: [Re: Re](#)

- Next by thread: [Re: Re](#)

- Index(es):

- [Date](#)

- [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

Re: Eyesight & Music

- *Subject:* Re: Eyesight & Music
 - *From:* "Peter F." <pdf@freenet.edmonton.ab.ca>
 - *Date:* Sun, 15 Dec 1996 22:33:12 -0700 (MST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <32B4B482.12D1@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Sun, 15 Dec 1996, Art Blake wrote:

```
> I play the piano and have found that it can indeed be stressful
> on the eyes. It is a bit like computer programming. However,
> I find when I sing too, it is much less stressful-- could it be
> that when I am singing, I am forced to breath more correctly?
>
> --
> Art Blake    ->    art@blakesys.com
```

For anyone who has read *_Take Off Your Glasses and See_* by Jacob Liberman will have read the part on effort and how it is bad. Liberman has an exercise in which he develops your skill of effortlessness. It consists of a row of arrows and you do exercises with them. The arrows are placed on the wall or a board. You start very simply by just turning your head in the direction that the arrow is pointing, you go down the list of arrows until you have done it successfully. The goal of these exercises is to prove that you can only do it when you don't try, the moment you start to think about it you make a mistake. There are several steps and each one is a bit more difficult then the previous. The last step is so difficult that there is no time to think about it, it must be done effortlessly.

The point I am trying to make is that maybe in piano with all of the complexities such as notes that have different lenght and different pitches and many more complexities, that i do not know because of my

ignorance, cause the piano player to develop myopia because there is such a high level of effort. I can remember in my short piano career, how emotionally frustrated i would get when i couldn't get a special fingering exercise. I would try harder and harder and would get no where. Piano being so difficult can cause a lot of adults and especially the younger kids to try to hard and not do it effortlessly because their minds are scripted that if they try they will succeed, thus they getting myopic.

Just out of curiosity does any one know someone who play the piano and is hyperopic ?

Have fun,

-Peter

● **References:**

- [Re: Eyesight & Music](#)
 - *From: "Art Blake" <art@blakesys.com>*

- Prev by Date: [Re: Re](#)
- Next by Date: [Re: Eyesight & Music](#)
- Prev by thread: [Re: Eyesight & Music](#)
- Next by thread: [Re: Eyesight & Music](#)
- Index(es):
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Re: Eyesight & Music

- To: i_see@indiana.edu
 - Subject: Re: Eyesight & Music
 - From: macy <macy@ipoline.com>
 - Date: Mon, 16 Dec 1996 17:56:19 -0500
 - Sender: owner-i_see@indiana.edu
-

Hello everyone!

>I play the piano and have found that it can indeed be stressful
>on the eyes. It is a bit like computer programming. However,
>I find when I sing too, it is much less stressful-- could it be
>that when I am singing, I am forced to breath more correctly?

I think it's because of the breathing and probably also because when you sing, you have to stretch your facial muscles, by doing that you relaxes your eyes and have better circulation to them. Also you have to sit/stand up properly to get full sound.

macy

-
- Prev by Date: [Re: Eyesight & Music](#)
 - Next by Date: [Vitamins & Supplements](#)
 - Prev by thread: [Re: Eyesight & Music](#)
 - Next by thread: [Monovision](#)
 - Index(es):
 - [Date](#)
 - [Thread](#)

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Vitamins & Supplements

- *To:* i_see@indiana.edu
 - *Subject:* Vitamins & Supplements
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Mon, 16 Dec 1996 23:34:49 +0000
 - *Sender:* owner-i_see@indiana.edu
-

Thought you guys might be interested:

Solgar makes a supplement called Billberry-Ginko-Eyebright complex. \$10 or so for 60. I ordered it from The Vitamin Shoppe. (800) 223-1216 for catalog orders; They also have a web page (search The Vitamin Shoppe). This month everything's 30% off. They also have a supplement called Eye Support from Natrol, about \$11 for 60. I've been informed that Natrol is reliable, but I haven't received notice from the company that they don't use aspartame. The two supplements are VERY different. Solgar's formula appears to be the standard vitamins with billberry, ginko & eyebright included. The Natrol formula is all herbal. Anyone interested in ingredients can email me if they're so inclined.

Hope this is helpful,

dc 8-)

```
>From: Paul Zullo <paulz@solgar.com>
>To: <Charade@worldnet.att.net>
>Subject: Re: Feedback from the 'Get In Touch' web form
>x-sender: paulz@mailhost2.planet.net
>Date: Mon, 16 Dec 96 13:38:10 +0000
>
>> Does Solgar use aspartame in supplements?
>>
>>If so, which ones?
>None of Solgar's products contain aspratame. Thank you for your interest
>in Solgar and our products.
>
```

- Prev by Date: [Re: Eyesight & Music](#)
- Next by Date: [vision & emotion/psychology](#)
- Prev by thread: [Re: Re](#)
- Next by thread: [Re: Vitamins & Supplements](#)
- Index(es):
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vision & emotion/psychology

- *To:* i_see@indiana.edu
 - *Subject:* vision & emotion/psychology
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 17 Dec 1996 00:14:35 +0000
 - *Sender:* owner-i_see@indiana.edu
-

For those who were interested in emotions & vision:

>From: Christopher Peterson <chrispet@umich.edu>
>To: "Martin E. P. Seligman" <seligman@cattell.psych.upenn.edu>
>cc: helplessness@lists.apa.org
>Sender: seligman@cattell.psych.upenn.edu
>Subject: Re: HELPL: Re: Learned Optimism--Eyesight (fwd)
>Posted-Date: Sun, 15 Dec 1996 09:07:41 -0500 (EST)
>X-Sender: chrispet@defender.rs.itd.umich.edu
>Date: Sun, 15 Dec 96 14:07:39 +0000

>
>There is a sustained research literature on myopia and introversion; most
>reviewers agree that they are correlated, but what is not clear is
>whether one lags the other (i.e., is causal) or whether third variables
>(either child-rearing or neuropsychological stuff or both) are at their
>shared basis. According to some speculation, parents who make their
>children hold books too close while reading produce both myopia and
>introversion. According to some other speculation, slight anomalies in
>facial symmetry produce both. I am certainly no expert here, but came
>across this literature at the suggestion of a student who is interested in
>'applied perception,' and I was able to access a fair number of review
>articles by entering MYOPIA as a keyword in PSYCINFO.

>
>Christopher Peterson
>University of Michigan

>
>
>

- **Follow-Ups:**
 - [Re: vision & emotion/psychology](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>

- Prev by Date: [Vitamins & Supplements](#)
- Next by Date: [Re: Vitamins & Supplements](#)
- Prev by thread: [Re: Vitamins & Supplements](#)
- Next by thread: [Re: vision & emotion/psychology](#)
- Index(es):
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Re: Vitamins & Supplements

- *To:* "Katy Purviance" <PURV9655@novell.uidaho.edu>
 - *Subject:* Re: Vitamins & Supplements
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 17 Dec 1996 03:48:37 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Sorry, Katy--

I'm just finding these things & passing along the info. For your use, if you care, or to ignore if you don't like.

Can anyone tell Katy what bilberry and ginko are supposed to do? (There was some info on the faq about bilberry, but I didn't take down the specifics. I'm starting to get information overload.) I read that eyebright is mostly good for eye infections (ie. conjunctivitis), don't know if it actually does anything else.

dc 8-)

PS. Not a "Solgar Guru," since I use Natrol vitamins. ;-) Just thought w/all the hubub about aspartame, people would appreciate the reference. (If you think I'm giving out unwanted info, please let me know & I'll be quiet.)

PPS. Why would I want to cut down a tree? ;-)

At 05:22 PM 12/16/96 PST8PDT, you wrote:

>> appears to be the standard vitamins with billberry, ginko & eyebright
>> included. The Natrol formula is all herbal.

>

>What is it that these ingredients *do* exactly, oh Solgar Guru?

>

>Katy

>

> You can't cut down a tree with a herring!

>
>

Charade@worldnet.att.net

- Prev by Date: [vision & emotion/psychology](#)
- Next by Date: [Pupil size change rate](#)
- Prev by thread: [Vitamins & Supplements](#)
- Next by thread: [Re: Vitamins & Supplements](#)
- Index(es):
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 - [Thread](#)

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Pupil size change rate

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Pupil size change rate
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Mon, 16 Dec 96 16:08:00 PST
 - *Encoding:* 21 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Hi

I try to patch each eye for half an hour every night. Having removed the patch and gone into a dimly lit room I've noticed a distinct discrepancy between what my eyes are seeing. If I cover one eye and then the other the cause becomes obvious; the 'just been patched eye' is allowing lots of light in and the 'been unpatched all along' eye hasn't adjusted from the lit room I've just come from and is filtering out too much light. The effect is quite dramatic. It's like having sun glasses (perish the thought!) on only one eye.

So far, so good. What bothers me is that I may have removed the patch 5 minutes or so previously. I had always thought that pupil size changes should take place within a minute or so (adjusting to a darkened room). Is this delay of 5 minutes or more ok or is it related to general vision problems (eg like light sensitivity)? Anyone else noticed this delay (or do you all turn the lights on in every room, even if you're just going in and out quickly)?

Caroline

-
- Prev by Date: [Re: Vitamins & Supplements](#)
 - Next by Date: [Re: Vitamins & Supplements](#)
 - Prev by thread: [Re: vision & emotion/psychology](#)

- Next by thread: [Re: Pupil size change rate](#)
- Index(es):
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 - [Thread](#)

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Re: Vitamins & Supplements

- To: i_see@indiana.edu
 - Subject: Re: Vitamins & Supplements
 - From: marif@btigate.com
 - Date: Tue, 17 Dec 1996 08:12:23 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Hi all. I'm still here, just haven't been able to spend much time on my home computer lately. Which is probably good for my eyes anyway, right. :)

About herbs for better eyesight, I prefer to take them separately/alone and not in mixes. The health food stores usually have plenty of reference material on the different types of herbs, if you want to know more about them.

I bought Earl Mindell's Herb Bible for home reference. Here's what it says about Bilberry and Eyebright...

Bilberry (*Vaccinium myrtillus*)

Bilberry is a well-known folk remedy for poor vision, especially for people who suffer from "night blindness," that is, they have difficulty seeing in the dark. In fact, bilberry jam was given to Royal Air force pilots who flew nighttime missions during World War II. Bilberry works by accelerating the regeneration of retinol purple-- commonly know as visual purple--a substance that is required for good eyesight. European medical journals are filled with studies confirming bilberry's positive effect on vision. Unfortunately, this herb has not received the attention it deserves in the American medical community.

Possible Benefits:

Helps preserve eyesight and prevent eye damage.

Particularly useful for people who suffer from eyestrain or poor night vision.

Good for people who must drive at night.

Helpful for nearsightedness (myopia)

Eyebright (*Euphrasia officinalis*)

Since the Middle Ages, eyebright has been used as a tonic and an astringent. It is especially useful for eyestrain, eye inflammations, and other eye ailments. It can greatly relieve runny, sore, itchy eyes due to colds or allergies.

Possible Benefits:

An eyewash made of eyebright and other herbs can be soothing to irritated and inflamed eyes.

Taken internally, it may help maintain good vision and eye health.

-
- Prev by Date: [Pupil size change rate](#)
 - Next by Date: [Fusion exercises--getting the eyes to work together](#)
 - Prev by thread: [Re: Vitamins & Supplements](#)
 - Next by thread: [Re: Vitamins & Supplements](#)
 - Index(es):
 - [Date](#)
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Fusion exercises--getting the eyes to work together

- To: i_see@indiana.edu
 - Subject: Fusion exercises--getting the eyes to work together
 - From: marif@btigate.com
 - Date: Tue, 17 Dec 1996 08:12:29 -0600 (CST)
 - Sender: owner-i_see@indiana.edu
-

Dawn asked for exercises that help the eyes to work together. Alex mentioned a few. One using a yardstick and the other using a string. How did those work for you, Dawn?

I've been trying some of the exercises in Lisette Scholl's book, Visionetics. The book, as you all know, is out of print. :(I sure wish I could buy a copy of this book, it has soooo many really good exercises in it!

Anyway, I liked the fusion exercises Lisette mentions using your fingers. I liked them better than the yardstick and string exercises. And you can do them anywhere, at anytime. You always have your fingers with you. :):):)

Here is the first one and the easiest one...

"Hold one hand in front of your face, and raise the index finger up while holding the rest of the fingers in a relaxed fist. Look up and down that finger with both eyes and then look beyond the finger at an object in the distance a few feet or more away. What happens? Your eyes shift and focus in the distance, and you find that you are looking between two fingers at the object. This optical illusion gives you a gate through which you can look at the world.

If you continue to get only one finger when you look off into the distance, make sure you're holding your finger directly in front of your face and not off to one side. Stand in front of a mirror if necessary or get a friend to help you get your finger directly in front of your nose. Many people find that one finger is much "stronger" than the other image. This means that one eye, the one opposite the strong image, is doing most of your seeing, which you can correct.

...carry the exercise a step further by moving your finger and your head from side to side as you look through your "gate." Slowly move the finger to the left, then to the right, keeping your head moving along with the finger. Take your time; breath, blink! Find an object that is fairly large, and edge it as you swing your gate back and forth. Swing and edge through your finger for two or three minutes.

With this exercise you are helping your eyes to learn to "let go" of separate images, to move quickly from one fixation to another without holding on to a particular image. The tendency to "hold on" to an image rather than edging and taking on many rapid pictures of an object is characteristic of people with poor vision."

End quote.

My observations when doing this exercise:

While holding up my index finger, I would look at the distant object, first with my right eye closed and then with my left eye closed, making sure that the object was visible to *both* eyes and that my index finger was not blocking the distant object in either eye. This also helped me see where the "two" fingers or "gate" should be when I looked at the distant object with both eyes. Once I experienced the "gate", it was easier to do again.

-
- Prev by Date: [Re: Vitamins & Supplements](#)
 - Next by Date: [Palming](#)
 - Prev by thread: [Re: Pupil size change rate](#)
 - Next by thread: [Palming](#)
 - Index(es):
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Palming

- *To:* i_see@indiana.edu
 - *Subject:* Palming
 - *From:* marif@btigate.com
 - *Date:* Tue, 17 Dec 1996 08:12:32 -0600 (CST)
 - *Sender:* owner-i_see@indiana.edu
-

I noticed in Lisette Scholl's book, Visionetics, she has you do palming for a few minutes after every exercise. I know some have found it difficult to palm for long periods of time. But maybe the key to getting benefits from palming is to do it more often, for shorter periods of time.

Lisette says: "...don't do too much palming at first. The amount of time you spend doing the exercises is secondary to your frame of mind while doing them. For the first few times, palm for ten nice long easy breaths and then take your hands away."

Soooo when you are working on the computer--take palming breaks. When you are reading--take palming breaks. Palm during commercials when you are watching TV. Etc., etc., etc.

As mentioned before on this list, I do think it's important to palm with your hands and not just use an eye pillow.

Lisette writes: "Dr. Bates believed that the differing energy potentials of the hands and the eyes resulted in a flow of current from the hands to the eyes, thus increasing circulation, relaxation, and stimulation in the eyes."

Try rubbing your palms briskly together before palming to increase the energy charge transferred to the eyes.

-
- Prev by Date: [Fusion exercises--getting the eyes to work together](#)

- Next by Date: [Re: Vitamins & Supplements](#)
- Prev by thread: [Fusion exercises--getting the eyes to work together](#)
- Next by thread: [ALGAE\(Cell-Tech/Synergy\)](#)
- Index(es):
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 - [Thread](#)

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Re: Vitamins & Supplements

- *To:* marif@btigate.com
 - *Subject:* Re: Vitamins & Supplements
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 17 Dec 1996 15:22:44 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Is there any advantage to taking the vitamins separately (other than that you can control what you're taking better)? I tried to do it that way a while ago & thought I would choke swallowing all those things.

According to the Doctors' vitamin and Mineral Encyclopedia by Sheldon Saul Hendler, MD, PhD. "Homeopathic physicians use eyebright for colds, hay fever, as well as for conjunctivitis. Unfortunately, there are many reports that the application of drops of the tincture in the eye can cause itching, redness, swelling, and other adverse symptoms. Application of eyebright to the eye is definitely not advised."

But then he doesn't reference bilberry for the eyes at all, so maybe he's just ultra-conservative?

At 02:12 PM 12/17/96 +0000, you wrote:

```
>Hi all. I'm still here, just haven't been able to spend much time on my
>home computer lately. Which is probably good for my eyes anyway, right. :)
>
>About herbs for better eyesight, I prefer to take them separately/alone and
>not in mixes. The health food stores usually have plenty of reference
>material on the different types of herbs, if you want to know more about them.
>
>I bought Earl Mindell's Herb Bible for home reference. Here's what it says
>about Bilberry and Eyebright...
>
>-----
>Bilberry (Vaccinium myrtillus)
>
>Bilberry is a well-known folk remedy for poor vision, especially for people
>who suffer from "night blindness," that is, they have difficulty seeing in
```

>the dark. In fact, bilberry jam was given to Royal Air force pilots who
>flew nighttime missions during World War II. Bilberry works by accelerating
>the regeneration of retinol purple-- commonly know as visual purple--a
>substance that is required for good eyesight. European medical journals are
>filled with studies confirming bilberry's positive effect on vision.
>Unfortunately, this herb has not received the attention it deserves in the
>American medical community.

>
>Possible Benefits:

>Helps preserve eyesight and prevent eye damage.
>Particularly useful for people who suffer from eyestrain or poor night vision.
>Good for people who must drive at night.
>Helpful for nearsightedness (myopia)

>
>-----
>Eyebright (*Euphrasia officinalis*)

>
>Since the Middle Ages, eyebright has been used as a tonic and an astringent.
>It is especially useful for eyestrain, eye inflammations, and other eye
>ailments. It can greatly relieve runny, sore, itchy eyes due to colds or
>allergies.

>
>Possible Benefits:
>An eyewash made of eyebright and other herbs can be soothing to irritated
>and inflamed eyes.
>Taken internally, it may help maintain good vision and eye health.

>
>

Charade@worldnet.att.net

-
- Prev by Date: [Palming](#)
 - Next by Date: [Re: vision & emotion/psychology](#)
 - Prev by thread: [Re: Vitamins & Supplements](#)
 - Next by thread: [Re: Vitamins & Supplements](#)
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Re: vision & emotion/psychology

- To: i_see@indiana.edu
 - Subject: Re: vision & emotion/psychology
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Tue, 17 Dec 1996 09:35:26 -0600
 - In-Reply-To: Your message of "Tue, 17 Dec 1996 00:14:35 GMT."
<19961217001428.AAC6680@LOCALNAME>
 - Sender: owner-i_see@indiana.edu
-

Reflections of the moment:

I've been thinking about this issue (the myopic personality), since my personality strategies no longer match the classic myopia profile. I did fit the profile as a teenager, but less before and less after. I think that's a trauma issue, in part. Changing one's personality does not necessarily precipitate massive changes in vision, though some change does come about. For instance, for a number of years I've been working on various forms of physical development such as calisthenics, swimming, running, tai chi, etc. The result has been a far greater sense of ease around other people, more effortless extroverted behaviour, and a greater sense of play and exploration in my visual field. Actual vision improvement, however, has been extremely slow. So taking action to change one's physical, emotional, and cognitive habits has an effect for the better. But VT (and some regression exploration (for me anyway)) still seems to be indicated, however. Probably, I just haven't broken all my routines of 'personality' yet.

> >From: Christopher Peterson <chrispet@umich.edu>
> >There is a sustained research literature on myopia and introversion; most
> >reviewers agree that they are correlated, but what is not clear is
> >whether one lags the other (i.e., is causal) or whether third variables
> >(either child-rearing or neuropsychological stuff or both) are at their
> >shared basis.

In my case, I would say that I chose the myopic behaviour and the vision deterioration followed. The child-rearing aspect would pertain not to specific behaviours related to reading or other activities that were encouraged or discouraged, but rather the model for processing thoughts and emotions. Children take it all in, whether it's consciously encourage/discouraged or not.

Mark

- **Follow-Ups:**

- [Re: vision & emotion/psychology](#)
 - *From:* "Art Blake" <art@blakesys.com>

- **References:**

- [vision & emotion/psychology](#)
 - *From:* Dawn Isaacson <charade@worldnet.att.net>

- Prev by Date: [Re: Vitamins & Supplements](#)

- Next by Date: [Re: Vitamins & Supplements](#)

- Prev by thread: [vision & emotion/psychology](#)

- Next by thread: [Re: vision & emotion/psychology](#)

- Index(es):

- [Date](#)

- [Thread](#)

[\[Date Prev\]](#)[\[Date Next\]](#)[\[Thread Prev\]](#)[\[Thread Next\]](#)[\[Date Index\]](#)[\[Thread Index\]](#)

Re: Vitamins & Supplements

- *To:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Subject:* Re: Vitamins & Supplements
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Tue, 17 Dec 1996 15:51:25 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Here you go:

Natrol Eye Support with Bilberry Extract
Guaranteed Potentcy Extract

Bilberry Fruit Extract,	60mg
Bilberry Leaf,	100mg
Eyebright Leaf	160mg
Raspberry Leaf	100mg
Barberry Bark	50mg
Pulsatilla Leaf	50mg

Formulated by Dr. Terry Willard, CI.H., Ph.D.

They had scientific names, too, but in the interest of cutting down on computer time....

At 02:52 PM 12/17/96 +0000, you wrote:

>

>Dawn,

>

>Hi! I'm interested in the ingredients
>for the Natrol product. There are probably
>others on the i_see list who are interested
>as well.

>

>Mark

>

Charade@worldnet.att.net

- Prev by Date: [Re: vision & emotion/psychology](#)
- Next by Date: [Re: Pupil size change rate](#)
- Prev by thread: [Re: Vitamins & Supplements](#)
- Next by thread: [vision & emotion/psychology](#)
- Index(es):
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 - [Thread](#)

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Re: Pupil size change rate

- *To:* richardc@sydney.btap.bt.com
 - *Subject:* Re: Pupil size change rate
 - *From:* Zaven Arzoumanian <arzouman@spacenet.tn.cornell.edu>
 - *Date:* Tue, 17 Dec 1996 10:53:11 -0500
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Hi Caroline,

You shouldn't be concerned about the time it takes your eyes to fully adjust to the dark. In addition to an increase in the size of the pupil, there's also a chemical change in the retina that takes place after 20-30 minutes of darkness. If you patch one eye for 30 minutes and allow the other only 5 minutes to adjust to darkness, you can expect to see a difference in sensitivity.

Wish I could provide more details. Maybe someone else could?

Zaven

- Prev by Date: [Re: Vitamins & Supplements](#)
- Next by Date: [Re: Pupil size change rate](#)
- Prev by thread: [Pupil size change rate](#)
- Next by thread: [Re: Pupil size change rate](#)
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Re: Pupil size change rate

- *To:* I_SEE <i_see@indiana.edu>
 - *Subject:* Re: Pupil size change rate
 - *From:* Kip Bryan <kipb@world.std.com>
 - *Date:* Tue, 17 Dec 1996 11:05:57 -0500 (EST)
 - *Date-warning:* Date header was inserted by delphi.com
 - *Sender:* owner-i_see@indiana.edu
-

16Dec96 Richards, Caroline <richardc@sydney.btap.bt.com> wrote:
> I had always thought that pupil size changes
> should take place within a minute or so (adjusting to a darkened room). Is
> this delay of 5 minutes or more ok or is it related to general vision
> problems (eg like light sensitivity)? Anyone else noticed this delay (or do
> you all turn the lights on in every room, even if you're just going in and
> out quickly)?

There are (at least) two changes going on in your eyes when you enter a darkened room. One is your pupils getting bigger so more light can get in, as you said. The other is changes in the retina itself as your rods begin to take over your sight from the cones.

Rod vision is called scotopic vision (SC for SCarce photons) and Cone (normal color) vision is called photopic vision (lots of PHOTons).

- Prev by Date: [Re: Pupil size change rate](#)
- Next by Date: [ALGAE\(Cell-Tech/Synergy\)](#)
- Prev by thread: [Re: Pupil size change rate](#)
- Next by thread: [Fusion exercises--getting the eyes to work together](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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ALGAE(Cell-Tech/Synergy)

- *To:* i_see@indiana.edu
 - *Subject:* ALGAE(Cell-Tech/Synergy)
 - *From:* teasel@juno.com (Virginia B. Sauer)
 - *Date:* Tue, 17 Dec 1996 14:21:02 EST
 - *Sender:* owner-i_see@indiana.edu
-

This list has had a bit of discussion about Cell-Tech and Synergy.

As previously noted, I tried Cell-Tech for a month. I am now trying Synergy.

Cell-Tech is a regime of pills ... six of one kind, four of another, and four of yet another, all taken at different points each day. (You work your way up to those amounts over about a one-week period.)

Synergy is a powder that is stirred into juice, milk, or water and taken once a day (usually upon arising).

Speaking only for myself, I find the Synergy much easier to take ... Since many types of foods/vitamins should not be taken together, fourteen daily Cell-Tech capsules made it difficult to find time to take vitamins for my eyes. Likewise, it was not always wildly convenient for me to take the Cell-Tech capsules.

In contrast, Synergy is taken as soon as I get up, and then forgotten about. Although it obviously doesn't improve the flavor of the juice, it does not taste at all unpleasant.

I just wanted to let you folks know this in case anyone else was worried about the taste.

I am in no way AGAINST Cell-Tech, and fully trust the person who sold it to me. (He's a former colleague of the highest moral and ethical standards, whom I would trust with anything.) I just didn't notice any improvement with it, so took Cheryl's advice and tried the Synergy. So far, I am very pleased.

-
- **Follow-Ups:**
 - [Try simple spirulina! Re: ALGAE](#)
 - *From:* Ari Solovyova <asolovyo@indiana.edu>
 - Prev by Date: [Re: Pupil size change rate](#)
 - Next by Date: [Vitamin and Supplements](#)
 - Prev by thread: [Palming](#)
 - Next by thread: [Try simple spirulina! Re: ALGAE](#)
 - Index(es):
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 - [Thread](#)

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Vitamin and Supplements

- *To:* i_see@indiana.edu
 - *Subject:* Vitamin and Supplements
 - *From:* teasel@juno.com (Virginia B. Sauer)
 - *Date:* Tue, 17 Dec 1996 14:21:02 EST
 - *Sender:* owner-i_see@indiana.edu
-

Dawn Isaacson <charade@worldnet.att.net> wrote about Natrol Eye Support with Bilberry Extract Guaranteed Potency Extract.

Where can one purchase this?

Thank you very much.

- Prev by Date: [ALGAE\(Cell-Tech/Synergy\)](#)
- Next by Date: [Vitamin A](#)
- Prev by thread: [Try simple spirulina! Re: ALGAE](#)
- Next by thread: [Re: Vitamin and Supplements](#)
- Index(es):
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Vitamin A

- *To:* i_see@indiana.edu
 - *Subject:* Vitamin A
 - *From:* teasel@juno.com (Virginia B. Sauer)
 - *Date:* Tue, 17 Dec 1996 14:21:03 EST
 - *Sender:* owner-i_see@indiana.edu
-

marif@btigate.com wrote: "A while back Virginia asked about vitamin A with palmatate versus beta carotene. Did you ever find any answers for this, Virginia?"

Nope ... no word. But your reference sounded very plausible.

Thanks again!

-
- Prev by Date: [Vitamin and Supplements](#)
 - Next by Date: [Try simple spirulina! Re: ALGAE](#)
 - Prev by thread: [Vitamin A](#)
 - Next by thread: [Peripheral and Central](#)
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 - [Thread](#)

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Try simple spirulina! Re: ALGAE

- To: i_see@majordomo.ucs.indiana.edu
 - Subject: Try simple spirulina! Re: ALGAE
 - From: Ari Solovyova <asolovyo@indiana.edu>
 - Date: Tue, 17 Dec 1996 14:38:49 -0500 (EST)
 - In-Reply-To: <19961217.142016.12190.0.Teasel@juno.com>
 - Sender: owner-i_see@indiana.edu
-

Dear all,

I've been taking plain old spirulina (bought in bulk at my food coop) for a few days (about half tbsp. a day), and it's doing wonders! The wrinkles I had on my neck and near the mouth have disappeared. There's less gray hair, and I think my bad eye is improving as well. We'll see what happens in a month.

I have read (in "Prescriptions for Nutritional Healing) that spirulina is a complete protein, also rich in vit. C and A, chlorophyll and trace minerals. It tastes disgusting, in my opinion, and smells even worse. I try not to breathe when I take it. It's cheaper than any other "green magma" type food; and I'm sure the flavor could be improved if you put your mind to it.

Ari

- **References:**
 - [ALGAE\(Cell-Tech/Synergy\)](#)
 - From: teasel@juno.com (Virginia B. Sauer)
- Prev by Date: [Vitamin A](#)
- Next by Date: [Try simple spirulina! ALGAE](#)

- Prev by thread: [ALGAE\(Cell-Tech/Synergy\)](#)
- Next by thread: [Vitamin and Supplements](#)
- Index(es):
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Try simple spirulina! ALGAE

- *To:* i_see@indiana.edu
 - *Subject:* Try simple spirulina! ALGAE
 - *From:* teasel@juno.com (Virginia B. Sauer)
 - *Date:* Tue, 17 Dec 1996 17:29:12 EST
 - *Sender:* owner-i_see@indiana.edu
-

Ari Solovyova <asolovyo@indiana.edu> wrote:

```
<< I've been taking plain old spirulina (bought in bulk
at my food coop) for a few days (about half tbsp. a
day), and it's doing wonders! >>
```

Is this the same kind of spirulina one can buy at a health food store (albeit at significantly higher prices)? If so, is there any particular brand you would recommend?

- Prev by Date: [Try simple spirulina! Re: ALGAE](#)
- Next by Date: [Fusion exercises--fading fingers](#)
- Prev by thread: [Re: Vitamin and Supplements](#)
- Next by thread: [Fusion exercises--fading fingers](#)
- Index(es):
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Fusion exercises--fading fingers

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* Fusion exercises--fading fingers
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Wed, 18 Dec 96 10:47:00 PST
 - *Encoding:* 25 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

In case other people have this problem....

I found a tendency to see the distant object very clearly and the two fingers in a very hazy way, even fading and disappearing altogether as I continued to look. However, if I bent the finger slightly and unbent it again (not moving the whole hand or my head), the fingers became very clear and the distant object was framed clearly between them, as if they were all at the same distance.

Question: Is the fading normal or does it indicate a lack of "3-d-ness" in my vision? If so, I guess that a separate exercise of keeping the finger visible (ie not letting it fade out completely) is useful?

Caroline

"Hold one hand in front of your face, and raise the index finger up while holding the rest of the fingers in a relaxed fist. Look up and down that finger with both eyes and then look beyond the finger at an object in the distance a few feet or more away. What happens? Your eyes shift and focus in the distance, and you find that you are looking between two fingers at the object. This optical illusion gives you a gate through which you can look at the world.

- Prev by Date: [Try simple spirulina! ALGAE](#)
- Next by Date: [Re: vision & emotion/psychology](#)
- Prev by thread: [Try simple spirulina! ALGAE](#)
- Next by thread: [Patching](#)
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Re: vision & emotion/psychology

- *To:* i_see@indiana.edu
 - *Subject:* Re: vision & emotion/psychology
 - *From:* "Art Blake" <art@blakesys.com>
 - *Date:* Tue, 17 Dec 1996 21:22:30 -0500
 - *Organization:* Blake Systems, Inc.
 - *References:* <9612171540.AA24387@txbc.sps.mot.com>
 - *Reply-To:* "Art Blake" <art@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

Mark Jones wrote:

>
> Reflections of the moment:
>
> I've been thinking about this issue (the myopic
> personality), since my personality strategies
> no longer match the classic myopia profile.
> I did fit the profile as a teenager, but less before
> and less after. I think that's a trauma issue, in
> part. Changing one's personality does not necessarily
> precipitate massive changes in vision, though some change
> does come about. For instance, for a number of years I've
> been working on various forms of physical development such
> as calisthenics, swimming, running, tai chi, etc. The result
> has been a far greater sense of ease around other people, more
> effortless extroverted behaviour, and a greater sense of play
> and exploration in my visual field. Actual vision improvement,
> however, has been extremely slow. So taking action to change
> one's physical, emotional, and cognitive habits has an effect
> for the better. But VT (and some regression exploration (for
> me anyway)) still seems to be indicated, however. Probably,
> I just haven't broken all my routines of 'personality' yet.
>
> > From: Christopher Peterson <chrispet@umich.edu>
> > > There is a sustained research literature on myopia and introversion; most
> > > reviewers agree that they are correlated, but what is not clear is
> > > whether one lags the other (i.e., is causal) or whether third variables
> > > (either child-rearing or neuropsychological stuff or both) are at their

> > >shared basis.

>

> In my case, I would say that I chose the myopic behaviour and the
> vision deterioration followed. The child-rearing aspect would
> pertain not to specific behaviours related to reading or other
> activities that were encouraged or discouraged, but rather the
> model for processing thoughts and emotions. Children take it
> all in, whether it's consciously encourage/discouraged or not.

>

> Mark

In my case, I've noticed that when I go about without glasses,
I am much more hesitant to interact with people (especially
people I don't know.) This is because I cannot clearly see their
facial expressions and have a fear that I might misinterpret them.

It's almost a fear of eye contact.. it's a little disturbing

There is no doubt about it, intoversion and myopia go hand and
hand.

As another parrallel to the breathing issue I brought up a little
earlier, in the book "The Art of Breathing", Nancy Zi says that
learning proper breathing habits can eliminate shyness,
soft-spokenness, raspiness in the voice, and greatly improve
self-confidence.

--

Art Blake -> art@blakesys.com

● **Follow-Ups:**

- [Re: vision & emotion/psychology](#)
 - *From:* Mark Jones <mjones@auscsmg.sps.mot.com>

● **References:**

- [Re: vision & emotion/psychology](#)
 - *From:* Mark Jones <mjones@auscsmg.sps.mot.com>

- Prev by Date: [Fusion exercises--fading fingers](#)
- Next by Date: [Re: Vitamin and Supplements](#)
- Prev by thread: [Re: vision & emotion/psychology](#)
- Next by thread: [Re: vision & emotion/psychology](#)
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Re: Vitamin and Supplements

- *To:* teasel@juno.com (Virginia B. Sauer)
 - *Subject:* Re: Vitamin and Supplements
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Wed, 18 Dec 1996 06:04:24 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

The Vitamin Shoppe, 4700 Westside Avenue, North Bergen, NJ 07047

Phone (800) 852-7153 to order product or LARGE catalog

They also have a web page (Search: The Vitamin Shoppe)

I don't work for this company. The wholesale outlet is near my house & they happen to be selling name-brand vitamins at 30% off this month. I thought it was a good deal, especially since people reported spending \$40 per month at other retail vitamin stores. The two name-brand products I mentioned (Natrol and Solgar) are both under \$12 for 60. Their own vitamins (I've never used them) are usually buy one get the second free or half off.

Hope this helps....

8-)

At 07:21 PM 12/17/96 +0000, you wrote:

>Dawn Isaacson <charade@worldnet.att.net> wrote about Natrol
>Eye Support with Bilberry Extract Guaranteed Potency
>Extract.

>

>Where can one purchase this?

>

>Thank you very much.

>

>

Charade@worldnet.att.net

- Prev by Date: [Re: vision & emotion/psychology](#)
- Next by Date: [Patching](#)
- Prev by thread: [Vitamin and Supplements](#)
- Next by thread: [Try simple spirulina! ALGAE](#)
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Patching

- *To:* i_see@indiana.edu
 - *Subject:* Patching
 - *From:* cheryl_lee@rdrorl.com
 - *Date:* Wed, 18 Dec 96 08:30:58
 - *Sender:* owner-i_see@indiana.edu
-

>Can you explain why patching an eye would bring up strong emotions?
>I've tried it for about ten minutes today, and yes, I agree it's
>tiring. Moses

Not only in vision improvement but also in other healing modalities, the left side of the body (and left eye) has to do with opening to your awareness and creativity, female issues, and/or mother (also the Mother Earth) issues. Problems on this side of the body are related to denial, suppression, blockage in these areas. The right side of the body (and right eye) has to do with personal power, manifestation, male issues, and/or father (also God) issues.

Your goal is to be integrated and operating in all modes equally. So when one eye is particularly dominant, the energies related to the other eye do not get expressed very well or very often. Patching the dominant eye, allows the less perceiving eye to get involved. Now depending on why you blurred (near or far) or distorted (astigmatism) these energies/issues, a lot of emotions may be stirred up.

Denny Johnson of Rayid International in Colorado (USA) developed a method of analyzing the eye to determine where your issues are. This is different from the normal iridology technique. Each part of the iris is assigned various emotional characteristics. If you have markings in that portion of the iris, that characteristic is part of your life work. There are positive (in balance) and negative (out of balance) characteristics associated with each position. If you know the angle of your astigmatism, you can look at the chart and see where you have distorted issues. For example, astigmatism in the

forgiveness position in the left eye indicates distorted views around forgiving your mother, other females, and/or the female energies in yourself. Distortion and blurriness on how to use your awareness and creativity in your life. Astigmatism in the trust position of the right eye, indicates distorted issues around trusting men, father, God. Distortion and blurriness on how to use your personal power or manifest things for yourself.

The name of the book is What the Eye Reveals. I don't have it with me but can get the ISBN and their phone number if anyone is interested.

"See" you, Cheryl

-
- Prev by Date: [Re: Vitamin and Supplements](#)
 - Next by Date: [Breathing & Vision](#)
 - Prev by thread: [Fusion exercises--fading fingers](#)
 - Next by thread: [Patching](#)
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Breathing & Vision

- To: i_see@indiana.edu
 - Subject: Breathing & Vision
 - From: cheryl_lee@rdrorl.com
 - Date: Wed, 18 Dec 96 08:56:44
 - Sender: owner-i_see@indiana.edu
-

Yogi Bhajan is in town right now for Winter Solstice. I went to a class with him last night. He specializes in Kundalini Yoga which uses lots of conscious breathing. Anyhow, I participated without my glasses and was very excited as to how well I could see after each exercise. We have a local Ashram here that I have been to and participated in the Kundalini Yoga, but it has normally been at night and the room was candle lit - some of the most challenging conditions to see under when you have 20/20 clarity. The room was light last night.

Anyhow, I know we have discussed the benefits of yoga and breathing in this list before and now I found something for me that combines them both. I am going to make an effort to go to class regularly now until I can get a routine down at least to do on my own.

Later, Cheryl

- Prev by Date: [Patching](#)
- Next by Date: [Breathing & Vision](#)
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Breathing & Vision

- To: i_see@indiana.edu
 - Subject: Breathing & Vision
 - From: cheryl_lee@rdrorl.com
 - Date: Wed, 18 Dec 96 09:11:42
 - Sender: owner-i_see@indiana.edu
-

I forgot to add that I have been working with a psychotherapist who specializes in Bioenergetics (Alexander Lowen) for the past couple of months. Bioenergetics looks at the body to see where blocks (emotions) are stored and then provides exercises to release them. In particular they watch your ***breathing*** patterns in different positions. Lowen has written many books about this ... "Bioenergetics", "Depression and the Body", "Joy", and more.

Cheryl

- Prev by Date: [Breathing & Vision](#)
- Next by Date: [Re: vision & emotion/psychology](#)
- Prev by thread: [Breathing & Vision](#)
- Next by thread: [talking to optometrist](#)
- Index(es):
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Re: vision & emotion/psychology

- *To:* "Art Blake" <art@blakesys.com>
 - *Subject:* Re: vision & emotion/psychology
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Wed, 18 Dec 1996 10:10:00 -0600
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* Your message of "Tue, 17 Dec 1996 21:22:30 EST." <32B75566.5094@blakesys.com>
 - *Sender:* owner-i_see@indiana.edu
-

- **References:**
 - [Re: vision & emotion/psychology](#)
 - *From:* "Art Blake" <art@blakesys.com>
- Prev by Date: [Breathing & Vision](#)
- Next by Date: [talking to optometrist](#)
- Prev by thread: [Re: vision & emotion/psychology](#)
- Next by thread: [Pupil size change rate](#)
- Index(es):
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talking to optometrist

- To: i_see@indiana.edu
 - Subject: talking to optometrist
 - From: craig_kerr@odp.tamu.edu
 - Date: Wed, 18 Dec 96 11:19:52 CDT
 - Sender: owner-i_see@indiana.edu
-

I was wondering about the success rate when introducing vision therapy to an optometrist. Since I just gave her an indication that my eyes are getting better (Last Feb my prescription was -5.75 left, -5.5 right, yesterday it was -5.5 left -5 right) will that help or hurt, or is this change "in the noise?"

It took about two weeks of palming, reading without correction and wearing reading glasses over contacts at work. (It is not unusual for me to spend 15 hours a day in front of a monitor.)

If I can produce another shift before my followup, I will feel a lot better about bringing it up.

What amazes me is the disbelief I get when bringing it up to everyday folks, even with evidence that it works. If non-optical people react so negatively, it is hard to imagine an optometrist being open to it.

So, what I am after:

- 1) Is a half diopter shift significant at my level of myopia?
- 2) Should I try to "convert" my optometrist, or drive two hours for a behavioral optometrist?

Craig

-
- **Follow-Ups:**
 - [Re: talking to optometrist](#)
 - From: Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- [Re: talking to optometrist](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
- Prev by Date: [Re: vision & emotion/psychology](#)
- Next by Date: [Re: talking to optometrist](#)
- Prev by thread: [Breathing & Vision](#)
- Next by thread: [Re: talking to optometrist](#)
- Index(es):
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Re: talking to optometrist

- *To:* i_see@indiana.edu
 - *Subject:* Re: talking to optometrist
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - *Date:* Wed, 18 Dec 1996 13:33:06 -0500 (EST)
 - *In-Reply-To:* <9611188509.AA850936846@odp.tamu.edu>
 - *Sender:* owner-i_see@indiana.edu
-

> So, what I am after:

>

> 1) Is a half diopter shift significant at my level of myopia?

>

> 2) Should I try to "convert" my optometrist, or drive two hours for a behavioral
> optometrist?

>

> Craig

I think half a diopter is significant. It could be the beginning of a trend 8)

As for looking for a behavioral optometrist - I went to one, but found him more discouraging than the ophthalmologist I had been seeing, so I am back with the old doc. I have not felt the need to convert this guy, I just ask for reduced perscriptions as I need them (I got -2.50 contacts for "using the computer", to be augmented by -1.25's for distance). I actually use the -2.50's for everything but night driving where there are no streetlights, and use +1.50's over them for reading.

I think part of my "myopic personality" was the need I had to be "right" - I really needed others to agree with me! Now, I am satisfied to get what I need without explaining myself. I can let others be who they are, believing what they need to believe, without fighting to "make them see."

Great going! You seem to be on your way....

• References:

- [talking to optometrist](#)
 - *From:* craig_kerr@odp.tamu.edu
- Prev by Date: [talking to optometrist](#)
- Next by Date: [RE: talking to optometrist](#)
- Prev by thread: [talking to optometrist](#)
- Next by thread: [Re: talking to optometrist](#)
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RE: talking to optometrist

- *To:* "'i_see@indiana.edu" <i_see@indiana.edu>
 - *Subject:* RE: talking to optometrist
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>
 - *Date:* Wed, 18 Dec 1996 14:33:49 -0500
 - *Sender:* owner-i_see@indiana.edu
-

>If I can produce another shift before my followup, I will feel a lot better about bringing it up.

>What amazes me is the disbelief I get when bringing it up to everyday folks, even with evidence that it works. If non-optical people react so negatively, it is hard to imagine an optometrist being open to it.

>So, what I am after:

>1) Is a half diopter shift significant at my level of myopia?

Yes. It's an improvement, no matter how small.

>2) Should I try to "convert" my optometrist, or drive two hours for a behavioral optometrist?

If your optometrist has a hard time being "converted," you could tell them that it's a weaker prescription you want, or nothing. Another optometrist may be more open minded. If worse comes to worse, the two hour drive would be worthwhile. How often would you have to make the drive?

Tim

-
- Prev by Date: [Re: talking to optometrist](#)
 - Next by Date: [Talking to Optometrist](#)
 - Prev by thread: [Re: talking to optometrist](#)

- Next by thread: [Talking to Optometrist](#)
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Talking to Optometrist

- To: i_see@indiana.edu
 - Subject: Talking to Optometrist
 - From: cheryl_lee@rdrorl.com
 - Date: Wed, 18 Dec 96 14:23:04
 - Sender: owner-i_see@indiana.edu
-

If I ever go to an optometrist again, I will go to someone that I have never seen. I will not tell them about any vision training/improvement that I have done until maybe after the exam. I will go in with no glasses and let them determine if I need any prescription, fresh, from the beginning.

My experience, in the past, has been they don't believe that you could have possibly changed positively. So they use your initial prescription as the starting point and test you to death until your eyes and body are so tired, your prescription couldn't help but be worse than when you went in. You are challenging their very profession - every thing that they have learned in school.

There are always exceptions I am sure. I live in Florida and have a good doctor in New Hampshire that comes to town every couple of months to work with a group of us. So it is not a problem for me now.

Cheryl

- **Follow-Ups:**
 - [Re: Talking to Optometrist](#)
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
- Prev by Date: [RE: talking to optometrist](#)

- Next by Date: [Getting weaker glasses](#)
- Prev by thread: [RE: talking to optometrist](#)
- Next by thread: [Re: Talking to Optometrist](#)
- Index(es):
 - [Date](#)
 - [Thread](#)

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Getting weaker glasses

- *To:* i_see@indiana.edu
 - *Subject:* Getting weaker glasses
 - *From:* dennis@netcom.com (Dennis Yelle)
 - *Date:* Wed, 18 Dec 1996 11:50:11 -0800
 - *Sender:* owner-i_see@indiana.edu
-

Here are a couple of ideas that I have:

1. Go to a new doctor, take a pair of glasses, and tell the doctor that "I don't like these glasses, I think they are too strong."

No doctor likes to think that HE gave glasses that are too strong, but they have all seen patients who got glasses from some other doctor that are too strong.

2. Complain about headaches, especially when you wear your old glasses.

This is something that all eye doctors ask each time I have gone in. I didn't think that it was an important question so I always said no. But now I think that this is an important question to them. I think if you come in with an old pair of glasses and do not complain about "glasses too strong" or "headaches" or something, they assume that you need stronger glasses. If you complain about one of these things then they start off by thinking that maybe you need weaker glasses.

I recently found out that this is common with "regular doctors" and drugs. Often a regular doctor will start a patient with a small dose and tell the patient to come back in a month to "see how you are doing." If you go back and don't complain about anything, the doctor increases the dose. He keeps doing this until the patient complains about something that is on the list of side effects of the drug.

- **Follow-Ups:**
 - [Re: Getting weaker glasses](#)
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - [Re: Getting weaker glasses](#)
 - *From:* Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>

- Prev by Date: [Talking to Optometrist](#)
- Next by Date: [Re: talking to optometrist](#)
- Prev by thread: [Re: Talking to Optometrist](#)
- Next by thread: [Re: Getting weaker glasses](#)
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Re: talking to optometrist

- To: craig_kerr@odp.tamu.edu
 - Subject: Re: talking to optometrist
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Wed, 18 Dec 1996 14:03:13 -0600
 - Cc: i_see@indiana.edu
 - In-Reply-To: Your message of "Wed, 18 Dec 1996 11:19:52 CDT." <9611188509.AA850936846@odp.tamu.edu>
 - Sender: owner-i_see@indiana.edu
-

> From: craig_kerr@odp.tamu.edu
> So, what I am after:
>
> 1) Is a half diopter shift significant at my level of myopia?

Your eyes are worth the prescription reduction.

>
> 2) Should I try to "convert" my optometrist, or drive two hours for a behavioral
> optometrist?

You don't really have to as long as (a) you feel you are doing something right (and you are) and (b) you get the reduced lenses. You can just tell the optometrist that you want a prescription that is lower, reflecting your need for less power, and is at the low end of the 20/20 range. Or if you want a small extra reduction, just say you need .5 or 1 (or fill in blank) less for the computer and for reading. If you want a large extra reduction, you'll have to explain what you are doing. People can sometimes tolerate the views of others (as in "this is just something I have to try", etc, etc) better when they don't feel your trying to convince them to change their basic beliefs.

But, if you need the optometrist's support (nothing wrong with that) then you may want to pursue a highly sympathetic one.

I'm just writing to indicate that there is a flexible range of options.

Here's a philosophical digression:

Someone posted a note a while back about marshalling your facts and being prepared to debate. That's important, but many people

will be utterly unconvinced, as you pointed out. People don't adopt a belief wholeheartedly based on reason alone. Reason only makes us think we're more in control of our incredible world. Some people feel seriously threatened when confronted with views that don't agree with their own, and they will go to great lengths including outright physical violence or emotional oppression to protect a rigid outlook. In the end, results convince. (I'm not intending to ridicule any individual or group, I'm just saying that one needs to be sensitive to inflexibility.)

Mark

- **References:**

- [talking to optometrist](#)
 - *From:* craig_kerr@odp.tamu.edu
- Prev by Date: [Getting weaker glasses](#)
- Next by Date: [Re: Getting weaker glasses](#)
- Prev by thread: [Re: talking to optometrist](#)
- Next by thread: [RE: talking to optometrist](#)
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Re: Getting weaker glasses

- To: dennis@netcom.com (Dennis Yelle)
 - Subject: Re: Getting weaker glasses
 - From: Mark Jones <mjones@auscsmp.sps.mot.com>
 - Date: Wed, 18 Dec 1996 14:20:36 -0600
 - Cc: i_see@indiana.edu
 - In-Reply-To: Your message of "Wed, 18 Dec 1996 11:50:11 PST."
<199612181950.LAA19519@netcom15.netcom.com>
 - Sender: owner-i_see@indiana.edu
-

> From: dennis@netcom.com (Dennis Yelle)
> 2. Complain about headaches, especially when you wear your old glasses.

I've used that one and it works. In my case, it's completely honest because I do get headaches when my eyes improve, yet I still wear the old glasses.

Mark

- **References:**
 - [Getting weaker glasses](#)
 - From: dennis@netcom.com (Dennis Yelle)
- Prev by Date: [Re: talking to optometrist](#)
- Next by Date: [Re: Talking to Optometrist](#)
- Prev by thread: [Getting weaker glasses](#)
- Next by thread: [Re: Getting weaker glasses](#)
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Re: Talking to Optometrist

- *To:* cheryl_lee@rdrorl.com
 - *Subject:* Re: Talking to Optometrist
 - *From:* Mark Jones <mjones@auscsmp.sps.mot.com>
 - *Date:* Wed, 18 Dec 1996 14:18:22 -0600
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* Your message of "Wed, 18 Dec 1996 14:23:04." <9611188509.AA850947784@rdrorl.rdrorl.com>
 - *Sender:* owner-i_see@indiana.edu
-

> From: cheryl_lee@rdrorl.com
> with no glasses and let them determine if I need any prescription,
> fresh, from the beginning.

excellent suggestion. I've gone in not wearing glasses,
but keeping them with me, and they were used as a starting
point. Next time I'll just leave them in the car.

mark

- **References:**
 - [Talking to Optometrist](#)
 - *From:* cheryl_lee@rdrorl.com
- Prev by Date: [Re: Getting weaker glasses](#)
- Next by Date: [Patching](#)
- Prev by thread: [Talking to Optometrist](#)
- Next by thread: [Getting weaker glasses](#)
- Index(es):
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Patching

- To: i_see@indiana.edu
 - Subject: Patching
 - From: cheryl_lee@rdrorl.com
 - Date: Wed, 18 Dec 96 15:33:53
 - Sender: owner-i_see@indiana.edu
-

Hi everyone,

I guess I goofed in some of the references that I made earlier about Patching and Rayid method. Denny Johnson does not actually talk about the patching and astigmatism connection to the emotions discussed in his book What the Eye Reveals. Denny's book has pictures of the eye and describes the emotions in each area. The patching theory and astigmatism connection is from Dr. Kaplan and is in his book The Power Behind Your Eyes. Sorry Robert-Michael, you've done such great work in this area, I didn't mean to not acknowledge your efforts.

Cheryl

- Prev by Date: [Re: Talking to Optometrist](#)
- Next by Date: [Re: Re](#)
- Prev by thread: [Patching](#)
- Next by thread: [Breathing & Vision](#)
- Index(es):
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 - [Thread](#)

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Re: Re

- *To:* i_see <i_see@indiana.edu>
 - *Subject:* Re: Re
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Thu, 19 Dec 96 11:40:00 PST
 - *Encoding:* 10 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Any idea why that would be? (Assuming that it is a bad thing, which seems likely).

Caroline

From: Art Blake

..... and as people get older, they gradually revert to shallow "upper chest" breathing.

-
- Prev by Date: [Patching](#)
 - Next by Date: [Re: Getting weaker glasses](#)
 - Prev by thread: [Re: Re](#)
 - Next by thread: [Vitamins & Supplements](#)
 - Index(es):
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Re: Getting weaker glasses

- To: i_see@indiana.edu
 - Subject: Re: Getting weaker glasses
 - From: Mary Marlowe <phishes@pbfreenet.seflin.lib.fl.us>
 - Date: Wed, 18 Dec 1996 19:52:26 -0500 (EST)
 - In-Reply-To: <199612181950.LAA19519@netcom15.netcom.com>
 - Sender: owner-i_see@indiana.edu
-

Another way to get the script you want is to find someone already wearing it. Most optical centers will "copy" a perscription and put it in one of their new frames, no questions asked! You could borrow the lenses, walk into the store and place your order, then walk back out and hand over the borrowed glasses. Be careful about astigmatic correction, etc. - but with a know perscription (the owner can call her eye doctor and ask) there should be no problem!

Mary Marlowe

On Wed, 18 Dec 1996, Dennis Yelle wrote:

> Here are a couple of ideas that I have:

> 1. Go to a new doctor, take a pair of glasses,

> and tell the doctor that "I don't like these glasses, I think

> they are too strong."

>

> No doctor likes to think that HE gave glasses that are too strong,

> but they have all seen patients who got glasses from some other

> doctor that are too strong.

>

> 2. Complain about headaches, especially when you wear your old glasses.

>

> This is something that all eye doctors ask each time I have gone

> in. I didn't think that it was an ipmortant question so I

> always said no. But now I think that this is an important question

> to them. I think if you come in with an old pair of glasses

> and do not complain about "glasses too strong" or "headaches"

> or something, they assume that you need stronger glasses.
> If you complain about one of these things then they start
> off by thinking that maybe you need weaker glasses.
>
> I recently found out that this is common with "regular doctors"
> and drugs. Often a regular doctor will start a patient with
> a small dose and tell the patient to come back in a month
> to "see how you are doing." If you go back and don't
> complain about anything, the doctor increases the dose.
> He keeps doing this until the patient complains about
> something that is on the list of side effects of the drug.
>

- **References:**

- [Getting weaker glasses](#)

- *From:* dennis@netcom.com (Dennis Yelle)

- Prev by Date: [Re: Re](#)

- Next by Date: [No Subject](#)

- Prev by thread: [Re: Getting weaker glasses](#)

- Next by thread: [Myopia-Net](#)

- Index(es):

- [Date](#)

- [Thread](#)

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No Subject

- *To:* i_see@indiana.edu
 - *From:* Moses Shuldiner <mosess@interlog.com>
 - *Date:* Wed, 18 Dec 1996 20:33:17 -0500
 - *Sender:* owner-i_see@indiana.edu
-

From: craig_kerr@odp.tamu.edu
Date: Wed, 18 Dec 96 11:19:52 CDT
To: i_see@indiana.edu
Subject: talking to optometrist
Sender: owner-i_see@indiana.edu

>I was wondering about the success rate when introducing vision therapy to an
>optometrist. Since I just gave her an indication that my eyes are getting
>better (Last Feb my prescription was -5.75 left, -5.5 right, yesterday it was
>-5.5 left -5 right) will that help or hurt, or is this change "in the noise?"

>What amazes me is the disbelief I get when bringing it up to everyday folks,
>even with evidence that it works. If non-optical people react so
negatively, it
>is hard to imagine an optometrist being open to it.

I only go to optometrists who have been educated by my vision improvement
teacher. I use the term educated as opposed to converted to emphasize that
change takes time and the cooperation of all parties involved.

You speak of the objective nature of your vision improvement i.e. change in
diopters of correction. What about the subjective changes? Do you feel that
your vision has changed significantly since you began vision therapy? Have
friends, colleagues and acquaintances remarked on any improvements in your
vision? Those changes are most important and you need no professional to
validate them.

When I started vision therapy I was having difficulty reading small print
and experiencing many headaches from computer use. Crossing a street
without my glasses was an adventure in anxiety. Now I wear 20/40 glasses at
work and rarely wear glasses outside the office.

I have far fewer headaches and have become much more aware of and nurturing

to my eyes.

It is a very brave and loving act to embark on vision improvement. Do not expect most people to appreciate it immediately.

Moses

-
- Prev by Date: [Re: Getting weaker glasses](#)
 - Next by Date: [Myopia-Net](#)
 - Prev by thread: [No Subject](#)
 - Next by thread: [No Subject](#)
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Myopia-Net

- *To:* i_see@indiana.edu
 - *Subject:* Myopia-Net
 - *From:* MikeM727@aol.com
 - *Date:* Thu, 19 Dec 1996 03:47:23 -0500
 - *Sender:* owner-i_see@indiana.edu
-

Thanks for posting the information about the Myopia-Net mailing list. (I believe it was Alex?)

What is the general consensus of the professionals on the list regarding the prevention and/or recovery of acquired myopia?

- **Follow-Ups:**
 - [Re: Myopia-Net](#)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
- Prev by Date: [No Subject](#)
- Next by Date: [Skydiving](#)
- Prev by thread: [Re: Getting weaker glasses](#)
- Next by thread: [Re: Myopia-Net](#)
- Index(es):
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 - [Thread](#)

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Skydiving

- *To:* "i_see@indiana.edu" <i_see@indiana.edu>
 - *Subject:* Skydiving
 - *From:* Tim Patterson <Tim.Patterson@cciw.ca>
 - *Date:* Thu, 19 Dec 1996 08:52:00 -0500
 - *Encoding:* 24 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

From: Art Blake[SMTP:art@blakesys.com]
Sent: December 15, 1996 9:29 PM
To: i_see@indiana.edu
Subject: Re: Re

>Still working on my vision and breathing- just thought I'd want to tell you,
I went skydiving today (for the first time) and I did it with no correction!

>It was such a bright and sunny day- I had no problem at all! And it was
a lot of fun.

I've never gone skydiving, but I suppose it would be good for the eyes.
The thought of jumping from a plane would increase my breathing capacity
considerably, and I think my eyes would become more alert and aware of the
surroundings :)

Tim

-
- Prev by Date: [Myopia-Net](#)

- Next by Date: [Re: Myopia-Net](#)
- Prev by thread: [Re: Myopia-Net](#)
- Next by thread: [BEE POLLEN?](#)
- Index(es):
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 - [Thread](#)

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Re: Myopia-Net

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Re: Myopia-Net
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Thu, 19 Dec 1996 20:21:09 -0500 (EST)
 - *In-Reply-To:* <961218234841_676059736@emout10.mail.aol.com>
 - *Sender:* owner-i_see@indiana.edu
-

On Thu, 19 Dec 1996 MikeM727@aol.com wrote:

> Thanks for posting the information about the Myopia-Net mailing list. (I
> believe it was Alex?)

You're welcome! Once again, send "subscribe myopia-net" to
<Maiser@vision.eei.upmc.edu> All the big names in Myopia research are on
this list.

> What is the general consensus of the professionals on the list regarding the
> prevention and/or recovery of acquired myopia?

Why don't you join the list and ask them yourself? I tried myself once,
asking whether any of the members believed that myopia is genetically
determined, that is, whether environment, broadly construed, was not the
determining factor. I didn't get much of a response. I'd really like
somebody else to post and see what happens (they all know me too well). I
could write a commentary or summary of what they have said, but I'd rather
you get it from them straight.

As I said before, there have been about two postings to that list in the
past month (both by non-professionals asking what they can do about their
degenerative high myopia -- no responses were posted to the list). So
you don't have to worry about being deluged with mail if you subscribe.

--Alex

- **References:**

- [Myopia-Net](#)
 - *From:* MikeM727@aol.com

- Prev by Date: [Skydiving](#)
- Next by Date: [BEE POLLEN?](#)
- Prev by thread: [Myopia-Net](#)
- Next by thread: [Re: Myopia-Net](#)
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BEE POLLEN?

- *To:* i_see@indiana.edu
 - *Subject:* BEE POLLEN?
 - *From:* teasel@juno.com (Virginia B. Sauer)
 - *Date:* Thu, 19 Dec 1996 21:59:01 EST
 - *Sender:* owner-i_see@indiana.edu
-

Has anyone here tried bee pollen (or, is anyone familiar with it)? If so, have you any recommendations vis a vis brands/types?

Regarding the recent thread about Cell-Tech/Synergy, I just played the Synergy tape. As Cheryl had said, it was very interesting, and the documentation is reportedly a matter of public record. I might have dismissed it as hogwash were it not for a similar experience close to home. As some of you know, one of my relatives was brutally murdered and another critically injured in the Long Island Rail Road Massacre. Among other problems, Kevin's life was saved because he held up his hand to shield his face - but the bullet went through his hand, destroying the nerves, bone, et cetera. One very strange coincidence is that the neurosurgeon who operated on Kevin was trained by a neurosurgeon who now lives next door to a cousin in NC - and he told my cousin that, given Kevin's extraordinary strides, he should be able to eventually do everything ... that he'll learn to compensate for his loss and will be able to regain full use of his hand. I am obviously not explaining this well, at all, but my point is that the Synergy tapes do recount beliefs I've heard before (from prominent physicians).

- **Follow-Ups:**
 - [Re: BEE POLLEN?](#)
 - *From:* Ari Solovyova <asolovyo@indiana.edu>

- Prev by Date: [Re: Myopia-Net](#)
- Next by Date: [Re: BEE POLLEN?](#)
- Prev by thread: [Skydiving](#)
- Next by thread: [Re: BEE POLLEN?](#)
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Re: BEE POLLEN?

- *To:* "Virginia B. Sauer" <teasel@juno.com>
 - *Subject:* Re: BEE POLLEN?
 - *From:* Ari Solovyova <asolovyo@indiana.edu>
 - *Date:* Fri, 20 Dec 1996 08:53:29 -0500 (EST)
 - *cc:* i_see@indiana.edu
 - *In-Reply-To:* <19961219.215820.12166.1.Teasel@juno.com>
 - *Sender:* owner-i_see@indiana.edu
-

Hi,

I do eat bee pollen on a regular basis. It's a complete food, very energizing, delicious, and not that expensive -- if you buy it from a local beekeeper! Get the phone number of a local beekeeper at your health food store, call them and ask to buy pollen in bulk. They will likely give you a big discount. Last time I got 7 pounds for \$20, I think. A much better deal than tablets. It's fresher that way, too.

Ari

- **References:**
 - [BEE POLLEN?](#)
 - *From:* teasel@juno.com (Virginia B. Sauer)
- Prev by Date: [BEE POLLEN?](#)
- Next by Date: [Bee Pollen](#)
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Bee Pollen

- *To:* i_see@indiana.edu
 - *Subject:* Bee Pollen
 - *From:* cheryl_lee@rdrorl.com
 - *Date:* Fri, 20 Dec 96 11:23:36
 - *Sender:* owner-i_see@indiana.edu
-

Montana is a good brand. I get powder sometimes and put it in smoothies. Good idea about getting fresh, ARi.

Cheryl

- Prev by Date: [Re: BEE POLLEN?](#)
- Next by Date: [Re: Myopia-Net](#)
- Prev by thread: [Re: BEE POLLEN?](#)
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Re: Myopia-Net

- To: i_see@indiana.edu
 - Subject: Re: Myopia-Net
 - From: MikeM727@aol.com
 - Date: Fri, 20 Dec 1996 16:55:36 -0500
 - Sender: owner-i_see@indiana.edu
-

In a message dated 96-12-19 20:24:52 EST, aeulenbe@indiana.edu writes:

> Why don't you join the list and ask them yourself? I tried myself once,
> asking whether any of the members believed that myopia is genetically
> determined, that is, whether environment, broadly construed, was not the
> determining factor. I didn't get much of a response. I'd really like
> somebody else to post and see what happens (they all know me too well). I
> could write a commentary or summary of what they have said, but I'd rather
> you get it from them straight

I did subscribe already, but haven't submitted anything yet. Allow me some time to compose an articulate, yet non-threatening post. I'd really like to see what the "Pro's" have to say.

Mike

-
- Prev by Date: [Bee Pollen](#)
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 - Prev by thread: [Re: Myopia-Net](#)
 - Next by thread: [Skydiving](#)
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Re: Bee Pollen

- *To:* cheryl_lee@rdrorl.com
 - *Subject:* Re: Bee Pollen
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
 - *Date:* Fri, 20 Dec 1996 23:33:54 +0000
 - *Cc:* i_see@indiana.edu
 - *Sender:* owner-i_see@indiana.edu
-

Can someone explain what this is all about? I thought bee pollen was: HONEY! Or is it something else you're all talking about?

At 11:23 AM 12/20/96 +0000, you wrote:

>
> Montana is a good brand. I get powder sometimes and put it in
> smoothies. Good idea about getting fresh, ARi.
>
> Cheryl
>

Charade@worldnet.att.net

- **Follow-Ups:**
 - [Bee Pollen References](#)
 - *From:* Stuart Tyler <stuart@dhc1.deehoward.com>

- Prev by Date: [Re: Myopia-Net](#)
- Next by Date: [BEE POLLEN](#)
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BEE POLLEN

- *To:* i_see@indiana.edu
 - *Subject:* BEE POLLEN
 - *From:* teasel@juno.com (Virginia B. Sauer)
 - *Date:* Fri, 20 Dec 1996 19:28:44 EST
 - *Sender:* owner-i_see@indiana.edu
-

Many thanks to Ari Solovyova <asolovyo@indiana.edu> and cheryl_lee@rdrorl.com for the posts about bee pollen.

Unfortunately, I don't think we have a whole lot of bee keepers here in New York City. However, I will see if I can find any in the suburbs ... seven pounds for twenty dollars sounds terrific, AND fresh.

In the interim, I will look of Montana brand in the health food store. As a vegetarian, I spend half my life in there, so it is disgraceful that I've missed this <g>.

Thanks again for your great help. I REALLY appreciate it.

-
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 - Prev by thread: [Bee Pollen References](#)
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Bee Pollen References

- *To:* Dawn Isaacson <charade@worldnet.att.net>
 - *Subject:* Bee Pollen References
 - *From:* Stuart Tyler <stuart@dhc1.deehoward.com>
 - *Date:* Sat, 21 Dec 1996 23:35:48 -0600 (CST)
 - *Cc:* i_see@indiana.edu
 - *In-Reply-To:* <19961220233352.AAA11796@LOCALNAME>
 - *Sender:* owner-i_see@indiana.edu
-

On Fri, 20 Dec 1996, Dawn Isaacson wrote:

```
> Can someone explain what this is all about?  I thought bee pollen was:  
> HONEY!  Or is it something else you're all talking about?>  
> Charade@worldnet.att.net  
>  
>
```

Dawn:

I found a couple of references to Bee Pollen:

- **References:**
 - [Re: Bee Pollen](#)
 - *From:* Dawn Isaacson <charade@worldnet.att.net>
- Prev by Date: [BEE POLLEN](#)
- Next by Date: [I SEE under new management \(for a month\)](#)
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I SEE under new management (for a month)

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* I SEE under new management (for a month)
 - *From:* Alex Eulenberg <aeulenbe@indiana.edu>
 - *Date:* Wed, 25 Dec 1996 08:26:28 -0500 (EST)
 - *Sender:* owner-i_see@indiana.edu
-

I SEE-mates,

I am going to be taking a trip for a month and have disabled i_see@majordomo.indiana.edu. During this time, Kip Bryan <kipb@world.std.com> will be managing the list under a new name. Be looking for an announcement from him for the new address to send I SEE messages.

Happy Holidays!

Alex Eulenberg

- Prev by Date: [Bee Pollen References](#)
- Next by Date: [Accomotracs study](#)
- Prev by thread: [BEE POLLEN](#)
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Address: Maurice and Gabriella Goldschleger Eye Research Institute, Sackler School of Medicine, Tel-Aviv University, Sheba Medical Center, Tel-Hashomer, Israel.

Abbreviated Journal Title: Optom Vis Sci
Date Of Publication: 1991 May
Journal Volume: 68
Page Numbers: 338 through 343=20
Country of Publication: UNITED STATES
Language of Article: Eng
Issue/Part/Supplement: 5
ISSN: 1040-5488

Comments:=20

=95Optom Vis Sci -- 1992 Mar;69(3):252-4=20

MESH Headings:=20

=95Accommodation, Ocular (Central Concept) =95Adult =95Biofeedback (Psychology) (Central Concept) =95Double-Blind Method =95Female =95Human =95Male =95Myopia (Central Concept) =95Prognosis =95Refraction, Ocular =95Visual Acuity =95Visual Perception=20

Article ID: 91304831

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- Prev by Date: [I SEE under new management \(for a month\)](#)
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Vision care

- *To:* I SEE <i_see@indiana.edu>
 - *Subject:* Vision care
 - *From:* "Richards, Caroline" <richardc@sydney.btap.bt.com>
 - *Date:* Tue, 31 Dec 96 13:42:00 PST
 - *Encoding:* 96 TEXT
 - *Sender:* owner-i_see@indiana.edu
-

Just in case I lose touch with you all due to the new mailing name, here's some information regarding the vision care product I was talking about.

The company name is Wan You Pte Ltd, based in Singapore, telephone +65 348 6742, fax +65 348 6741. Contact Mr. Khoo. If you fax your address to him he will send you a brochure. I've faxed my address and if the brochure is anything different from what I'll type below, I'll update you all.

Incidentally, if anyone goes ahead with this, I trust you'll let us all know the result. I only have my Singaporean colleague's stories about its effectiveness but she has told me great things about what it has done for her colleagues and family. I wonder if it is too good to be true since it seems to work quickly and easily and with only the cost being a possible issue.

Mr. Khoo says that the company is only in Singapore but that he has sent his machine to America before. It currently sells for Singapore \$488, which is approximately \$488 Australian dollars too (a lot of help, I know!), which is in the region of ?244. Sorry, I don't know about US\$. This is only a rough idea because of exchange rates, postage etc.

I have a fax which may be the brochure he was talking about. It lists a British patent number application of 9305156.3. Here's what it says...

"Eyes are windows of the heart. To have a pair of healthy and bright eyes is of lifelong importance of everyone. Yet with the acceleration of social development and pace of life, incidence of myopia has been increasing year by year, and so has the importance of eyecare.

The OO EYE EXERCISE DEVICE is designed to dissipate fatigue and to improve eyesight for people, especially youngsters, with myopia. Tens of thousand cases of clinical application has shown rate of effectiveness higher than 90%, many with slight myopia ridding themselves completely of their glasses.

DESCRIPTION

Based on the principle of human vision, the OO EYE EXERCISE DEVICE is a result of ingenious integration of modern electronics and optics with the "JING-LUO" theory of traditional Chinese medical science. It applies physically to the crystalline lenses and ciliary muscles and to various acupoints around the eyes, so as to facilitate the "CHANNELS" and improve circulation of blood and nourishment. It also makes the ciliary muscles do exercises of contracting and relaxing repeatedly, with a result of improving their ability to adapt themselves, thus restoring the eyesight to normality.

The OO EYE EXERCISE DEVICE produces an image which, driven by a miniature motor, moves slowly and periodically forward and backward. A cylinder with compound lenses, so designed as to eliminate chromatism, is directed at the image. When you look at this image through that cylinder, the constantly changing distance of the view will force your eyes to make constant adaptations, thus improving muscles. An ancient book on Chinese medicine singled out magnetism as the best thing to improve eyesight, saying that "with a magnetic pillow, one can keep his eyes sharp inspite of age". The OO EYE EXERCISE DEVICE has a specially-designed magnetic mechanism attached to the cylinder. This, with integrated electric, magnetic and optical therapies, it has achieved high efficacy and efficiency."

After that are the instructions for use, which basically say:

- test your eyes before you begin by putting the chart 5m away
- look through the eye piece for 5 minutes each eye (there's a timer)
- massage the eyes if the device has a massage attachment [hospital version only?]

My friend said that when they had a go in a demonstration the results were immediate (although probably not lasting?) after a 5 minute session and that that is what convinced them all to try this out.

More information:

"COURSE AND EFFECT OF TREATMENT

In case of myopia, astigmatism or amblyopia [my spell checker wants to change this to 'ambrosia!'], efficacy varies with your physique, age, stage of disease, etc. In general, efficacy is particularly high for youngsters with slight myopia, many of them ultimately ridding themselves of glasses.

Whether using big of small device, 5 days will be a course of treatment,

with 1-2 times a day, 5 minutes for each eye every time. Allow 1-2 days interval between courses. Be sure to record your eyesight after every course. Usually the improvement after the first course will be particularly significant. In 3-5 courses time you will have markedly improved and stable eyesight. 4-5 times a month thereafter will help to avoid relapse.

Those prone to read or write or work at the screen for long periods, eg computer operators, may use this device to dissipate fatigue of the eyes. It will prove an ideal health-care for anybody using computers.

Middle-agers may use this device to put of presbyopia."

That's all I have for now. They encourage feedback so they can help you improve more or they can improve their machine.

Someone tell me if it sounds reasonable!

Caroline

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"Patients who came to Kaplan to be treated for eye problems often turned out to be more interested in deeper issues in their lives. Changes in home or career often accompanied improvements. Clinical results with documentation go far beyond the anecdotal. A double-blind trial conducted at Oregon's Pacific University College of Optometry found an average of 30 percent improvement in measured eyesight in a group of 44 people taking part in the programme.

Kaplan's own research suggest that structural alterations in the eye occur up to nine months after the perceptual changes, and is the subject of clinical trials of more than 30 North American optometrists. If confirmed, these findings could overturn vision therapies that treat the eyes as little more than simple cameras. In behavioural optometry, eye deformation is seen not as the root cause of visual defects but as the end result of misperceptions from the brain and mind."

Price \$16.95 U.S. Paperback: 180 pages 26 Black and white illustrations: 8" X 10"

ISBN 0 89281 536 1. See Web Page <http://www.sunshine.net/www/0/sn0011/>

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No Subject

Opening in the dark after steady adaptation to a large field of luminance 320 cd/m² (white light):

Time (Seconds)	Mean Pupil Diameter (mm)
0	2.9
1	3.5
3	4.7
5	5.6
9	6.4
60	7.3
180	7.6

so you can see that it can take a few minutes for your pupils to fully open, but they're most of the way open in less than 10 seconds.

Now the retina itself: From Modern Optical Engineering by Warren J. Smith, 1990, p.125

"When the illumination level is reduced, the pupil of the eye expands, admitting more light, and the retina becomes more sensitive (by switching from cone vision to rod vision and also by an electrochemical mechanism involving rhodopsin, the visual purple pigment). This process is called dark adaptation."

There is a chart showing the least amount of brightness you can detect after so many minutes in darkness. For when you look directly at something (foveal vision), after just 4 minutes or so you're as good as it gets. There are no rods in your fovea. But for your side vision (such as 10 degrees away from right where you're looking), where there are lots of rods, you keep getting better and better at seeing in the dark even 40 minutes later.

As I understand it, older people generally take longer to get dark adapted. One reason for this is that their pupils are smaller and stay small. I've often wondered how much of this is due to "that's how the human body works" versus "that's because of how they use their eyes." Maybe the eyes would behave differently had they regularly practiced sunning and palming (each changing pupils to opposite extremes to exercise and retain the full range.)

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Now that you mention it, I do feel a little more introverted and shy when my glasses are off for the same reason: not being able to see their face. Only a small part of our communication is verbal. I'm much more likely to ignore people, or just watch people with my glasses off unless they are very close. This has plusses and minuses. It's easier when I'm with a friend who has better vision (corrected or uncorrected).

I just had an idea for an exercise to work on this issue: sit in a bustling place with glasses off and watch people, no matter how blurry they are; watch the spaces in between; relax; be quiet; don't attract too much attention (the goal is just to watch, not to interact). This might greatly increase one's ability to interpret non-verbal cues in that instantaneous/effortless/pre-thought mode that is so glorious to participate in by habituating one to the details (even though many of them will be blurry).

Mark

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"The most recent study I have come across was published in a German medical journal concerned with therapeutic radiation and indicates that bee pollen may be quite helpful in reducing side effects. The article was published in 'Strahlentherapie' (Radiotherapy) (150, 5:500-506, 1975), written by P.Hernuss and colleagues, who are associated with several radiological clinics and universities in Germany. ... Ten of the patients served as a control group, receiving only radiation, while 15 others were also given 20 grams (about three-quarters of an ounce) of pollen three times a day throughout the duration of the radiotherapy. The authors note that the pollen came from France and was

=====

collected in pollen traps which removed the material from the rear legs of bees.

=====

A number of blood tests calculated to measure the various indices of general health revealed that the women who took the pollen were considerably better off. ... Compared to the women who did not receive the pollen, those who did experienced only half as much nausea, less than one-fifth as much poor appetite, half as many sleep disorders, less than half as much inflammation in the urinary and rectal areas, and just one-third as much worsening of general condition. 'The function and the mechanism of action of pollen is essentially unexplained up to the present,' the authors state (we had the article translated from the German), but also declare that 'In summary, a good tolerance and favorable influence of the pollen diet as adjuvant to radiotherapy in female genital carcinoma was found. ...' For physicians who may be interested, the source of the pollen was the company of E. Hagen, Freilassing, Federal Republic of Germany."

=====

This would indicate that bee pollen is pollen that bees collect on their rear legs that is then collected from the bees. -- ST

=====

The other reference I found is in Prevention magazine of January 1977, page 172, subject Bee Pollen Sensitivity, in the letters to the editor:

"The special properties of bee pollen have been recently widely advertised. Nowhere have I seen any word of caution to those hay fever and asthma sufferers who are sensitive to pollen. I would like to relate my experience.

"The first bee pollen tablet I took caused my throat to swell seriously--to the point that breathing and speech were impaired. Although I immediately took an antihistamine and five grams of vitamin C, the swelling did not subside for several hours. In fact, my throat was very sore and still somewhat swollen after 24 hours.

"I believe a word of caution is advisable to those persons with a history of pollen sensitivity. As a former hay fever sufferer (now well under control by strict adherence to a hypoglycemic diet), I must still be acutely sensitive to pollen and would like to save others discomfort and possible serious consequences.

"Elizabeth Beckett
"Durham, New Hampshire"

=====
I hope this info proves useful.

Stuart Tyler
stuart@dhcl.deehoward.com

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From dtrudget@candelo.dpie.gov.au Ukn Feb 9 08:50:31 1995
Date: Thu, 9 Feb 1995 17:22:21 +1100
From: dtrudget@candelo.dpie.gov.au (Danny Trudgett)
Subject: Vision Improvement (re meditation)
Status: RO
X-Status:

G'day

I believe there are four major steps in myopia therapy. In order of importance:

- * Reduce eye strain
eg take regular eye breaks, use +ve lenses or weaker -ve lenses, etc
- * Relaxation
if stress (read muscle tension) is a contributor, then remove the cause
- * Diet
plenty of fresh fruit & veges, lots of vitamins (esp B group)
- * Re-learn
teach your eyes how to relax and see clearly in the distance

The first two are concerned with removing the cause. Good diet allows the body to function properly. Once the optimum (or at least improved) environment is created, then we can start to correct.

Meditation appears especially beneficial as relaxation technique (reversing the affects of cumulative stress). Also, during meditation there is no accomodative strain (or at least there shouldn't be). Add to this the power of positive suggestion via the mantra, and you have a pretty good method for correcting stress-induced myopia.

Worked for me, anyway (sans mantra). I improved 0.5 to 1 dipotre (from -2.5) over a 6 month period. Unfortunately, I lacked the discipline to stick at it and my eyes have regressed back to -2.75 <sigh>.

Such is life.

FYI

There is a place in India that teaches the 'relax and see' method (I don't actually know what the method involves, but it sounds pretty self descriptive). They treat myopia via diet & meditation. You must stay at the school full-time for at least one week.

THE SCHOOL FOR PERFECT EYESIGHT
3, Rue Saint Louis (Upstairs),
Sri Aurobindo Ashram P.O.
Pondicherry 605002
India.

Their telephone number is : 0091- 0413 - 37156
(91 is the country code for India, and 0413 is the area code for Pondicheery).

Cheers

Danny

=====

From owner-i_see@indiana.edu Thu Apr 6 19:20:12 EST 1995
Date: Thu, 6 Apr 1995 19:11:54 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Emily Bates's Tips for Better Vision
Status: RO
X-Status:

Emily A. Bates, laboratory assistant and then wife of Dr. William H. Bates (author of "Better Eyesight Without Glasses") was herself a leading practitioner of the Bates method. I just discovered a book by her, called "Stories From the Clinic", written under her previous name of Lierman, published in 1925. It is an excellent collection of case studies and a description of the Bates method in practice (Margaret Darst Corbett's "Help Yourself to Better Sight" and Clara Hackett's "Relax and See" are two other great resources for applications of the classic Bates method. They are out of print -- check your library or used book store for them).

Here are some "suggestions" she gives (pp. 15-16)

* * *

1. If the vision of the patient is improved under the care of the doctor, and the patient neglects to practice when he leaves the office, what he is told to do at home, the treatment has been of no benefit whatever. The improved vision was only temporary. Faithful practice permanently improves the sight to normal.

2. If the patient conscientiously practices the methods, as advised by the doctor, his vision always improves. This applies to patients with errors of refraction, as well as organic diseases.

3. For cases of squint [turned eye] we find that the long swing is beneficial to adults and to children.

4. When a patient suffers with cataract, palming is usually the best method of treatment, and should be practiced many times every day.

[note for newcomers: Palming = covering the closed eyes with cupped hands, the fingers crossing on the forehead, so as to shut out all light -- the hands do not touch the eyelids!]

5. All patients with imperfect sight unconsciously stare, and should be reminded by those who are near to them to blink often. To stare is to strain. Strain is the cause of imperfect sight.

The following rules will be found helpful if faithfully observed:--

6. While sitting, do not look up without raising your chin. Always turn your head in the direction in which you look. Blink often.

7. Do not make an effort to see things more clearly. If you let your eyes alone, things will clear up by themselves.

8. Do not look at anything longer than a fraction of a second without shifting.

[Note: shifting = moving your point of visual attention, while observing the thing viewed to "move" in the opposite direction.]

9. While reading, do not think about your eyes, but let your mind and imagination rule.

10. When you are conscious of your eyes while looking at objects at any

time, it causes discomfort and lessens your vision

11. It is very important that you learn how to imagine stationary objects to be moving, without moving your head or your body [i.e. sub- or semi-conscious shifting]

12. Palming is a help, and I suggest that you palm for a few minutes many times during the day, at least ten times. At night just before retiring, it is well to palm for half an hour or longer.

* * *

Note the emphasis on EFFORTLESSNESS, SHIFTING, PALMING, and FORGETTING ABOUT YOUR EYES. These three principles are often neglected in modern interpretations of Bates. Modern methods of vision improvement usually go along the lines of "practice makes perfect". What the Bates method emphasizes is that there is a right way and a wrong way to practice. If you try to look at those blurry letters by staring or straining to see them, YOUR VISION WILL GET NO BETTER. Failing to take these principles seriously is what I believe is the source of most discouragement and skepticism of the Bates method.

Again I emphasize the importance of PROLONGED PALMING -- a half hour, preferably longer -- each day, and at smaller intervals throughout the day. If you think it's crazy and don't do it, you're missing out on a lot! During palming, it is helpful to visualize something pleasant. You must palm relaxedly -- we'll talk about how to do this later.

--Alex

=====

From owner-i_see@indiana.edu Sat Jun 3 23:38:28 EST 1995
Date: Sat, 3 Jun 1995 23:35:47 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Choosing your therapy glasses
Status: RO
X-Status:

On lessening myopia.

I've just been looking over some books by Jacob Raphaelson, published in the 50s and 60s, published by the "Research Foundation for the Prevention of Myopia, Inc." which, unfortunately, died with Raphaelson in the 60s. He presents an incontrovertible case against minus lenses and for plus lenses for myopes. Most of his advice is for children, for preventing myopia. He argues that if you just wear +1.00 reading glasses (available at any drugstore) for all prolonged near work, you won't go myopic.

My advice for moderate myopes (-3.00 to -5.00):

You want to give your eyes as much distance practice as possible: you want to "unbend" your eyes so they can see into the distance.

First of all, NEVER READ WITH MINUS LENSES ON! If this means you have to hold the paper four inches from your face in order to read it, so be it! If you hold the paper as far away as you can so that the letters are still good and legible, this will be equivalent to looking at the moon WITH your glasses on, as far as your focusing is concerned. Conversely, reading at a "comfortable" distance with your glasses on is like holding the paper even CLOSER to your face than the distance you would read it at without glasses, as far as focusing is concerned. Does this make sense? If it is

difficult to read, this is probably because it's hard to read while your eyes are so crossed. I suggest putting a patch over one eye as you read, alternating the patched eye at regular intervals. Always have your reading material as far away as possible.

Can you get around without your glasses? My advice is to get yourself used to walking around lensless. I am, with about 1 diopter of myopia, able to get around with +3.25 glasses on (the equivalent of a -4.25 myope without glasses). If you're really serious about this, I think you can make great progress in a week if you JUST DON'T WEAR YOUR GLASSES. Summer is a great time for this. Make sure you get a lot of walking done outside. Look at the treetops (but watch where you're going!) Close your eyes and let the sun shine on your face as you rock back and forth -- this does wonders!

At first, you might get eyestrain, because your brain/muscle system is learning new perceived distance/amount-of-focus ratios. Take it in stride, using your favorite relaxation technique (e.g. palming, swinging, neck massage, acupressure) when things start getting strenuous.

I've been doing some research on myopia reduction projects; in all of them the subjects are "undercorrected", which means they wear weak minus lenses during the course of the project. The results are kind of ho-hum. In all the best "improve your eyesight" books and articles (the ones with the best and quickest reported results) the advice is to discard your glasses as soon as possible. No halfway measures.

Every myope's first goal in vision improvement should be to learn to manage without glasses at all. Yes, it will be fatiguing at first, so choose a period of time where you won't be under a lot of extra stress. Maybe you want to experiment for one day a week, or a block of hours every day, and gradually increase. (Importantly, make sure you LOOK AROUND during this time!) If you drive, get yourself a pair of 20/40 glasses (the legal minimum for driving). Vic pointed out you may want to save your 20/20 glasses for night driving. Important: request a 100% spherical correction, which means no cylinder, no "astigmatism" correction. Get some cheap but sturdy frames and plain plastic lenses.

Summer is the perfect time to start going without glasses!

For low myopes:

It's no problem for you to get around without your prescription. Now go to the drugstore and get some +1.00 reading glasses. Wear them for extended periods of time, and always when you read or write. Or be bold and get some even higher power -- the more power you can tolerate, the more dramatic your improvement will be!

---Alex

=====
From owner-i_see@indiana.edu Sun Nov 26 21:44:51 EST 1995
Date: Sun, 26 Nov 1995 21:34:11 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Tips for the Nearsighted
Status: RO
X-Status:

The best way to improve nearsighted eyes is... take your glasses off and get used to it! You will notice an amazing improvement in your glasses free vision if you can do this for a week, especially if you spend lots

of time outside.

This is not enough to bring you to 20/20, but it is a start. The most important thing is to practice looking at the details of familiar, distant objects. They should be familiar, because you don't want to waste brain energy trying to interpret what you're looking at, when you should be re-training your brain to focus for far. The trick is to see the point that you are looking at best. Strain results from trying to see everything all at once equally well. So imagine that whatever you are looking at is perfectly clear, sharp, and distinct, while everything peripheral is correspondingly indistinct. This will also force your eye to shift more frequently; less staring = less eyestrain.

It is true that high myopia is caused by an eyeball that is inherently too long, but myopia also results from a focusing muscle that cannot relax. Relaxation of that muscle brings about a reduction in nearsightedness. Many believe that it is actually the over-contraction that leads to the eyeball elongation in the first place.

Please check out

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

for more information on this subject, including bibliographies. There are lots of books still in print, and many more available at the library!

--Alex

=====

From aeulenbe@indiana.edu Mon Nov 27 10:06:01 1995
Date: Mon, 27 Nov 1995 10:06:00 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Focusing and Myopia
Status: RO
X-Status:

On Mon, 27 Nov 1995 AmgS@aol.com wrote:

> Sounds good, but - if the eyeball is already elongated, can relaxing the
> muscle cause it to return to normal shape?
>

An normal eye can become nearsighted by (a) making the lens more convex, or (b) elongating the eye (increasing the distance between the lens and the retina).

According to the standard theory of accommodation (i.e. how the eye focuses, or "accommodates" to see objects at different distances) the eyeball does not change shape when the eye changes focus. Instead, the ciliary muscles cause the lens, which is inside the eye, behind the pupil, to change shape. When the muscles contract, the lens becomes more convex for near objects, and when it relaxes, the lens becomes less convex for distant objects.

Now if the muscles that control the lens become cramped, and unable to relax, then the lens will become perpetually more convex than it should be for distance viewing. This is known as "pseudomyopia". It can be cured by relaxing the ciliary muscles.

It is thought that pseudomyopia, or too much close focusing, for one reason or another, causes the eye to elongate, either by the action of the lens, or by an increase in internal pressure during close-focusing. This

is a poorly studied area, but there are experiments to support this contention (see Myopia Control bibliography at the I_SEE page).

Many people have their eye-elongation myopia compounded with muscle-cramp myopia, as evidenced by the fact that their prescription plummeted after a month or two of wearing no glasses, or glasses of a weaker prescription, and in that time, making it a habit to look at the details of distant objects.

I add here that it has been theorized, and there is evidence for the idea, that, in addition to changes in the lens, the eye actually DOES change length during accommodation, primarily under the influence of the muscles OUTSIDE the eye. This makes the connection between excessive close focusing and increased eye length much easier to understand. Permanent myopia then, is the result of an over-stretched eye. No optometrist or ophthalmologist that I know of today believes this theory of accommodation; however, I have uploaded experiments that give evidence for the theory on the I_SEE page, that are about 200 years old...

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

--Alex

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From owner-i_see@indiana.edu Fri Apr 7 04:19:47 EST 1995
Date: Fri, 07 Apr 1995 11:07:49 +0100
From: margot <ernst@bkfug.kfunigraz.ac.at>
Subject: Palming
Status: RO
X-Status:

Hi,

people were wondering about palming - I don't have an answer to offer, but a speculation. (maybe even an interesting speculation)

I'm a student of Qi gong and East Asian Traditional 'Medicine'. These disciplines rely amongst other things on qi channels and points on those channels which are used, besides other things, in acupuncture treatment. In many forms of 'medical' qi gong a point in the center of the hand is used in a therapeutic manner. Qi gong therapist will use the center of their palm to manipulate the qi in the patient, and of course this can be done with one's own hand, to a degree.

While some fraction of the scientific community supports these things, others are very sceptical. I can only speak from experience - that point in the center of the palm can have **strong** effects on measurable aspects of physiology.

A manipulation very similar to palming is in fact part of a traditional eye-massage in some schools of Oriental Medicine.

Maybe this explains part of the secret to palming, and maybe not.

margot

btw: In Qi gong, the hand is also placed on other important areas of the body for various effects in improving health balance, meditation, and the like.

=====

From owner-i_see@indiana.edu Sat Apr 8 16:59:21 EST 1995
Date: Sat, 8 Apr 1995 16:57:22 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Why palming is better than sleeping
Status: RO
X-Status:

On Fri, 7 Apr 1995, Sally Cooper wrote:

> Can someone explain why palming is so beneficial? Does it just rest
> the eyes? If I had a good reason I'd be more likely to do it, but
> logic tells me I should be exercising my eyes to improve my vision.
> Otherwise why don't I see better after a night's sleep?

These are three very good questions that many people have.

I answer:

Palming does more than rest the eyes. Leaving aside the question of the life energy force ("chi" in Chinese, "prana" in Sanskrit, "orgone" according to Wilhelm Reich) coursing through the hands and into the eyes, we note...

1. The eyes are warmed by the hands
2. The muscles around the eye are gently massaged by the pulse from the

hands.

3. All light (= retinal stimulation) is excluded, whereas when you sleep, some light may shine in through the window, especially in the morning.

In comparison with sleep, we note that bad habits of tension may creep back into the eyes during dreaming. And everybody does dream, whether or not they can remember their dreams. Often dreams are confusing and muddy, straining your eyes. When you palm, you are conscious, and have more control over your thoughts.

As for exercise, yes exercise is important, but remember, exercise is ineffective as long as the organs being exercise are under strain. It's not true that practice makes perfect. Only PERFECT practice makes perfect. You cannot exercise perfectly unless your eyes are free of tension.

Another thing: you can exercise your vision while palming, by shifting and swinging pleasant images in your mind.

--Alex

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From owner-i_see@indiana.edu Thu May 11 20:08:19 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: stereograms (fwd)
Date: Fri, 12 May 1995 11:00:51 +1000 (EST)
Status: RO
X-Status:

>
>I'm not 100% sure if I'm doing palming right. Can you give me some
>detailed instructions??
>
>Thanks.

I like to do it lying down. you cover your closed eyes with the cupped palms of your hands, with the fingers crossing over your forehead above your nose. it should be pitch black. do *not* touch you eyes with the hands. then you can either do visualisation, if your are into that. or just sit/lay back and meditate.

when you stop things are clearer and your eyes feel warm and much more relaxed and free of tension.

Vic

=====

From owner-i_see@indiana.edu Tue Oct 10 14:44:11 EST 1995
Date: Tue, 10 Oct 1995 14:17:28 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Palming -- the simplest eye exercise
Status: RO
X-Status:

There haven't been many how-to-improve-your-vision posts lately, so here's one.

Very simple. First take a look around and take a note of which things are clear and which things are blurry.

Now, put your hands over your eyes for a half an hour. Do not put pressure on your eyeballs. You may blink or close your eyes, just do not let any light in. The fingers of your left hand should cross the fingers of your right hand on the middle of your forehead. If it helps you relax, listen to your favorite music or radio show. Be open to any visual images that may cross your mind. You may lie on your back or sit in a chair or on the floor, whatever is most comfortable. Don't slouch though. You might want to prop up your elbows with a cushion.

After the show's over, or the tape has come to a stop, or your 30-minute timer has buzzed, take a look around. How do your eyes feel? How do things look?

Variation: wear a patch over one eye for a half an hour.

Yes, darkness does amazing things for the eyes.

Let I_SEE now how palming works for you!

--Alex

=====

From owner-i_see@indiana.edu Wed Oct 11 08:37:16 EST 1995
From: John_Palmer.WGC-E@rx.xerox.com
Date: Wed, 11 Oct 1995 01:23:38 PDT
Subject: RE: Palming -- the simplest eye exercise
Status: RO
X-Status:

Alex,

I've been working to improve my eyesight for a while now, and I have some observations regarding palming which I thought you might find interesting:

- When palming do not set a time limit, try to forget about time. This is because time is measured by the left side of your brain, vision is handled by the right side of the brain which is the side that should be stimulated by palming. This is why you are encouraged to think about images during palming as again this stimulates the right side of the brain. The amount of time spent palming should be the amount of time that you feel comfortable and relaxed when doing it - do not PUSH yourself to go an extra 10 mins as this will probably stress you out and undo some of the good you just achieved.

- I find listening to music is great during palming, however it must be music with no one singing, just music. Again this is because language is handled by the left side of the brain, and so if you listen to the words, the left side of the brain is taking over your conscious thought. (Have you ever noticed when you've drifted off listening to music and you no longer hear the words just the tune, well this is because your left brain has switched off and has handed over to your more thoughtful and creative right brain which has carried you off to a world full of images and dreams).

Anyway, I have generally found that a lot of left/right brain theory is relevant to eye work, and has many other implications as well, all of which is fascinating to explore :-)

Hope you found this relevant.

Regards,

JP.

=====

From owner-i_see@indiana.edu Wed Oct 11 12:38:44 EST 1995
Date: Wed, 11 Oct 95 10:23:00 PDT
From: logan@jrs.com (Brad Logan)
Subject: Re: Palming -- the simplest eye exercise
Status: RO
X-Status:

Mike Ellwood wrote

> Let me be devils advocate for a moment.
> While I am sympathetic to the cause of
> natural vision therapy, there is a case to
> answer about palming, which more conventional
> approaches suggest: that the effect one gets
> is purely to do with the iris shutting down in
> response to the lack of light stimulus, and the
> apparent improvement one gets for a while is
> due to the increased depth of field due to the small
> aperture (same effect one gets on a camera).
>
> What is the natural vision therapy response to this?

I interpret your question/statement to be that the iris closes, becomes smaller in the dark, that it is like a pinhole camera. Pardon me if I've read it wrong, but the iris opens in the dark, takes on a larger aperture. So I question the analogy.

FOr me, palming provides an opportunity for a relaxation response. I can feel my eyes relax, my mind relax, and general relaxation. It is easy for me to unconsciously strain to see and palming helps to counter act that. Medical science is beginning to accept the detrimental effects of long term stress and I think this is all related.

Brad

=====

From owner-i_see@indiana.edu Wed Nov 1 09:54:53 EST 1995
Date: Wed, 1 Nov 1995 09:33:05 -0500
From: aeulenbe <aeulenbe@ezinfo.uics.indiana.edu>
Subject: Re: Retinal "Dark Current"
Status: RO
X-Status:

On sci.med.vision, Mike I. Jones <mijones@lfc.lockheed.com> wrote:

>
>Why is it that when I am in a totally dark room, I do
>not percieve total blackness? Besides myself, several
>people I have discussed this with report seeing flashes,
>intricate patterns, and changing colors in total
>darkness.

William Bates, author of "Better Eyesight Without Glasses", said that such patterns are evidence of eyestrain. Those with "perfect eyes" see a field of pure black, whereas those with "defective vision" see colors or a field of gray; the more wild the patterns, and the less black the field, the higher the strain. He did not give any physical

explanation for this.

However, I have noticed that, for me, while I usually see gray-black myself when I close my eyes, after a period of intense "aerobic" activity, such as swimming, I will often attain a purer black when I close my eyes, which coincides with an improvement in vision when my eyes are open. I have concluded that this effect, and what Bates observed, has something to do with blood flow through the eyes, in particular the retina.

>Is there a unit of measure for eye-brain light
>perception in total darkness? Can this be an indicator
>of any kind of eye disease?

Bates said that the more excited the pattern, the more defective the vision. He did not give any units. Details can be found in his book, which is still in print. Incidentally, he considered any amount of myopia or astigmatism defects due to "mental strain". He said the higher the "strain" and thus the higher the error of refraction, the less black the visual field will be with no light stimulus.

It would be interesting if someone could verify the correlation that Bates made. For example, do high myopes see wilder images when they close their eyes than do low myopes?

For example, my myopia last measured in at about -1.00 OU, and all I ever see with my eyes closed is patches of gray or dull clouds of purple. No flashes.

--Alex

=====

From aeulenbe@indiana.edu Fri Mar 3 07:44:07 1995
From: JohnRICH95@aol.com
Date: Mon, 27 Feb 1995 23:03:17 -0500
Subject: No Light Sensitivity.
Status: RO
X-Status:

One vision therapy exercise that has totally eliminated my sensitivity to sunlight (blinding glare off of metal, glass, etc. notwithstanding) is "sunning." It's basically closing your eyes and pointing your face toward the sun. If you are very light sensitive you may want to start by closing your eyes and just facing into the sky but not directly at the sun. NOTE: At no time are you to open your eyes while looking at the sun!! This stimulates the rods and cones in your eye. Anytime I come out of a very dark place, like a movie theatre, I do this exercise for about 20 seconds, and have no problem. I do not wear sunglasses anymore on a regular basis. I keep them handy for glare situations and only then when I'm wearing contact lenses which is not very often anymore....

=====

From slfink@NETCOM.COM Tue Mar 21 18:18:27 EST 1995
Date: Tue, 21 Mar 1995 15:01:00 -0800 (PST)
From: Steven Finkelman <slfink@NETCOM.COM>
Subject: Re: To sun or not to sun?
Status: RO
X-Status:

Forgive me if I'm wrong, but sunning is to be done with the eyes closed. The way I was taught is that you swing while looking at the sun. therefore, the sun isn't fixed in any one place on the retina, or the eyelids, and besides, it just plain feels good, and relaxes me.

In my estimation, relaxation is better than worrying about a thing. Like some people worry about their diets and what they can and cannot eat. this kind of strictness causes stress. Stress causes bodily injury. In some cases it would be less injurious if they just ate the food, instead of worrying about it.

Most of us live in artificial environments which gives us limitation of exposure to full spectrum radiation, then some go on holidays and are 'gluttons for the sun'. Perhaps it would be better if we took in a little each day. What did we do before the electric light bulb and artificial environments?

It seems a sad day to be afraid/worried about the light which gave us life. (the sun).

Steven Finkelman		FoxPro developer and designer
DATA/Message		of strategic tools
slfink@netcom.com		

On Tue, 21 Mar 1995, Karsten E. Braaten wrote:

> >
> > Exposure of the eyes to sunlight is often advocated by vision therapists,
> > who say that lack of sunlight leads to an inability to tolerate glare.
> > You must get enough sunlight to keep your pupil in shape. But how much is
> > enough, and how much is too much? Bates said that looking directly at the
> > sun was of great benefit to the eyes. Common wisdom says the opposite --
> > looking at the sun is bad for the eyes, especially with the state of the

> > ozone layer. We are constantly bombarded with propoganda to wear
> > sunglasses.
> >
> Well, one may argue about whether 'sunning' will improve vision,
> but it is clear that Ultra-Violet Radiation is harmful not only to
> eyes in particular, but life in general. Notice that I didn't say
> 'sunlight', but 'UV Radiation,' which is more specific. Sunlight
> contains UV Radiation, some of which reaches the ground -- more now
> that the ozone layer is depleted. Thus the common recommendation to
> wear sunglasses and sunscreen.
> I think that there is much confusion about whether sun exposure is
> 'good' or 'bad' for you because people don't realize that different
> parts of the Electromagnetic Spectrum have different effects on us.
> The UV part of the spectrum has harmful effects -- on eyes and skin --
> but the visible part of the spectrum seems to have positive effects on
> general health (as it helps the body produce vitamin D and who knows
> what else) and may have positive effects on eyes, though I'm
> personally unaware of the evidence for that. Anybody here know what
> it is?
>
> > Where is the truth?
> >
> "There are atoms and empty space; all else is opinion."
> --Some Greek Philosopher
>
> > <http://alep.unibase.com/sunconf.html>
> >
> Thanks for the ref. Just skimming it, it looks pretty basic, but
> nevertheless well put together.
>
> BTW, this is a response to something I think Vic said: The ozone
> hole is actually over the polar regions, if I remember correctly.
> Nevertheless, your conclusion that people near the equator (and at
> high altitudes) are at higher risk is correct because 1) there is
> global ozone depletion, and 2) the sun's rays are more direct in
> equatorial regions. Peace...
> --
> * karsten@landau.rice.edu * We Pray to the Money God
> * Space Physics Room 211 * To Give Us Consolation
> * Rice University * We Pray to the Money God
> * Houston, TX 77096 * To Give Us Resurrection
> * (713)527-8750x2701 * --Big Pig
>

=====

From r.malingre@qut.edu.au Tue Mar 21 18:42:14 EST 1995
Date: Wed, 22 Mar 1995 09:24:57 +1000
From: r.malingre@qut.edu.au (Rene Malingre)
Subject: the sun and the eyes
Status: RO
X-Status:

Solar retinopathy is characterized by a small circumscribed hole or cyst that develops 2 weeks after exposure to the sun. The lesion is thought to be caused by phototoxicity rather than by thermal effects. Vision as poor as 6/60 typically results due the central location of the lesion. There is evidence for some contributory effects of infra-red radiation rather than simply an excessive exposure of visible light. There is little if any effect of UV light in this condition, as the cornea and crystalline lens are effective filters.

Basically, too much light burns a hole in the retina, leaving the idiot who looked at the sun centrally blind. This is most common during solar eclipses, when people try to catch a glimpse. In other words, even 10% of the sun is far too much!

Acute, excessive UV exposure will lead to corneal damage (solar keratitis), which is basically sunburn of the external eye, and chronic UV exposure is associated with brunescant cataracts and possibly with age-related macular degeneration, the leading cause of non-treatable blindness in the elderly.

There is an old joke about sunning the eyes as a treatment for myopia. If you stare at the sun, you will end up seeing as well without glasses as with glasses. But only because you have made yourself centrally blind.

Rene Malingre

=====

From karsten@landau.rice.edu Tue Mar 21 17:23:13 EST 1995
From: "Karsten E. Braaten" <karsten@landau.rice.edu>
Subject: Re: To sun or not to sun?
Date: Tue, 21 Mar 1995 11:29:07 -0600 (CST)
Status: RO
X-Status:

>
> Exposure of the eyes to sunlight is often advocated by vision therapists,
> who say that lack of sunlight leads to an inability to tolerate glare.
> You must get enough sunlight to keep your pupil in shape. But how much is
> enough, and how much is too much? Bates said that looking directly at the
> sun was of great benefit to the eyes. Common wisdom says the opposite --
> looking at the sun is bad for the eyes, especially with the state of the
> ozone layer. We are constantly bombarded with propoganda to wear
> sunglasses.

>
Well, one may argue about whether 'sunning' will improve vision, but it is clear that Ultra-Violet Radiation is harmful not only to eyes in particular, but life in general. Notice that I didn't say 'sunlight', but 'UV Radiation,' which is more specific. Sunlight contains UV Radiation, some of which reaches the ground -- more now that the ozone layer is depleted. Thus the common recommendation to wear sunglasses and sunscreen.

I think that there is much confusion about whether sun exposure is 'good' or 'bad' for you because people don't realize that different parts of the Electromagnetic Spectrum have different effects on us. The UV part of the spectrum has harmful effects -- on eyes and skin -- but the visible part of the spectrum seems to have positive effects on general health (as it helps the body produce vitamin D and who knows what else) and may have positive effects on eyes, though I'm personally unaware of the evidence for that. Anybody here know what it is?

> Where is the truth?

>
"There are atoms and empty space; all else is opinion."
--Some Greek Philosopher

> <http://alep.unibase.com/sunconf.html>

>

Thanks for the ref. Just skimming it, it looks pretty basic, but nevertheless well put together.

BTW, this is a response to something I think Vic said: The ozone _hole_ is actually over the polar regions, if I remember correctly. Nevertheless, your conclusion that people near the equator (and at high altitudes) are at higher risk is correct because 1) there is global ozone depletion, and 2) the sun's rays are more direct in equatorial regions. Peace...

--

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* Space Physics Room 211 * To Give Us Consolation
* Rice University * We Pray to the Money God
* Houston, TX 77096 * To Give Us Resurrection
* (713)527-8750x2701 * --Big Pig

=====

From owner-i_see@indiana.edu Tue Mar 21 21:56:50 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: To sun or not to sun?
Date: Wed, 22 Mar 1995 12:43:17 +1000 (EST)
Status: RO
X-Status:

hi

>> Exposure of the eyes to sunlight is often advocated by vision therapists,
>> who say that lack of sunlight leads to an inability to tolerate glare.
>> You must get enough sunlight to keep your pupil in shape. But how much is
>> enough, and how much is too much? Bates said that looking directly at the
>> sun was of great benefit to the eyes. Common wisdom says the opposite --
>> looking at the sun is bad for the eyes, especially with the state of the
>> ozone layer. We are constantly bombarded with propoganda to wear
>> sunglasses.

>>

> Well, one may argue about whether 'sunning' will improve vision,
>but it is clear that Ultra-Violet Radiation is harmful not only to
>eyes in particular, but life in general.

not quite true. there is WHO report which shows that UV is only dangerous
for people with a diet high in animal fats. Vitamin D is produced
in humans from one of the UVs. Plants will not grow as
well if deprived of UV. females dont produce as much sex hormone
if deprived of UV. etc etc.

I have read about the experiments that proved UV is dangerous.
monkeys had there eyes strapped open and 2500W UV lamps were used
to flood the eyes for days on end. and surprise surprise they found damage.

>Notice that I didn't say
>'sunlight', but 'UV Radiation,' which is more specific. Sunlight
>_contains_ UV Radiation, some of which reaches the ground -- more now
>that the ozone layer is depleted. Thus the common recommendation to
>wear sunglasses and sunscreen.

The lens of the eye filters out UV. so sunglasses are a bit
redundant. if you do sunning you do it with your eyes
closed. so very little UV even gets to the lens. unlike bees

we dont see UV. the FAQ advocates not wearing sunglasses if you have any sort of light sensitivity. once you have eliminated this sensitivity then you can start wearing them again, but only in a a fashion which will not reintroduce the sensitivity. most people wear sunnies as a fashion item, not out of concern for UV.

> I think that there is much confusion about whether sun exposure is >'good' or 'bad' for you because people don't realize that different >parts of the Electromagnetic Spectrum have different effects on us. >The UV part of the spectrum has harmful effects -- on eyes and skin -- >but the visible part of the spectrum seems to have positive effects on >general health (as it helps the body produce vitamin D and who knows >what else) and may have positive effects on eyes, thought I'm >personally unaware of the evidence for that. Anybody here know what >it is?

not quite true. some UV is beneficial. 4 billions years of evolution has not created a human being which withers and dies in open full spectrun sunlight.

my feeling is for the purpose of correcting visual problems the small amount of exposure seems to do nothing but good.

> BTW, this is a response to something I think Vic said: The ozone >_hole_ is actually over the polar regions, if I remember correctly.

the hole actualy goes right over my head during summer I believe.

>Nevertheless, your conclusion that people near the equator (and at >high altitudes) are at higher risk is correct because 1) there is >global ozone depletion, and 2) the sun's rays are more direct in >equatorial regions. Peace...

true.

Vic

=====

From owner-i_see@indiana.edu Fri Mar 24 08:17:10 EST 1995
From: "Karsten E. Braaten" <karsten@landau.rice.edu>
Subject: Re: To sun or not to sun?
Date: Fri, 24 Mar 1995 03:59:14 -0600 (CST)
Status: RO
X-Status:

>
>
> > Well, one may argue about whether 'sunning' will improve vision,
> >but it is clear that Ultra-Violet Radiation is harmful not only to
> >eyes in particular, but life in general.
>
> not quite true. there is WHO report which shows that UV is only dangerous
> for people with a diet high in animal fats. Vitamin D is produced

Uh, what's the definition of 'dangerous' here? I suspect that the WHO study used as less strict definition than the one I implied. Nothing wrong with that, as long as we know it. See cements below about UV's effects on proteins.

> Vitamin D is produced
> in humans from one of the UVs. Plants will not grow as

Ah, but which one? UV-A, in light doses, might help you make Vitamin D, but a strong dose of UV-C might (probably would) kill you. These differences are important. ;)

> well if deprived of UV. females dont produce as much sex hormone
> if deprived of UV. etc etc.

> Hadn't heard this last one. By all means, put the women in the sun! (sorry...)

> I have read about the experiments that proved UV is dangerous.
> monkeys had there eyes strapped open and 2500W UV lamps were used
> to flood the eyes for days on end. and surprise surprise they found damage.

Surprise indeed; I hadn't heard of these 'experiments.' Didn't the ASPCA have something to say about them?

I was basing my comments on the more basic observation that UV (especially UV-B, ~300 nm, I think) breaks down animal proteins.

> The lens of the eye filters out UV. so sunglasses are a bit

Really? With no damage even to the lens itself? This surprises me...

> not quite true. some UV is beneficial. 4 billions years of
> evolution has not created a human being which withers and dies
> in open full spectrun sunlight.

Uh, 4 billion years of evolution first created on Oxygen atmosphere, then an Ozone layer on top of it, which almost completely filters out the 300 nm radiation, before life like us crawled out of the ocean.

UV radiation -- and especially that in the ~300 nm band -- breaks apart the proteins that are one of the 'building blocks' of organic, cellular life like us. It wasn't until the Ozone layer blocked most of this radiation from reaching the surface of the Earth that life really got going -- though it was a form of life that excreted oxygen (by metabolizing CO2 and probably other things) that created our oxygen atmosphere in the first place. I believe that this life was mostly green (i.e., it contained chlorophyll), in the ocean and possibly on land.

> > BTW, this is a response to something I think Vic said: The ozone
> >_hole_ is actually over the polar regions, if I remember correctly.

> the hole actualy goes right over my head during summer I believe.

I think you're correct. You live in Australia, right? The ozone hole is over the south pole, and in summer for you (winter for us in the Northern Hemisphere) it does get large enough to be over Australia. Thus you are getting completely unshielded exposure to the 300 nm radiation that is most harmful to life.

Australia has higher skin cancer rates than the rest of the world, doesn't it? That's why. Denver also has higher skin cancer rates than the rest of the US (so I'm told, can't give you any refs.);

the reason given is that it is at a higher altitude, and thus receives less filtered sunlight.

I think an underlying assumption here is that something is either a boon or a bane, but not both. I think that's probably wrong. Sunlight certainly has many beneficial effects, but it also has some harmful ones. Knowing this, the question isn't 'to sun or not to sun,' but rather, 'how much sun exposure will give the appropriate balance between the beneficial and the harmful effects of sunlight, and what can we do to preserve the beneficial effects but minimize the harmful effects?'

This is clearly a question that each person must answer for him/herself.

What I really wanted to get at is the claim that one can simultaneously decrease light sensitivity and increase nightvision. Is this the claim? If so, regardless of the technique, how is it possible? It seems to me that the two things would be mutually exclusive; if you see well at night, you're sensitive to sunlight.

I've always tried to wear shades, partially to protect from UV-B, but also to maintain light sensitivity, so that I'd also maintain good nightvision, as I find the latter more important. So how is that that my eyes might be capable of both good nightvision and low light sensitivity? Peace...

--

* karsten@landau.rice.edu * Like a child in his fantasy
* Space Physics Room 211 * Punching holes in the walls of reality
* Rice University * All my life I've wanted to fly
* Houston, TX 77096 * But I don't have the wings and I wonder why
* (713)527-8750x2701 * --Big Pig

=====

From aeulenbe@indiana.edu Ukn Feb 14 13:04:05 1995
Date: Mon, 13 Feb 1995 22:55:45 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Reducing nearsightedness with reading glasses
Status: RO
X-Status:

Here is the easiest, most common-sense way I know to reduce nearsightedness.

First, get a hold of a pair of reading glasses (available at the drugstore for \$10-\$20). The power doesn't matter as long as the point when blur sets in is a comfortable reading distance away.

Now, take something to look at: a picture, some reading material -- anything really, and hold it just at the point where things just start to get blurry. Now relaxedly scan the image. Look at each detail, point by point, breathing calmly and blinking regularly -- don't stare. The image should get clearer. Now push the image back and repeat. If you are able to do this while reading a book, great. But if you'd rather look at photos or an art book, that works just as well. If you can't get the image into focus, don't try harder; just pull in a little bit till it gets clear and then pull out again until the image is just barely blurry again. You are training your focusing muscle to relax (the muscle contracts to see things up close), so you must avoid anything that would cause stress and therefore contraction!

Variation 1: do it with a patch (\$3-4 at the drugstore or optometrist). Advisable whether or not both eyes are equally nearsighted, for three reasons:

- 1) it avoids the strain involved when two eyes must coordinate; plus,
- 2) it allows one eye to rest (pupil dilates = iris is relaxed; no light stimulus getting on your retinal nerves)
- 3) it ensures that one eye is indeed training, and not letting the other one do the work.

Variation 2: Zooming. Take two playing cards, back patterns facing you, push one out into the blur while you keep the other one within focal range. Shift your gaze back and forth, comparing the images of the two cards. Move the cards back and forth. Be creative!

If any I_SEE'ers can come up with a new variation, be sure to post it!

=====

From aeulenbe@indiana.edu Thu Mar 2 06:54:47 1995
Date: Wed, 1 Mar 1995 22:55:13 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: "But I simply MUST read!"
Status: RO
X-Status:

The first principle of myopia reduction is: maximize the proportion of time you spend distance-viewing. Since distance lenses (minus lenses) bring everything up close to you, this means getting rid of your myopia prescription lenses. Remember, when you look at the moon with as low as a -1.00D prescription, as far as you eye is concerned, you're only looking a meter away. So by all means you should NEVER READ WITH DISTANCE LENSES ON!

Still, reading even without minus glasses is near work, the very near work that put you behind glasses in the first place! What should you do

if you simply must read, and you can't stand having to "palm" at every page, and you don't have a window to look out of?

1. If your myopia is high enough, you can hold a book (or sit comfortably away from your computer screen) at your far-point. This will be enough to start pulling your eyes back into shape.
2. If and when your myopia is low enough such that it is inconvenient to read at the blur point, you will need some special equipment...

...reading glasses! You can purchase them at the drugstore for under US\$20, and you don't need a prescription. Just walk into the drugstore and put a pair on and look at something at a comfortable reading distance. You'll probably find that the lowest available power (+1.00 or +1.25) is the best. Now you can read and look into the distance simultaneously! To find out where the "virtual moon" is, take the reciprocal of the lens power and read the result in meters. Thus, for a +1.25 lens, that's $1/1.25$ m, or 0.80 m -- whenever you look at something 80 cm away in +1.25 lenses, as far as your eye is concerned, you're looking at the moon!

And while you're at the drugstore, why not pick up an eye patch? No sense looking at a 2D page with 3D vision. Not only do you use twice the retinal forces that you need, you waste valuable brain energy keeping your eyes coordinated. You can keep your eyes super fresh and strain-free while reading by wearing a patch over one eye and looking through a plus lens with the other. Alternate eyes at regular intervals.

For the first time in your life, your distance vision will be BETTER after prolonged reading!

=====

From aeulenbe@indiana.edu Fri Mar 3 17:25:08 1995
From: c22at@kocrsv01.delcoelect.com
Subject: "But I simply MUST read!" (fwd)
Date: Fri, 3 Mar 1995 10:02:24 -0500 (EST)
Status: RO
X-Status:

> From: Alex Eulenberg <aeulenbe@indiana.edu>

>

> For the first time in your life, your distance vision will be BETTER after
> prolonged reading!

>

I found that the most effective way to force my eyes to focus beyond my blur point is by reading one same word over and over. I really worked in that after 1-2 minutes of reading the word, I could trace the edges of the letters that form the word. I usually do this every three/four pages of reading materials (ie. read four pages AT/JUST BEFORE the blur point, focus on one word slightly BEYOND the blur point).

Do you guys think that this could accelerate/inhibit my eye training?

Another thing that I notice is that I am becoming more conscious about having to focus my eyes at something near. The other day I was helping my wife to fix a piece of jewelry, and I realized that I was focusing to a near object (+/- 5 cm) w/ my glasses on!!!). Ouch, that hurt. This is the kind of thing that used to make my eyes more and more myopic (not anymore. my vision training have held my prescription constant since my junior high).

If any of you are having progressive myopia, watchout for this kind of thing, and try to avoid it.

Andy

ps: Vic, what's the status of your bet w/ that doctor from SMV?

=====

From CmdrGray@aol.com Wed Mar 22 01:31:10 EST 1995
From: CmdrGray@aol.com
Date: Wed, 22 Mar 1995 01:29:36 -0500
Subject: Vision Freedom
Status: RO
X-Status:

Hello again,

Thanks for responding to my post so soon. I already had the appointment with Dr. Westgate about two weeks ago. He said that he hadn't heard of VF or Mr. Severson. While I was there I just paraphrased the 60 page booklet I'd received in the mail to Dr. Westgate. He was familiar with the technique of accomodation to improve vision but said there weren't many studies on it's success and that in my case(-4.25 Left, -4.00 Right) there wouldn't be much improvement.

I didn't get the impression that he was trying to mislead me or anything. From his experience and reading he just hadn't seen data pointing to vision improvement for anyone using accomodation or biofeedback procedures.

I have to share a bit of my history to you:

I've been under the care of Dr. Joel Halpern O.D. while going through orthokeratology for the past four years. Initially my acuity was in the 20/400 range for both eyes. After about seven months of the OrthoK I could see the 20/30 line on an eye chart with my right eye...20/50 with my left immediately after removing the lenses.

Unfortunately, the effect doesn't last very long(eight hours max) and now the best I can see when I take the Ortho lenses out is 20/70R 20/100L. I am a pilot and college student studying Airway Science. My goal is to fly for a major airline but I'd rather fly for the Air Force. I could pass a Class I physical needed for the airlines as I am now.

My hope was through, vision therapy, of increasing my acuity to the point of passing the Air Force vision test. From reading Mr. Severson's booklet this goal doesn't seem out of reach. If I could make drastic improvement with my acuity to say 20/60 in each eye with vision therapy or more specifically Vision Freedom I could get down to 20/20 using Orthokeratology.

Why am I sharing all this? Dr. Halpern has helped me a lot and I don't want to lose his support. I originally asked him about the VF booklet and he then set up an appointment for me with Dr. Westgate to see if he knew anything about it and if it would benefit me. They operate under the same practice, Halpern Eye Associates. As I stated earlier Dr. Westgate's news was not what I wanted to hear but I think he was being honest with me. With my next office visit with Dr. Halpern he told me about a seminar he'd just been to concerning the excimer laser and it's use for PK and how a U.S. firm is refering patients to Canada for treatment.

Here's my dilemma. PK would disqualify me for an Air Force commision as would any other surgical technique to modify the refractive power of the cornea.

I'd like to go the Vision Therapy route but my doctor doesn't have any data concerning significant improvement for myopes or anyone else. While undergoing OrthoK I can't effectively use the techniques outlined by Brian

Severson. Dr. Halpern told me that he would be more than happy to help me in any way he could but he'd need evidence of vision improvements in other patients, data, or something to those effects in order to justify the suspension of my OrthoK treatment at this point.

Could you send me, Dr. Wesgate, or Dr. Halpern any information on other doctors who use plus lense therapy or the book titles you listed in your last message. I'd really appreciate it.

--ps I the Prodigy Browser to get the FAQ at <http://silver.ucs.indiana.edu/~aeulenbe/> but it wouldn't accept the address. Is there another way to get it?

Thanks for your time

=====

From jonesm@swim5.eng.semtech.org Fri Mar 24 11:07:38 EST 1995
Date: Fri, 24 Mar 1995 09:48:32 -0600
From: Mark Jones <jonesm@swim5.eng.semtech.org>
Subject: Re: Distance glasses make all vision closeup vision
Status: RO
X-Status:

[Date: Fri, 24 Mar 1995 10:32:43 -0500 (EST)
[From: Alex Eulenberg <aeulenbe@indiana.edu>
You mean your myopia is so high that you cannot read at all without glasses?

This is a very worthwhile question that leads to another question of mine. When I read without glasses, I must hold the paper 6 inches from my face. Also, I feel eye strain when I read thusly. My questions are:

1. Should I read without glasses anyway?
2. Is the eyestrain I feel temporary due to the transition from glasses to no glasses, or does it indicate that I need training in reading properly without glasses?

I have often thought that it would be a good exercise to read without glasses, and that over time I would notice that I can hold the paper further from my face. I have resisted this impulse because I was concerned that due to problems I am not aware of, I may make things worse. This was probably an illusion on my part. I should probably just do it and see what happens.

Mark

=====

From owner-i_see@indiana.edu Sun Apr 9 13:41:58 EST 1995
Date: Sun, 9 Apr 1995 13:35:27 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Vision Freedom secret revealed
Status: RO
X-Status:

I_SEE member Mark Jensen asks about Brian Severson's "Vision Freedom" method for reversing vision defects. Does it work? Yes. Is it worth shelling out \$100 for? No! Here's the secret...

The technique for myopia consists of reading some text at farther and farther distances. This is only common sense. The problem is, most people's arms (or keyboard cords) aren't long enough to make this

practical. So you wear reading glasses -- glasses for people who need the text to be pushed back in order to read it -- which accomplish the same thing optically. This technique is over a hundred years old, incidentally -- I've read about it in several books by eye doctors of yesteryear -- (Chalmers Prentice and Joseph Raphaelson). Now you can send Brian Severson \$100 for these glasses, or you can go to the drugstore and buy them for \$10-15. Your choice. If your myopia is severe enough, you can practice bare-eyed.

Now for people with near-vision problems, I don't see what you need extra glasses for. Using whatever prescription you now have, just bring the text closer and closer until you are able to take your reading glasses off and continue. Of course, if you're just starting to lose your near vision, you can start practicing without glasses.

In general, you're supposed to hold the text at the farthest point where it's still readable -- that is, just barely blurry. In a matter of minutes, if you read relaxedly and breath calmly, the text should clear up and you move the reading material in the desired direction.

This technique works well in conjunction with the shifting and palming techniques of the Bates method.

Shifting: As your eyes go right across the words and letters, the words and letters (or parts of letters) go left, and so on. Observe the contrary motion of the visual image as your eyes pass over it.

Palming: It may happen that the text gets more blurry instead of less. At this point, you must stop, cover your eyes, and imagine something pleasant -- often a crisp black letter on a snow-white page helps, but it can be anything of any color, as long as it's easy for you to visualize. Then open your eyes and go at it again.

And what you're reading should be something enjoyable. If you have to struggle with the content, the mental strain will hinder improvement.

I have used this technique with great benefit. It especially helps to cover one eye with a patch while doing this, and alternate eyes at regular intervals, say, every ten minutes, or train a different eye each day. What I find is that the effect wears away if you don't keep at it. As for me, I was able to bring myself to 20/20 from 20/50 with the glasses/patch method in about a week, then I got lazy and now my vision has slipped back to about 20/30.

To be effective, this technique requires that you spend at least a half hour at it each day, the longer the better. If you can do it several times throughout the day, so much the better.

--Alex

=====

From owner-i_see@indiana.edu Tue Apr 18 03:20:21 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: I Don't see it!
Date: Tue, 18 Apr 1995 18:12:56 +1000 (EST)
Status: RO
X-Status:

>Actually...that subject refers more to my math homework than
>to my letter....to those who have taken combinatorics....I can
>bet it's stress on the eyes...yeah..definitely. I'll

>blame my myopia and astigmatism on math!!!! :-)
>Anyways - I was considering the idea of starting the visual therapy
>(name? vision freedom?) that requires using reading glasses.....(I
>am not buying the package...). I was wondering, is there a chance
>that I may *Worsen* my condition...I was going to include eye
>exersizes.....Please, anyone with any experience,ideas,flames,
>gripes,complaints,insults and/or compliments, Respond!

hi

I have just got my first pair of reading glasses. simply getting them was a bit of a comedy.

me: "Id like a pair of reading glasses"

lady: "oh no you need to go to an optometrist to get a prescription"

me: "no no, I want a pair of +1 glasses I dont need a script for that".

lady: "no I dont think you now what you want".

me: "yes I do know what I want, can I please have a pair of +1 reading glasses".
etc..

anyway she only had +1.5 and after a bit of convincing that I wasnt crazy took them home.

I put them on and eek. yuk. makes everything look more myopic then without them. Not one to shy away from any experiment, I left them on for a while. surprise surprise after the inital headache and total inability to make out anything more then the big E on my eye chart, letters slowly started comming out of the increased blur! so I tried reading. eek! had to hold to book quite a bit closer then normal. and again after maybe 20 minutes I could start moving it away again.

so clearly my eyes were able to compensate for the extra +1.5 by becoming more -ve, in other words less myopic!! this is a very intresting phenomena, just where do the eyes find room to change maybe .5d in a matter of maybe half an hour?

Of course when I finally took them off I could read more of my eye chart. I put on my -1.25 compensating (normal) glasses which were prescribed to give around 20/40 and I was reading the 20/20 line with ease and bits of the line underneath! the effect didnt last too long but obviously with daily usage it would become more and more permanent.

so the answer to your question is your eyes will adjust to the glasses and become less myopic. keep reading matter at the border line of visibility and beyond to get a good effect. give yourself frequent rest as well.

Vic

From owner-i_see@indiana.edu Sun May 28 11:57:54 EST 1995
Date: Sun, 28 May 1995 11:54:04 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Case study: improvement with plus lenses
Status: RO
X-Status:

This report was published by Chalmers Prentice, M.D., in his book "The Eye In Its Relation to Health"

Age forty-three; myopia; had been wearing over the right eye -1.25 D, left eye -1 D, with little or no change for the space of two years; eyes in use more or less at the near point. I recommended the removal of the concave glasses for distant vision and prescribed +3.50 D for reading, writing and other office work. After reading in these glasses for several days, the patient was able to read print twelve inches from the eyes. This patient was of more than ordinary intelligence and understood the aim of the effort. In six months I changed the glasses for reading and writing to a +4 D without seeing the patient. After using the +4D glasses for several months he again came under my care for an examination, when the left eye gave twenty-twentieths of vision, while the right eye was very nearly the same, but the acuity was just perceptibly less. During this time the general health had improved somewhat, including considerable gain in the nervous condition. Similar results have been attained in thirty-four like cases; but the process is very tedious for the patients, and unless their understanding is clear on the subject, it is almost impossible to induce them to undergo the trial.

Note that glasses this strong (+4) can often not be purchased without a prescription. However, one can wear one pair of glasses over another for an additive effect!

--Alex

=====

From aeulenbe@indiana.edu Sun Jun 4 12:15:44 1995
Date: Sun, 4 Jun 1995 12:15:43 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Glasses are glasses?
Status: RO
X-Status:

Me:

>[Raphaelson] argues that if you just wear +1.00 reading glasses
>(available at any drugstore) for all prolonged near work, you won't go
> myopic.

Marco:

> There is a point that you might be missing. From the above statement it seems
> that you are trading wearing - lenses for + lenses. Glasses are glasses. I
> thought the whole point was to get rid of them.....

The point isn't so much to get rid of glasses as to eliminate the need for glasses in order to see clearly.

For the near-sighted, plus lenses are a therapy to unbend the eyes, and let them see far. For those with normal eyes, wearing plus lenses while doing prolonged work prevents the over-bending of the eyes which creates near-sightedness. Raphaelson observed that continual use of plus lenses did not lessen one's ability to see up close -- except in the aged (presbyopic): "It is only some of the aged and those who have very poor eyes who get accustomed to plus glasses and become unable to see clearly without them." (from A preventive and remedy for school myopia, p. 59)

If one wears plus lenses for all extended near work, Chalmers Prentice (1895 -- The Eye in its Relation to Health) notes, "the nerve-impulses to the ciliary muscle will be no more than if the patient were leading an outdoor life and viewing objects at twenty feet or more. The nerve-centers are not called upon for so excessive an

impulse, and they become habituated to sending the same amount of nerve-force as if an outdoor life were led.... Under these artificial conditions, the eyes may be used in the attainment of all the advantages of the highest civilization while the nerve-centers are no more taxed than if out of door pursuits were being followed."

As for developing near vision...

"...on leaving the school room they could be taken off and the natural use of the eye at all other times would be quite sufficient to cultivate and establish the habit of accommodation [focusing at the near point]" (ibid)

--Alex

=====

From owner-i_see@indiana.edu Mon Jun 5 15:11:56 EST 1995
Date: Mon, 5 Jun 1995 15:05:07 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Re: Glasses are glasses?
Status: RO
X-Status:

Alex:

> For the near-sighted, plus lenses are a therapy to unbend the eyes, and
> let them see far. For those with normal eyes, wearing plus lenses while
> doing prolonged work prevents the over-bending of the eyes which creates
> near-sightedness. Raphaelson observed that continual use of plus lenses did
> not lessen one's ability to see up close -- except in the aged
> (presbyopic): "It is only some of the aged and those who have very poor
> eyes who get accustomed to plus glasses and become unable to see clearly
> without them." (from A preventive and remedy for school myopia, p. 59)

Marco:

> Oh Alex, I did understand your point...*but*...If you have normal
> eyes why not just take regular 'eye breaks' as opposed to wearing
> + lenses.....the part that I don't like is that you seem to be
> wearing a crutch to prevent another one. I understand your point
> of wearing the + lenses, but I'd rather (personal choice) do as
> follows:
>
> Every 20 minutes:
> 1. Take a quick break and move your eyes in their sockets (exercises)
> 2. Palm a minute.
>
> Any opinions (sans flames of course...)

Alex replies:

For preventing myopia, your plan might work. However, I think once every twenty minutes is not often enough. Also, if you're reading without glasses, the best thing to do would be to have a distant scene in back of the book so that you can constantly be focusing back and forth, say, between a faraway tree and the page.

But just remember: with "plus" lenses you've got EXPANDED focal opportunities, unlike with "minus" lenses which lock you into a DIMINISHED focal playground. With a +1.00 lens, one meter gives you, optically, a world of focal practice. It takes nothing away; in fact it gives you the opportunity to try to see "beyond infinity" when you look at anything beyond a meter. If you want a little near-practice, you can always bring

the book clear up to your nose. Whereas with a -1.00, it is impossible to look at anything that demands more than a meter's worth of focus.

=====

From owner-i_see@indiana.edu Mon Jun 5 15:39:50 EST 1995
Date: Mon, 5 Jun 1995 15:31:52 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: For high myopes
Status: RO
X-Status:

On Mon, 5 Jun 1995, Mark Jones wrote:

> Would plus lenses be advisable for more severe myopia
> (-8.75 R, -9.75 L) ?

No! Just taking your glasses off will be plenty! Perhaps too much. You're going to have to bring down your prescription in steps -- something an eye doctor will have to help you with, since minus lenses are not available without a prescription.

Once again, if you want the name and number of a behavioral optometrist in your area, send me a message!

--Alex

=====

From mat@kepler.unh.edu Mon Jun 5 17:47:49 EST 1995
From: Marco A Terry <magic-man@unh.edu>
Subject: Re: Glasses are glasses?
Date: Mon, 5 Jun 1995 18:47:44 -0400 (EDT)
Status: RO
X-Status:

One sunny day Alex Eulenberg machine gunned this msg. on my wall:

>
> Alex replies:
>
> For preventing myopia, your plan might work. However, I think once every
> twenty minutes is not often enough. Also, if you're reading without
> glasses, the best thing to do would be to have a distant scene in back of
> the book so that you can constantly be focusing back and forth, say,
> between a faraway tree and the page.
>
> But just remember: with "plus" lenses you've got EXPANDED focal
> opportunities, unlike with "minus" lenses which lock you into a DIMINISHED
> focal playground. With a +1.00 lens, one meter gives you, optically, a
> world of focal practice. It takes nothing away; in fact it gives you the
> opportunity to try to see "beyond infinity" when you look at anything
> beyond a meter. If you want a little near-practice, you can always bring
> the book clear up to your nose. Whereas with a -1.00, it is impossible to
> look at anything that demands more than a meter's worth of focus.
>

Marco Counters:

Alex, I certainly respect your opinion and I know you are well read in the area, but I do not entirely agree with you in one little point: 20 minutes *IS* enough for some people (yours truly included). Then

again I am a low myope. Something that I have noticed: As a myope I notice that when I read I tend to get my head closer to the screen/book even though I can read from a farther distance. Something that I am trying to do is retrain myself to read stuff from 'close' to the blur point. Just my \$.02

Cheers!

Marco.

Never hit anything harder than your hand..... (from rec.martial-arts)

HomePage: <http://pubpages.unh.edu/~mat/>

=====

From owner-i_see@indiana.edu Tue Jun 6 23:09:41 EST 1995

From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>

Subject: Re: Glasses are glasses? (fwd)

Date: Wed, 7 Jun 1995 13:49:49 +1000 (EST)

Status: RO

X-Status:

you have to make the distinction between plus lenses and minus lenses for myopes. minus lenses are forever. plus lenses are short term. once you compensate for the eye focus short with minus lenses (ie the eye is plus) thats it. it can only get worse from there.

plus lenses on the other hand make vision worse. ie your eye isnt compensated. and to see it msut get more minus ie less myopic.

the point is that it is not quite correct to call minus lenses a crutch because they are pretty much permanent, ie your eye is very unlikely to improve while you wear them.

Vic

=====

From owner-i_see@indiana.edu Wed Oct 11 23:28:50 EST 1995

Date: Wed, 11 Oct 1995 23:12:52 -0500 (EST)

From: Alex Eulenberg <aeulenge@indiana.edu>

Subject: Plus lenses for myopia

Status: RO

X-Status:

On Tue, 3 Oct 1995, Vic Cinc wrote:

> If you are after *serious* improvement in your vision, and I dont mean
> just the 5 minute restoration of palming then go and get a pair
> of plus lenses (reading glasses) wear them while reading, or for
> at least 2-3 hours a day. If you dont get noticeable improvements
> virtually in a few days your eyes are not made of human tissue.

>

> Vic

>

Close, Vic. You left out some important information: plus lenses are suitable as therapy those with MILD MYOPIA only, that is, if you can get around fine without glasses, and what you need is a little "overload"

distance blur to overcome. And even then, like any glasses, they can also cause headaches and eyestrain, especially at first.

I'll post the details on plus lens therapy later.

Or you can go ahead Vic, and post YOUR experience.

--Alex

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From owner-i_see@indiana.edu Thu Oct 12 08:59:11 EST 1995
From: Vic - Deus Ex Machina <root@spook.cia.com.au>
Subject: Plus lenses for myopia (fwd)
Date: Tue, 3 Oct 1995 23:10:48 +1000 (EST)
Status: RO
X-Status:

Forwarded message:

>
> On Tue, 3 Oct 1995, Vic Cinc wrote:
>
> > If you are after *serious* improvement in your vision, and I dont mean
> > just the 5 minute restoration of palming then go and get a pair
> > of plus lenses (reading glasses) wear them while reading, or for
> > at least 2-3 hours a day. If you dont get noticeable improvements
> > virtually in a few days your eyes are not made of human tissue.
> >
> > Vic
> >
>
> Close, Vic. You left out some important information: plus lenses are
> suitable as therapy those with MILD MYOPIA only, that is, if you can get
> around fine without glasses, and what you need is a little "overload"
> distance blur to overcome. And even then, like any glasses, they can also
> cause headaches and eyestrain, especially at first.
>
> I'll post the details on plus lens therapy later.
>
> Or you can go ahead Vic, and post YOUR experience.

having worn + lenses for about 2-3 hours a day for the last week after work reading. I am getting almost continuous clear flashes during the day. :) I am extremely pleased with the results so far. I played with them in the past, but wearing them for a 2-3 hour at a stretch, only for reading seems to make a HUGE difference. highly recomended!!!

I dont believe there is such a thing as mild myopia. all myopia is noxious.

Vic

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From owner-i_see@indiana.edu Thu Oct 12 16:49:18 EST 1995
Date: Thu, 12 Oct 1995 16:25:47 -0500
From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
Subject: Re: Plus lenses for myopia
Status: RO
X-Status:

Dear Vic and Alex,

Your suggestions regarding wearing plus glasses when reading seem effective. I myself have been doing something similar for more than ten years. Since I am moderately myopic (-6.0 D) I use weaker glasses for reading (-3.0 D) which has the same effect as wearing plus glasses on emmetropic eyes. Initially, when my myopia was less, I used no glasses when reading.

I am astonished how many myopic people do just the opposite. They go around without glasses but when they sit down to read or work on a computer they immediately put on the glasses.

I will continue with the practice of changing glasses (or using plus glasses) for lack of a better solution. But what are we trying to achieve this way? We are relieving the ciliary muscle of the job of contracting the lens. I have dreamed of science-fiction glasses which change power depending on the distance you are looking at, so the ciliary muscle does nothing. In effect, this is an externalized lens. But how would you explain that some people have no problem with their eyes and yet do intensive close-up work? Genetics only? Maybe we should emphasize adequate training of the ciliary muscle as the key to long-term refractive stability.

Stefan

=====

From owner-i_see@indiana.edu Mon Oct 16 13:33:12 EST 1995
Date: Mon, 16 Oct 1995 11:12:44 -0700 (MST)
From: The Anomaly <anomaly@indirect.com>
Subject: Plus glasses for myopia
Status: RO
X-Status:

I am near-sighted at around -2.5 both eyes.
When I wear plus glasses of +3.0, my eyes will attempt to adjust.
When I take off the plus glasses I have near perfect vision in daylight.

Even though the plus glasses work for me they do not seem to be changing the eye. In other words, if I am careful and use the plus glasses, my far vision is good, but if I use my eyes for near seeing (without plus glasses) such as reading my eyes go back to the -2.5.

It seems that my eye muscles are learning to see in a range and that can bring them to 20/20 but my eyes are still at -2.5. Any comments on this?

- Tom Suliga

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From owner-aeulenbe_i_see_digest@indiana.edu Mon Oct 30 11:00:05 EST 1995
Date: Mon, 30 Oct 1995 10:41:48 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Vision improvement techniques
Status: RO
X-Status: D

----- Forwarded message -----
Date: Tue, 24 Oct 1995 09:20:20 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: Dan Lipofsky <danlip@cs.indiana.edu>
Cc: I SEE <i_see@indiana.edu>

Subject: Blindfolds for better vision

I think a blindfold can be an excellent way to relax the eyes, especially when sleeping. I saw in a catalog yesterday an advertisement for a "sleep mask". They said light coming into your eyes when you sleep can inhibit melatonin production. I must admit I don't know what melatonin does, although it appears to be an important hormone.

All I know is that if I wake up with sun in my eyes, they're much more likely to be under strain when I open them. I once woke up in the middle of the night and found myself to have excellent vision and relaxed eyes. Then I went back to sleep. When I woke up, the sun was shining and my eyes were aching. I took this as strong evidence that light shining on sleeping eyes causes them to strain.

My favorite way of excluding light during the daytime, however, is the one-eyed patch. This actually lets me do something and forget that I'm doing therapy. This lets my unconscious take complete control. It also makes reading easier since the two eyes don't have to coordinate. Less brain strain. It also saves you eye-energy. But if you try this, I think it's good to switch patches every now and then so one eye won't get lazy! Robert-Michael Kaplan says in his book "Seeing Without Glasses" that 4 hours is the optimal amount of time to wear a patch.

--Alex

On Tue, 17 Oct 1995, Dan Lipofsky wrote:

>
> It seems the main point of palming is to keep light out
> of your eyes. If this is the case, would a thick
> blindfold work as well? If not, why? I would certainly
> relax more if I didnt have to hold my hands over my eyes
> for this exercise.
> - danlip
>

----- Forwarded message -----
Date: Sat, 28 Oct 1995 09:58:49 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: I SEE <i_see@indiana.edu>
Subject: Theory behind plus lenses

Here's a briefing for the newcomers:

Plus Lenses are convex lenses. They are available at most drugstores without a prescription.

They require your eye to focus less close up than without them. Thus they are used by people who see better in the distance (presbyopic, farsighted) to read. However, people with myopia can benefit from the use of plus lenses because they require the eyes to focus farther. They can be used as a part of a cure of myopia due to unresponsive muscles. Even people with elongated eyes may have part of their blur being due to unresponsive muscles.

Basically, putting a plus lens on makes you more myopic while you're wearing it. In order to see clearly, your eye has to focus further away than it would normally. But you won't be able to see PERFECTLY clearly, since your myopic eye doesn't have the range. However, the eye will improve, at least temporarily.

Essentially, the same thing happens to a person who normally wears glasses and then takes them off. After a while, you start to see more clearly without the glasses.

If you have ever had a less than full prescription, and then lost it for a week or so, and then put the glasses back on, you may have noticed that things were even sharper than they were when you were wearing them last. This is because your eye was allowed to stretch out, and now your old prescription is once again sufficient.

Plus lenses for myopia is just an extension of that idea. There are two varieties:

1) increase the daily amount of blur to stimulate your eye to focus farther. This means wearing the glasses whenever you would be otherwise just sitting there doing nothing. Not recommended for crossing busy intersections or operating motor vehicles!

2) use them with close objects (ie texts) so that they are seen just at the farthest still-clear point. Gradually increase the distance at which you can see absolutely clearly through the plus lenses. The same can be done without the lenses by backing away from a wall, but plus lenses reduce the distance necessary to get the same effect, so you can hold the object in your hand.

Before doing plus lens therapy, first you must be able to be comfortable living without your myopic glasses. Any improvement you make by the use of plus lenses will be counteracted by using myopic glasses.

--Alex

----- Forwarded message -----
Date: Fri, 27 Oct 1995 20:33:18 +0800
From: Chen Hanwen <hanwen@singnet.com.sg>
To: i_see@majordomo.ucs.indiana.edu
Subject: Plus lenses

Hi! Got some questions here about plus lenses.

- 1) My myopia is L:-6.0D R:-4.0D. So, what should I get for my plus lenses?
- 2) What is the maximum period that I should wear them?
- 3) Any side effects?
- 4) Are the benefits permanent?

Thanks!

----- Forwarded message -----
Date: Wed, 18 Oct 1995 11:05:06 -0700 (MST)
From: The Anomaly <anomaly@indirect.com>
To: I SEE <i_see@indiana.edu>
Subject: Re: Plus glasses for myopia

On Mon, 16 Oct 1995, Alex Eulenberg wrote:

> 1. When did you get your last prescription (-2.5D) (month/year)?

About 1 year ago. I think it was -1.75 & -2.25

> 2. Do you ever actually wear -2.5D glasses? If so when? Do you wear another
> (previous) "minus" pair? What lenses are they?

I don't wear my latest glasses as they feel too strong and if I wear them
for more than 5 seconds my eyes quickly get worse.

I have a previous pair of -.75 & -1.25 which I wear at night when driving.

> 3. What kind of eye activities had you been engaged the month prior to
> this prescription? Studying hard? Outdoor activities? Had you been
> wearing glasses?

I am a computer programmer and I can't get away from looking at a
monitor. I wish I could spend my time outdoors and look at things at a
distance, but my job prevents this.

> 4. Who did you see, an ophthalmologist or an optometrist?

Just the standard eye-doctor when you go get inexpensive glasses.

> 5. Did they put drops in your eyes before they gave you the eye-chart test?

No, but he made me read a card with tiny letters and then darkened the
room and had me look at an eye chart about 20 feet away.

> How well can you see in each eye separately:

> 1. Through +3.00 lenses -- what is the far point (farthest point when
> things are absolutely sharp and clear)
> 2. With no lenses -- what is far point

I cannot measure this because my eyes are always changing slightly,
either getting better or worse, plus I will always attempt to blink them
and control them when seeing at a distance.

The far point may be 5 feet or 50 feet. I will also get clear flashes
that can last up to a minute. At night clear flashes are much harder to
achieve and they don't last as long.

I personally feel that in order for me to make continued progress and see
20/20 or 20/10 all the time I will have to work on relaxing certain
muscles in my eyes. - Tom Suliga

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From owner-i_see@indiana.edu Sat Nov 4 23:35:35 EST 1995
Date: Sat, 4 Nov 1995 23:28:33 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Finding the correct plus lens power
Status: RO
X-Status:

On 1 Nov 1995, an I SEE member wrote me:

> I wear -1.75 in both eyes, no astigmatism. How do I find
> the number of the plus lens I need for the plus lens
> therapy?

Simply bring a book to the drugstore and find a pair that you're
comfortable reading in. Most likely this will be the lowest power, +1.00
or +1.25.

Still, you may find that the high-power (+3.50 - +4.00) lenses have a more beneficial effect when used for distance viewing. After a minute, as you accustom yourself to the extra-high blur with the glasses on, you may find that your glasses-less vision improves astronomically when you take them off, if only for a second or two.

Remember, for this or any other myopia therapy to work, and to have lasting results, you have to wear your "minus" lenses as little as possible.

--Alex

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From pkerns@indirect.com Ukn Feb 12 23:36:41 1995
From: Patricia Kerns <pkerns@indirect.com>
Subject: Peripheral Vision
Date: Sun, 12 Feb 1995 19:28:19 -0700 (MST)
Status: RO
X-Status:

Hi,

I've been working to improve my vision, both on my own and with a behavioral optometrist. I've been working on some peripheral vision skills (among other things). I'm no expert, but I gather it helps with your overall vision efficiency (makes sense, I guess). So I thought I'd share a few things I've been doing.

My vision therapist gives me a different series of exercises every two weeks. The last series included an exercise with jacks. Yes, jacks. The kind you played with as a kid. I place one jack right in the center of the playing area, bounce the ball off to the left, catching with my left hand, and scatter the jacks to the right and pick them up with my right hand. While playing, you keep your vision trained on the one jack in the center. This forces you to use your peripheral vision on both sides simultaneously.

Another thing I like to do is juggle. (Juggling with three balls is simple to learn and fun!) While juggling, I try to move my gaze from the balls to something across the room, then back again. Again, it seems to require extensive use of peripheral vision.

Finally, I like to play the piano every day. When I first started vision training, I noticed that after playing for five or ten minutes, I would have a marked improvement in vision. This is distinct from other clear flashes in that it is not quite as sharp, but it lasts for much longer, sometimes for ten or twenty minutes at a time (while I keep playing). At first, I thought this was the result of relaxation (since I enjoy playing, and don't really *work* at it like some people). However, since learning of the importance of peripheral vision, I've wondered if that doesn't have a lot to do with it, too - since the way I play gets me using lots of it (I cheat and look at the keys all the time).

The nice thing about all of these things is they are more in the nature of play than work. I think everyone could probably survey their past and current hobbies and come up with some way to work a little each day on peripheral vision.

Patty

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 14 13:04:11 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: vics own patented myopia improver
Date: Tue, 14 Feb 1995 17:46:07 +1100 (EST)
Status: RO
X-Status:

vics own "patented" myopia improver.

reverse newspaper reading.

get a typical newspaper, find a page with longest continuous

column. place it far enough away from you on a table such that:
the bottom of the column near you is readable but the top of the column
isnt. sit comfortably. pay attention to your posture. dont lean.
just to measure your progress see how far up the column you can see and
make a mental note.

now with one eye closed and with your open eye start from the bottom and
read up the column, till you cant make out whole words anymore.
then switch to letters. ie move up the page following any letters
you can make out. the simple rule is not to go up a line until you
can see a letter clearly. when you get stuck on a line and cant
make out any letter on the line above. just have a rest on the line.
maybe scan from side to side and often a letter from the line above
will come out. then you can progress up.

when you have gone up the column as far as you can, compare this point
to the first mental note you made.

then repeat with the other eye. then try it with both eyes open.

the obvious thing you may note is that the only way to progress into the blur
zone is by relaxing. so you just meander up the column with minimal
expectation and you may be pleasantly surprised.

now the best thing about vics own patented myopia improver is you
can do this at work without people looking at you strangely. they
just think you are reading the paper.

Vic

=====

From aeulenbe@indiana.edu Ukn Feb 26 11:06:31 1995
Date: Sun, 26 Feb 1995 10:49:11 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: zooming
Status: RO
X-Status:

Judd Maltin writes:

> I'm getting progressively myopic. I dont know my diopters rating, but it
> cant be that high. I want to get rid of these glasses.
>
> What is the best exercise to start with?

1. Never read books with your glasses on! And read as far away as is
comfortable. The more time you spend looking close up and the more close
up you look, the worse your myopia will get. This is the reason why
optometrists rarely give you "full correction" -- the adverse effects of
the lenses would be too apparent. What "minus" glasses (those prescribed
for nearsightedness) do is to bring everything up closer to you, optically
speaking. The distance of "infinity" equals the reciprocal of your
prescription in meters. For example if you're wearing -2.00 lenses, this
means that the moon is placed a half-meter away from you!

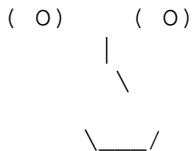
2. When you do read, always look up and away often. Have a familiar
object that you can look at and make sure that you can always see it as
clearly as you could when you started reading.

3. Exercise. Hold one thumb relatively close to your face and one at
about arm's length or a little nearer. Practice looking at one thumb and
then the other thumb. Try it with one eye at a time, using a patch. Then

do both eyes. Move your thumbs all around, in and out, back and forth, round and round, in every possible direction. Always have one thumb a little nearer and the other thumb a little farther, and as you're moving your thumbs, be focusing alternately at each thumb. This will exercise your tracking as well as your focusing. Remember to bring your thumbs off to the side, looking at them from every angle, not just straight out in front of you. You will probably find that you will need more practice at the peripheral angles.

P

P



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From aeulenbe@indiana.edu Ukn Feb 28 07:19:16 1995
 Date: Mon, 27 Feb 1995 22:58:12 -0400 (EST)
 From: Alex Eulenberg <aeulenbe@indiana.edu>
 Subject: How to rub your eyes
 Status: RO
 X-Status:

Try this: with FLAT palms, briskly rub your cheekbones with the ball of your thumbs and eyebrows with the top of your palm -- your hands should not come in contact with the eyeballs, but go over your eyes. Open your eyelids and your mouth as you do this. After a few seconds of rubbing, take a few good blinks. There. How does that feel?

--Alex

From owner-i_see@indiana.edu Tue Mar 21 18:04:41 EST 1995
 Date: Tue, 21 Mar 1995 16:31:45 -0500 (EST)
 From: Alex Eulenberg <aeulenbe@indiana.edu>
 Subject: Bates method in a nutshell
 Status: RO
 X-Status:

I am asked:

- > Now, concerning this Bates Method - briefly what is it (no, I'm not going
- > to spend any time in a library looking things up - I'm well past being a
- > student).
- >
- > What acuity problems does the method portend to affect? How are the effects
- > identified?

William Bates said that his discoveries would help all people with eye troubles. The basic idea is to "look where you're seeing". The point at which you are looking should be the clearest, sharpest, brightest (or blackest, most vivid as the case may be) point.

Take a capital H, for example. Look at the upper left corner. The other three corners should be seen "worse" than the one at the upper left. If not, you're looking wrong. To correct, simply imagine that the part you're looking at is more distinct, or, what may be easier, imagine that the other parts are LESS distinct. Then shift to another point, watching

the image go in the opposite direction from your eyes. This illusion of motion is also important.

The ability to see one point best is called "central fixation"

Watching the image go in a motion contrary to how you're directing your eyes is called "swinging".

It usually helps, after a bit of swinging a letter up and down, left and right, to imagine swinging the letter, perfectly black, against a perfectly white background. Close your eyes and do the swinging in your mind, that is. Then open your eyes and look at the real letter again. It should be clearer.

>
> Relating to my specific problems, the discussions generally seem to center on
> myopia or near sightedness. My direction of correction is in the opposite
> direction - I can't see the close stuff, nor can I change my focus as rapidly
> as I used to (e. g. from the front sight to the target). Does the literature
> express any prognosis for the Bates Method in these circumstances?

Yes, as a matter of fact. Simply practice shifting in three dimensions! Get an eye chart or poster or calendar with big letters and shift from corresponding parts of an up-close letter to a far away letter, always seeing the part you're looking at best, and everything else worse.

You see, according to Bates, errors of refraction -- at any distance -- result primarily from the strain that comes from struggling to see too much all at once. Shifting and swinging help you to see just a little bit at a time and reduce strain, freeing your eye to focus properly.

--Alex

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From owner-i_see@indiana.edu Sun Apr 9 16:25:58 EST 1995
Date: Sun, 9 Apr 1995 17:23:43 -0400 (EDT)
From: cathleen <janeeyre@wam.umd.edu>
Subject: Re: Emily Bates's Tips for Better Vision
Status: RO
X-Status:

On Thu, 6 Apr 1995, Alex Eulenberg wrote:

>
> 5. All patients with imperfect sight unconsciously stare, and should be
> reminded by those who are near to them to blink often. To stare is to
> strain. Strain is the cause of imperfect sight.
>

I thought I'd share these blinking exercises that my optometrist once gave to me. They are very soothing and might make a nice addition to the other techniques mentioned in this group. They will also re-train your eyes to blink properly, avoiding the strain of staring.

TO LEARN TO BLINK COMPLETELY:
1- Close your eyes -- concentrate on feeling your lower and upper eyelids meet.
2- Keeping your eyelids closed, move your eyes left and right.
3- Continue for 2 to 5 seconds, then open.

Repeat for 1 minute every day for 3 weeks.

TO LEARN TO BLINK EVERY 3 SECONDS:

- 1- Count 1001, 1002, 1003, then blink.
- 2- Feel your lower and upper eyelids meet, then open.

Repeat for 1 minute every day for 3 weeks.

TO LEARN WHAT A RELAXED BLINK FEELS LIKE:

- 1- Place your fingertips at the outer corner of your eyes, so you can feel your eyelid muscles. Keep your head level.
- 2- Close your eyes completely in a slow, fluid movement. You should not feel your eyelids tensing.
- 3- Count to 3, then open your eyes wide.

Do this 15 times a day, pausing between repetitions.

As with any relaxation technique, the feelings/movements will become natural if performed consistently over a period of time.

Cathleen

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From owner-i_see@indiana.edu Thu May 4 20:17:23 EST 1995
Date: Thu, 4 May 1995 20:13:19 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Eye-Patching and Undercorrecting
Status: RO
X-Status:

On Thu, 4 May 1995 c22at@kocrsv01.delcoelect.com wrote:

> Is it me, or most of the eye patches sold in stores are designed to cover
> left eyes only?

The Flents brand patch that I use works well on both eyes.

> Which eye should I cover when reading books?

Well, if both eyes see poorly, you should alternate. I even think if one eye sees 20/20, you should *still* alternate, because vision can improve by eliminating light stimulation and letting your eye rest. When patching, each eye benefits in a different way: one by exercise, and the other by rest.

>
> How undercorrected should my work glasses be?
>

For reading, use a pair of glasses such that if you pull back just a bit, the text goes blurry. For people with moderate myopia this means no glasses at all. For people with low myopia, this means putting on PLUS glasses -- the kind they sell at the drugstore without a prescription. The idea is to give your eyes as distant a distance practice as possible. Remember, the less minus (or the more plus) in your prescription, the more "distantly" your eye must focus.

The following is an important point to remember:

If you hold out something a two feet away and it's blurry without glasses,

as far as the focusing mechanism in your eye is concerned, that's more "distant" than something twenty feet away that's perfectly clear through minus lenses.

--Alex

=====

From owner-i_see@indiana.edu Wed May 3 21:01:01 EST 1995
Date: Wed, 3 May 1995 20:46:51 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Using Trees to Improve Vision
Status: RO
X-Status:

I've been using this exercise for the past day or so; it's an application of Bates's "shifting" technique. I've been getting "clear flashes" as a result. Try it...

1. Go OUTSIDE.
2. Find a TREE, far away from you.
3. Now then. Position yourself squarely facing the tree.
4. Rock your head to the right. You can do the twisting either at the neck or at the torso. Try both.
5. As you do #4, observe the tree "swinging" to the left as you create a "virtual earthquake". You will only have to rock a few degrees in order for this to happen. The center of your gaze should now be at the right side of the tree.
6. Now rock back to the left, watching the tree swing to the right.
7. Do this again and again...
8. Tip for presbyopes: try it with your finger, too!

Let us know if this helps!

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From owner-i_see@indiana.edu Sat May 13 11:26:21 EST 1995
From: Marco A Terry <magic-man@unh.edu>
Subject: Are you breathing?
Date: Sat, 13 May 1995 12:21:18 -0400 (EDT)
Status: RO
X-Status:

Howdy!
Sometime ago I was doing some Kata (in Karate: a set of pre-arranged movements, kinda like a simulated fight) and I realized that my form was not good (not that I have good form :-)) - well, my Sensei suggested that I breathe the next time I do kata (I was concentrating too hard on kata and holding my breath) - needless to say, my movements where much better. Now, I am sure that I am not the only one who forgets to breathe while concentrating hardly on doing something. I wonder if that affects our vision.....actually, chances are it does. Now, if I may, I have a breathing excersise I would like to share.

1. Sit down/lay down.

2. Close your eyes (if you want)
3. Take a deep breath, filling the lower part of your lungs first (belly will rise) and then filling up the upper part of the lungs. Imagine the air as some colored 'smog' filling in your lungs..
4. Count to 4 (as in one-onethousand - two-onethousand....)
5. Breathe out - repeat from 3.

Good luck! (and may you breathe for a long time :-)

Marco.

Never hit anything harder than your hand..... (from rec.martial-arts)

HomePage: <http://pubpages.unh.edu/~mat/>

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From owner-i_see@indiana.edu Mon May 15 09:56:59 EST 1995

Date: Mon, 15 May 1995 09:44:09 -0500

From: Mark Jones <jonesm@swim5.eng.semtech.org>

Subject: Re: Are you breathing?

Status: RO

X-Status:

[on 13 May 1995, Marco A Terry <magic-man@unh.edu> wrote]

1. Sit down/lay down.
2. Close your eyes (if you want)
3. Take a deep breath, filling the lower part of your lungs first (belly will rise) and then filling up the upper part of the lungs. Imagine the air as some colored 'smog' filling in your lungs..
4. Count to 4 (as in one-onethousand - two-onethousand....)
5. Breathe out - repeat from 3.

[reply]

Thanks for sharing the thoughts on breathing.

I'm not sure 'smog' is the right word here. Frame of mind is very important. Perhaps a word with less polluting connotations can conjure up more appealing imagery for the energy we take in through our lungs.

Try 'fog' or 'energy' or 'light' or something: make it positive and nourishing.

Mark

=====

From i_see-request@indiana.edu Sun Jun 18 21:02:13 EST 1995

Date: Sun, 18 Jun 1995 20:58:58 -0500

From: Alex Eulenberg <aeulambe@silver.ucs.indiana.edu>

Subject: shift & swing

Status: RO

X-Status:

Here is a description of the "shifting" technique of the Bates method. It works for all errors of refraction.

Cover one eye. With the other eye, regard a letter which is at a distance where it is legible, but a little indistinct. Look at the top of the letter and notice that the top is seen better than the bottom. Now shift your gaze to the bottom of the letter. Now the top is less distinct.

Repeat shifting your gaze from the bottom to the top of the letter, and notice that the letter "swings" in a direction opposite to the direction you are moving your gaze. When you look at the top of the letter, the letter appears to move down, and vice versa. Keep up the shifting and swinging and you will see the letter come into better focus. Shift to different corners of the letter, always seeing that part at which you are looking best. Do not squint or strain; remember to breathe and blink normally. If the letter does not move as it should, or if the letter becomes more blurry instead of less, this means you are under strain. Take a break, closing your eyes, breathing relaxedly. It helps to go over the letter in your mind, doing the shifting and swinging in your imagination. Then open your eye and try again. Some people find it easier to shift and swing on an object other than a letter, for example a window on a faraway building, or a doorknob...

You can also do this exercise with both eyes; I find it easier to practice with one eye at a time.

--Alex

=====

From owner-i_see@indiana.edu Wed Jun 28 08:28:48 EST 1995
Date: Wed, 28 Jun 1995 08:24:05 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Extraocular Exercise
Status: RO
X-Status:

If you've been following the discussion in the sci.med.vision newsgroup (and perhaps if not), you'll know that most eye doctors think the extraocular muscles have nothing to do with how well you focus.

Even the behavioral optometrists will tell you it's useless to roll your eyes in an attempt to improve clarity.

And even Bates's exercises don't even seem to stretch or strengthen the extraocular muscles.

But I've been trying a very simple exercise based on the idea that poor refraction results from weak, untuned muscles -- and it seems to work, for me at least. If it gives you pain, stop!

Now then, here's the idea:

Keeping your head steady (but your neck relaxed) look up and to the left, down and to the right, up and to the right, down and to the left, look at your forehead, look at your chin, look way right, look way left, (and don't forget) look straight forward. Try going from one side to the opposite, tracing a square, or a diamond, or going out and straight forward for each extremity.

Now try it while following the motion of your eyes with your whole head.

--Alex

=====

From owner-i_see@indiana.edu Fri Jun 30 03:14:34 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: vol.accomodation
Date: Fri, 30 Jun 1995 18:07:23 +1000 (EST)

Status: RO
X-Status:

Voluntary accommodation.

How to take control of the involuntary act of accommodation (focusing).

The first step is to develop some sensitivity to your sight, and the feeling in your eyes. Your brain controls the ciliary muscle, responsible for focusing, and like most involuntary actions can be brought under voluntary control, by finding it and exerting some "tightening" on it as you would any other muscle.

Remove any contacts and glasses. Begin with one eye closed, and with your open eye stand in front of a mirror, and look at the pupil of your eye, close enough so that you see it in focus (not so easy for very high myopes). Now shift focus between your reflection in the mirror and a more distant object. Note what happens to your reflection when you shift away. Now shift back. Again note what happens to the distant object. Repeat as many times as needed till you can perceive what effect the change in focus has on the image you are seeing in your mind. What you should be seeing is whatever you are NOT focusing on should more blurry than what you are. Once you are comfortable that you can detect the change in blur on the object you are not looking at, you now have to learn to notice the feeling in the eye as it shifts focus. Again with only one eye, shift from your reflection to a distant object in the mirror and try to detect the "tensing" that is happening in your eye as you change focus. That is the "feeling" you want to take control of, and you begin by trying to exaggerate that feeling of tensing as you focus close, or letting go as you focus further away. The feeling can be very subtle and may require a bit of concentration to locate. Once you have "found" where in your brain the connection is, you have tensed your ciliary. You can verify this simple by looking at your pupil straight on and "tensing" your focus, you should see your pupil go out of focus, and back in as you "let go", without moving the eye. Repeat this process of learning with the other eye.

You know should now be able to look at any object and voluntarily change your focus closer or further from that object without moving your eye away from that object.

more soon.

Vic

=====

From owner-i_see@indiana.edu Fri Jul 14 22:34:04 EST 1995
Date: Fri, 14 Jul 1995 22:30:41 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Central fixation exercise
Status: RO
X-Status:

This exercise is designed to center your view, best done outdoors.

Look at a point on a distant object with one eye. Now imagine a line extending from that point to your eye. Depending upon the position of the object, the imaginary line will probably either seem to slope up to you or down to you. But of course it shouldn't! If you think about it, you

will realize that if there really is a straight line between that point and your eye, you should only "see" a point (because you're looking at that point head-on). As you do this, trying to see this line head-on, the image will shift a bit until the point on the object from which the line is extending is hitting you smack on the fovea centralis -- the central and most sensitive part of the retina.

Try it with both eyes, perhaps imagining a "V" instead of a line.

I've found this quite effective at heightening clarity, and when done with two eyes, depth perception. Please let me know if it works for you, or if you have any comments on how to make the exercise better.

--Alex

=====

From owner-i_see@indiana.edu Wed Jul 19 20:33:17 EST 1995
Date: Wed, 19 Jul 1995 20:22:31 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Dealing with life without glasses
Status: RO
X-Status:

Marco Terry writes:

- > The Problem:
- > I notice that w/o my glasses I feel 'stress' (or a tireness sensation)
- > around my eyes (palming w/cold hands for some secs. helps), by the
- > end of the day my vision is really blurry and I have trouble having
- > conversations w/o my glasses (I like to see who I talk too).

When I first ditched my glasses, my prescription was -1.50. I think it took a couple of months before I felt "comfortable" without my glasses.

Health and nutrition make a big difference. Make sure you're getting the entire alphabet of vitamins and minerals, preferably in the form of raw vegetables, sprouts, and nutritional yeast (if you're not allergic). The B-complex vitamins (abundant in yeast) are good for keeping the muscles out of strain (but don't forget A and C -- also important!).

Be sure you spend a good amount of time each day outdoors when the sun is shining! Strange to say, I have found this to make night vision better.

I've found aerobic exercise (swimming in my case) to be essential to achieving full body relaxation.

- > I also
- > don't have the best seating posture and look at the keyboard when I
- > type (typing lessons?)

Once I put a meter stick down the back of my shirt. Worked like a charm! I could swear it even helped my vision!

--Alex

=====

From owner-i_see@indiana.edu Wed Jul 19 22:10:15 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Some Questions. (fwd)
Date: Thu, 20 Jul 1995 12:50:37 +1000 (EST)
Status: RO

X-Status:

Forwarded message:

>Howdy People.

>

>Some questions:

>

>1. Where is Vicc? Haven't heard from him in ages...(I hope he did not
> unsubscribe)

I am here, I am here!

>2.

>

>The Background:

> Once and for all I have decided to give this eye therapy a serious shot.

>So far, w/o the aid of the therapist. I have started by using meditation

>to relax my eyes at night and by trying to ditch my glasses when possible

>(ditched my contacts...). I work in front of a computer most of the day.

>

>The Problem:

> I notice that w/o my glasses I feel 'stress' (or a tiredness sensation)

>around my eyes (palming w/cold hands for some secs. helps), by the

>end of the day my vision is really blurry and I have trouble having

>conversations w/o my glasses (I like to see who I talk too). I also

>don't have the best seating posture and look at the keyboard when I

>type (typing lessons?)

>

>The question:

> So what do I do?

ok. I get this too. here is what I do. sit near a window and spend time looking out. put up a little eye chart a meter or so away so you can monitor the state of your eyes. make sure you get decent light in your office, either (preferably external) or daylight globes. (fluro is noxious). I have a proper chair to sit on. ditch any rubbish chairs. any time you find your self slouching, get up and have a pace around, then start again, sit properly. sitting properly is a habit that needs to be developed like any other habit. limit the continuous time you spend staring at the screen. make sure your screen has a high refresh rate, so it doesnt flicker at you. try viewing your screen in your peripheral vision (ie by not looking at it directly and see if you can notice the flicker {they all flicker}, this seems to help share the load) frequently.

try rubbing your hands to warm then up before palming.

acupressure and massage at lunch is great for relieving stress

for the afternoon. eyebright tea, either drunk or as a compress

does wonders for easing ocular tension.

I dont touch type, but would recommend learning.

If you are like me, you will find that progress initially happens

quickly but slows, then I have a habit

of "pushing" my eyes to see clearer. DONT TO IT.

always be gentle with them, just allow them find

their own level, and develop patience.

I like to be able to see peoples eyes when I talk to them,

when I first stoped wearing glasses, I couldnt see people

eyes if they were more then a few feet away, now I can see their

eyes at six to ten feet with no problems.

Vic

=====

From owner-i_see@indiana.edu Wed Jul 19 19:41:46 EST 1995
Date: Wed, 19 Jul 1995 19:32:32 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Passenger seat Exercises
Status: RO
X-Status:

Elena <MBerezetsk@aol.com> shares the following exercise of her own discovery, which you can do while sitting in a car or bus or train... (DO NOT DO THIS WHILE DRIVING!!) Yelena's prescription is -7.5 -- considered "high" myopia, and yet she has achieved significant results...

* * *

Here's one of my recent "discoveries." As a passenger in the car, I breathe, relax, and start looking through the side window. I let the scenery slide past my eyes. I don't try to see anything in particular; on the contrary, I do something similar to swinging, just letting my eyes brush the fast-moving objects -- not even seeing them as objects, seeing only the movement of space. After a while, objects start "popping out" of this movement, here and there, but I don't chase them, don't try to prolong the instantaneous impression of seeing something clearly.

I alternate this with looking through the front window as far ahead as I can, again without straining or trying to see; I widen my field of perception and give nothing in sight any priority over anything else. Occasionally I outline the trees far ahead -- just the contour of the top. I look at the white divider lines, as far ahead as possible, but don't chase them when they move closer -- just keep on looking far, far away. The thought that I let recur while observing my perception is, "whatever comes, comes." I don't try to see the signs, the license plates, etc., but eventually they start "jumping" at me, spontaneously coming into focus. Again, I don't chase them, don't stare to "make sure" I saw them. Whatever comes, comes. It wouldn't be as amazing as I think it is if it wasn't for the fact that with my -7,5, I usually don't see any signs at all with my naked eyes. Imagine my delight when "Welcome to New Jersey" jumps at me from half a mile away, or when I suddenly read all the license plates in sight.

I also notice a lot of things that I never knew were there -- for instance, all the birds that happen to fly by over the highway.

=====

From owner-i_see@indiana.edu Fri Aug 25 00:51:27 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Real Results? (fwd)
Date: Fri, 25 Aug 1995 14:21:50 +1000 (EST)
Status: RO
X-Status:

Forwarded message:

>
>I can't really improve much beyond this level.
>My problem is that 99.99% of my work is near work (writing software). For now
>I am settling with maintaining my vision level.

I know how you feel I spent 90% of my day glued to a computer screen. despite this I have improve significantly. I get extended patches of 20/40, spells of 20/20 and the odd 30-40/20 clear flash!

the trick is to make Vt a routine part of your day, slot it into ordinary tasks like siting on the bus or eating lunch or burshing your teeth. well maybe not brushing your teeth...

>If only I had the time to get undercorrected lenses. Grrrrr.

you dont have time to get lunch?

Vic

=====

From owner-i_see@indiana.edu Sun Aug 27 20:10:51 EST 1995
Date: Sun, 27 Aug 1995 19:56:33 -0500
From: "Dan Lipofsky" <danlip@cs.indiana.edu>
Subject: honey in eyes?
Status: RO
X-Status:

A friend of mine, who knows quite a bit in the way of alternative medicine, has suggested a treatment involving putting honey in the eyes as a cure-all for vision problems. Says that it hurts but that it works. Has anyone heard of this? What are your opinions?

-- DanLip

=====

From owner-i_see@indiana.edu Thu Aug 31 09:05:32 EST 1995
Date: Thu, 31 Aug 1995 08:28:37 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Finger hopping for better vision
Status: RO
X-Status:

Here is a focusing exercise that I have found useful.

FINGER-SHIFTING

=====

With your glasses off, hold up the middle and index finger of your left hand and cover your right eye with your right hand. Lean your middle finger forward and tilt your hand toward you so that as you look at your two fingers with your left eye, they appear to be the same height. Now look back and forth, alternating looking at your left and right fingernails. Watch the one you're looking at go into focus, and the one you're not looking at go out of focus. IMPORTANT: Don't just look back and forth, but observe the texture of your nail, the minute reflections of light and shadow! This requires more attention and more accurate focusing than merely looking back and forth. Also: to avoid stiffening your neck, swing your head from left to right a fraction of a degree as you shift from finger to finger, in the same direction as the shift.

For the improving distant vision: Move your hand out until the index finger appears clear, but the middle finger remains blurry. Bring your hand inward until the middle finger is just barely blurry, and repeat

shifting back and forth between your fingernails until the details of the middle fingernail become clear when you look at it, too. Move your hand out again. If you start "losing" the details your middle finger, pull your hand back and repeat. After a few minutes, switch hands and eyes.

For improving close vision: same as above, but bring your hand closer; work on the index finger instead of the middle finger.

Variations:

Depending on the lighting, it may be easier to look at your knuckle-wrinkles instead of your fingernails. You also may want to use thimbles, or pair of detailed colorful "finger-hats" to look at, made of paper, of your own design.

If you are only mildly nearsighted, it helps to wear reading glasses while you do this (available for cheap at the drugstore). It brings your blur point closer, so you don't have to hold your hand out so far, and more finger details will be visible.

Instead of covering one eye with your hand, use a patch (also available for cheap at the drugstore). This frees up your other hand so you can do "thumb shifting" or shifting between any two hand-held objects, such as playing cards.

Please post any questions or comments you have on this exercise and its effectiveness.

--Alex

=====

From betty@pd.org Fri Sep 1 13:14:06 EST 1995
Date: Fri, 1 Sep 1995 14:13:16 -0400 (EDT)
From: Betty Martini <betty@pd.org>
Subject: Re: Effects of bilberry
Status: RO
X-Status:

I've seen so much about bilberry on this network I decided to try it today. I've been on Internet since June and since then my vision has gotten much worse to where I have to use glasses to read. I happen to mention this to a friend and journalist in Chicago, and also mentioned that I had read articles about computers and vision loss. She said: "Didn't you know you're suppose to put sea salt on your computer?" I know that Haines makes a good brand you get at Kroger but I'm not sure what you do with it. Barb said she makes these sea salt containers up and gives them to people so she is going to send me one. You must wrap it in some material. I think she said something also about occasionally put it in the sun to energize it.

Also, on this network the other day somebody raised the question about vision and honey. I knew about that but had to look up in my notes where that material came from. For those interested this is the story:

Some years ago there was an article in the paper that vets use eucalyptus honey in the eyes of dogs to eliminate cataracts, and if I remember right it only took a couple of weeks. Somebody who read the article who had cataracts decided to try it. He too was cured of cataracts and wrote an article. Then everybody wanted to know where you got the eucalyptus

honey because it was hard to find. Another article appeared in the paper that said from: Moonshine Trading Company, P. O. Box 896, Winters, California 95694. It says on the jar (Gourmet Honey Collection). I bought it but never tried it and don't have cataracts. I thought my husband might want to try it because he has astigmatism, and if improves vision I thought it couldn't hurt to try.

The writer last week said that it burns somewhat. I don't know because I didn't try it. But they said you warm some water and put about a teaspoonful in it. In any event, this is where the story came from for whoever asked and I did have the original article.

Also, remember all of you never never never use anything with NutraSweet. It is a chemical poison and the methanol in it (wood alcohol that blinded and killed thousands during prohibition) converts in the retina to formaldehyde. A lady the other day said: "We must be getting older quicker so many of my friends are going blind!" My reply was: "No, they are not getting older quicker they are just using products with aspartame in it." We have a warning flyer we ask people to print out on our auto-responder on aspartame and help warn others. So anyone wanting the instructions please email me. I also have a post on methanol by Mark Gold that does a lot of research, my post on blindness and even Mark's research paper that contains some of the case histories taken off the net. We ask people to take the "no aspartame test" and then send us their case history. However, Mark's research paper is over 200 pages printed out. So anyone wanting information on aspartame specify if you want it or not.

On the auto-responder we also have a bulletin on how dangerous it is for diabetics to use NutraSweet. The ADA is funded by Monsanto so they recommend it but you can imagine would wood alcohol would do to a diabetic. We also now have an information sheet on NutraSweet and pregnancy and birth defects written by Dr. Roberts, the world expert on aspartame. We soon intend to put one together on aspartame and the eyes, and probably quote ophthalmologists and victims who lost their vision from this toxin.

Hope some of this information is helpful.

Regards Betty OPERATION MISSION POSSIBLE (the people working around the world to warn people about the chemical poison aspartame in an attempt to remove it from the marketplace --- and the planet. It is now in 90 countries of the world!)

Betty Martini
Domain: betty@pd.org
UUCP: ...!emory!pd.org!betty

On Wed, 30 Aug 1995, Alex Eulenberg wrote:

> ----- Forwarded message -----
> Date: Wed, 30 Aug 1995 08:21:36 -0700
> From: LeRoy Kopisch <kope@primenet.com>
> To: aeulenbe@hamlet.ucs.indiana.edu
> Subject: bilberry
>
> I'm new...I have been taking bilberry for my eyes for about
> two months and am quite excited over both the vision improvement
> and the decrease in pressure, since I have had glaucoma for
> fifteen years..I am concerned about the long term side effects
> of taking bilberry and I can find very little in the literature
> that I have seen concerning this..Does anyone have information
> concerning the possible side effects?
>

>
>

=====

From owner-i_see@indiana.edu Wed Sep 6 00:04:38 EST 1995
From: JimDayOD@aol.com
Date: Wed, 6 Sep 1995 00:32:52 -0400
Subject: Re: honey in eyes? Warning
Status: RO
X-Status:

I've never heard of Honey used that way.
Perhaps it works like a hyperosmotic.
It has been reported that Glycerin, can be used as a hyperosmotic to reduce corneal edema from "FUCH's" disease. It also hurts or stings.
The most common hyperosmotic is a 5% salt ointment, I prescribe it for recurrent corneal erosion. It is over the counter. "Murol28"

Warning:
Because Honey can contain botulinum toxin in low concentrations, it is advisable not to give to infants. I would give a similar warning to anyone planning to use Honey as an eye medication. If you want to use a hyperosmotic, try the 5% salt ointment by Bausch & Lomb, it is known to be safe and effective for many coneal porblems which cause edema.

At this time, it is not known to affect myopia, hyperopia, or astigmatism, in non diseased eyes.

If it clears your vision, it is because you have an undiagnosed problem. The most common epithelial basement membrane disease, will cause fluctuations of vision, frequent halo's around lights, and a sharp pain upon awakening.

Jim H Day, Jr OD
Member National Eye Research Foundation

=====

From owner-i_see@indiana.edu Tue Oct 3 14:00:57 EST 1995
Date: Tue, 3 Oct 1995 13:13:48 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Light and water for the eyes
Status: RO
X-Status:

The following is from "Drugless Medicine" by Suzanna Way Dodds, AM, MD, published in 1915, pp. 84-85:

* * * *

A good direction, either for preserving the sight or restoring it when weakened, is to avoid those things which would be injurious to it. Prevention is bvetter than cure. To strengthen the sight, and also to preserve it, an excellent plan is to live and work as much as possible in the open air and sunshine. It is a mistaken idea that habitually protecting the eyes from the average amount of light, will help to keep them strong. The tendencey is the other way; too little of it will weaken them. It is only in special cases and under certain conditions, that light should be excluded from the eyes. Light is the natural food for these organs, at least in day time, and it should be supplied in normal quantity. Many women injure the sight by wearing veils closely drawn over

the face, and particularly dotted veils; these are highly injurious. In every dwelling the living rooms should be well lighted, with windows judiciously arranged; and the inmates should avoid too much confinement indoors.

The eyes may be greatly strengthened by the free use of cold water; every morning in washing the face, dash an abundance of it over them. Cold water stimulates the capillary circulation in and around the eyes, and helps to strengthen them. The writer knows individuals who have practiced this habit all their lives, and who are able to read without glasses long past middle life.

=====

From owner-aeulenbe_i_see_digest@indiana.edu Mon Oct 30 11:00:05 EST 1995
Date: Mon, 30 Oct 1995 10:41:48 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Vision improvement techniques
Status: RO
X-Status:

----- Forwarded message -----
Date: Tue, 24 Oct 1995 09:20:20 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: Dan Lipofsky <danlip@cs.indiana.edu>
Cc: I SEE <i_see@indiana.edu>
Subject: Blindfolds for better vision

I think a blindfold can be an excellent way to relax the eyes, especially when sleeping. I saw in a catalog yesterday an advertisement for a "sleep mask". They said light coming into your eyes when you sleep can inhibit melatonin production. I must admit I don't know what melatonin does, although it appears to be an important hormone.

All I know is that if I wake up with sun in my eyes, they're much more likely to be under strain when I open them. I once woke up in the middle of the night and found myself to have excellent vision and relaxed eyes. Then I went back to sleep. When I woke up, the sun was shining and my eyes were aching. I took this as strong evidence that light shining on sleeping eyes causes them to strain.

My favorite way of excluding light during the daytime, however, is the one-eyed patch. This actually lets me do something and forget that I'm doing therapy. This lets my unconscious take complete control. It also makes reading easier since the two eyes don't have to coordinate. Less brain strain. It also saves you eye-energy. But if you try this, I think it's good to switch patches every now and then so one eye won't get lazy! Robert-Michael Kaplan says in his book "Seeing Without Glasses" that 4 hours is the optimal amount of time to wear a patch.

--Alex

On Tue, 17 Oct 1995, Dan Lipofsky wrote:

>
> It seems the main point of palming is to keep light out
> of your eyes. If this is the case, would a thick
> blindfold work as well? If not, why? I would certainly
> relax more if I didnt have to hold my hands over my eyes
> for this exercise.
> - danlip

>

----- Forwarded message -----
Date: Sat, 28 Oct 1995 09:58:49 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: I SEE <i_see@indiana.edu>
Subject: Theory behind plus lenses

Here's a briefing for the newcomers:

Plus Lenses are convex lenses. They are available at most drugstores without a prescription.

They require your eye to focus less close up than without them. Thus they are used by people who see better in the distance (presbyopic, farsighted) to read. However, people with myopia can benefit from the use of plus lenses because they require the eyes to focus farther. They can be used as a part of a cure of myopia due to unresponsive muscles. Even people with elongated eyes may have part of their blur being due to unresponsive muscles.

Basically, putting a plus lens on makes you more myopic while you're wearing it. In order to see clearly, your eye has to focus further away than it would normally. But you won't be able to see PERFECTLY clearly, since your myopic eye doesn't have the range. However, the eye will improve, at least temporarily.

Essentially, the same thing happens to a person who normally wears glasses and then takes them off. After a while, you start to see more clearly without the glasses.

If you have ever had a less than full perscription, and then lost it for a week or so, and then put the glasses back on, you may have noticed that things were even sharper than they were when you were wearing them last. This is because your eye was allowed to stretch out, and now your old prescription is once again sufficient.

Plus lenses for myopia is just an extension of that idea. There are two varieties:

1) increase the daily amount of blur to stimulate your eye to focus farther. This means wearing the glasses whenever you would be otherwise just sitting there doing nothing. Not recommended for crossing busy intersections or operating motor vehicles!

2) use them with close objects (ie texts) so that they are seen just at the farthest still-clear point. Gradually increase the distance at which you can see absolutely clearly through the plus lenses. The same can be done without the lenses by backing away from a wall, but plus lenses reduce the distance necessary to get the same effect, so you can hold the object in your hand.

Before doing plus lens therapy, first you must be able to be comfortable living without your myopic glasses. Any improvement you make by the use of plus lenses will be counteracted by using myopic glasses.

--Alex

----- Forwarded message -----

Date: Fri, 27 Oct 1995 20:33:18 +0800
From: Chen Hanwen <hanwen@singnet.com.sg>
To: i_see@majordomo.ucs.indiana.edu
Subject: Plus lenses

Hi! Got some questions here about plus lenses.

- 1) My myopia is L:-6.0D R:-4.0D. So, what should I get for my plus lenses?
- 2) What is the maximum period that I should wear them?
- 3) Any side effects?
- 4) Are the benefits permanent?

Thanks!

----- Forwarded message -----

Date: Wed, 18 Oct 1995 11:05:06 -0700 (MST)
From: The Anomaly <anomaly@indirect.com>
To: I SEE <i_see@indiana.edu>
Subject: Re: Plus glasses for myopia

On Mon, 16 Oct 1995, Alex Eulenberg wrote:

> 1. When did you get your last prescription (-2.5D) (month/year)?

About 1 year ago. I think it was -1.75 & -2.25

> 2. Do you ever actually wear -2.5D glasses? If so when? Do you wear another
> (previous) "minus" pair? What lenses are they?

I don't wear my latest glasses as they feel too strong and if I wear them for more than 5 seconds my eyes quickly get worse.

I have a previous pair of -.75 & -1.25 which I wear at night when driving.

> 3. What kind of eye activities had you been engaged the month prior to
> this prescription? Studying hard? Outdoor activities? Had you been
> wearing glasses?

I am a computer programmer and I can't get away from looking at a monitor. I wish I could spend my time outdoors and look at things at a distance, but my job prevents this.

> 4. Who did you see, an ophthalmologist or an optometrist?

Just the standard eye-doctor when you go get inexpensive glasses.

> 5. Did they put drops in your eyes before they gave you the eye-chart test?

No, but he made me read a card with tiny letters and then darkened the room and had me look at an eye chart about 20 feet away.

> How well can you see in each eye separately:

- > 1. Through +3.00 lenses -- what is the far point (farthest point when
> things are absolutely sharp and clear)
- > 2. With no lenses -- what is far point

I cannot measure this because my eyes are always changing slightly, either getting better or worse, plus I will always attempt to blink them and control them when seeing at a distance.

The far point may be 5 feet or 50 feet. I will also get clear flashes that can last up to a minute. At night clear flashes are much harder to achieve and they don't last as long.

I personally feel that in order for me to make continued progress and see 20/20 or 20/10 all the time I will have to work on relaxing certain muscles in my eyes. - Tom Suliga

=====

From owner-i_see@indiana.edu Fri Nov 17 09:44:39 EST 1995
Date: Fri, 17 Nov 1995 09:22:16 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Eye Exercise: Zooming
Status: RO
X-Status:

Here's a simple exercise often recommended by those who otherwise don't believe in eye exercises.

Look at an object some distance away, then look at an object a further distance away. Look at the first object, second object, first, second, zoom, zoom, zoom!

It helps to do this rhythmically.

It also helps not to bite off more than you can chew, that is, don't switch between your thumb two inches from your face and a building a half mile away. It's better to have your near object relatively far away, say at least arm's length, to avoid strain. The action should be snappy and effortless. Importantly, watch the near object "go double" when you look at the far object and vice versa. This will indicate that you're using both eyes.

For starters, use the thumb on your outstretched hand as a near object, and a tree as your far object. When you look at the tree, the tree should be right in the middle between your two thumb images. Conversely, when you look at your thumb, you should see two tree images surrounding your thumb.

Try this with your head at different angles, up, down, right left, and always keep the zoomed-on object centered between the two images of the un-zoomed object. Experiment with different distances of the near and far object with different sizes of objects, under different lighting conditions; let us know what works!

It is primarily an exercise for the extraocular muscles, and is designed to improve depth perception. However, a side effect seems to be that it smooths out the cornea by regularizing the tension, because astigmatic "ghost images" go away for a time when I do this.

If you try this, please report your experience to I_SEE.

--Alex

PS

For evidence that the extraocular muscles affect corneal curvature, and that a misshapen cornea results in single-eye double images (monocular diplopia), check out the sources in the bibliography, "The Incredible

Changing Cornea" at

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

=====

From owner-i_see@indiana.edu Sat Dec 2 10:19:16 EST 1995
Date: Sat, 2 Dec 1995 10:00:59 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Eye exercise: Flashing
Status: RO
X-Status:

"Flashing" develops your visual memory and sensitivity. It also reduces eye strain because, with a well-developed visual memory, you will use less energy re-scanning a scene to make sense of it. Just the same way musicians with a good audio memory only have to listen to a melody once and they've memorized it. And of course, when eye strain is reduced, acuity is always improved, too.

Now, the exercise:

Close your eyes and you will see an "after-image" of what you were looking at. Watch the after-image fade away. After the after-image fades away completely (a few seconds) open your eyes for a flash and take a "snapshot" of the surroundings. Keep them open only for the length of a blink. Think of a flash as a reverse blink. When you close your eyes, do it gently; don't slam your lids shut. Keep flashing and see how much you can see with each flash. Look at the scene as if your eyes are still open. When you open your eyes, see how much you remembered.

Like all exercises, this is especially good to do outside on a bright sunny day. I wouldn't advise it while crossing a busy intersection, though.

--Alex

=====

From owner-i_see@indiana.edu Wed Dec 6 19:02:43 EST 1995
Date: Wed, 6 Dec 1995 18:42:34 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: Eye muscle exercises
Status: RO
X-Status:

Most experts on the matter of eye exercises all seem to agree that the purpose of doing eye exercises, especially in the case of myopia, has absolutely nothing to do with building muscle mass or "strength", but in coordinating the muscles. The training really effects the motor centers in the brain, not the muscles per se.

It has often been said that myopia results from a "cramped ciliary muscle", the ciliary muscle being the muscle inside the eye that focuses the eyes for the nearpoint when it contracts, by changing the curvature of the lens inside the eye.

So far from "strengthening" this muscle, eye exercises for myopia are usually said to work because they "relax" the ciliary muscle.

But things are not that simple.

Here is an exercise that has given me a noticeable improvement in distance acuity, but it seems to be working on the extraocular muscles, not by "relaxing" the ciliary muscle. I believe it works partly by "ironing out astigmatism" and partly by coordinating the focusing with the eye-crossing.

Take a yard (meter) stick, edge up, and extend it away from your nose. Look at the near end of the stick. You should see a "V" composed of two stick-images. Your left eye sees the leftward-veering stick-image and vice versa. Now slide your focus up the stick as slowly as possible, keeping the two stick images in view. The "V" should turn into an "X", the crossing point being the place where your eyes focus. It makes it easier if you tilt the stick slightly upwards. You can also help yourself at the beginning by sliding your finger up the stick and focusing on that. Always keep the two stick-images in view. When you make it to the top of the stick, you will see a "^" (inverted V). As you do this, make sure that the point you are looking at (the crossing point) is clear, and that both eyes are working (you should always see two sticks). Go up and down and up and down. Vary the distance of the stick and the angle at which you look at it. Rock your head back and forth as you slide up and down the stick.

Blink your eyes and look around. What do you see?

--Alex

=====

From owner-i_see@indiana.edu Fri Dec 8 10:17:23 EST 1995
Date: Fri, 8 Dec 1995 09:43:07 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Gaining Central Fixation
Status: RO
X-Status:

An I_SEE member writes me...

> I am a stay
> at home mom so it is possible for me to not wear glasses for days. I only
> wear them when I drive. My perscription is R:-7.00 cyclinder +1.50 axis 85
> L: -7.75 C: +1.50 A: 75.

Unbelievable! Quick, go right to your eye doctor and get a new prescription! I bet it's already gone down. You probably don't need glasses that strong to drive.

> I was reading your FAQ's. My question concerns section 9.4. I am having
> trouble with central fixation. I can't seem to find my point of greatest
> clarity. I have tried using the eye chart and text on a page. Any
> suggestions? I also seem to have a lot of trouble seeing the swing of a
> letter when I look from right to left. The movement of the letter seems
> to want to go the same way as the motion of my eye.

First of all, make sure that the chart is not too far or too near. If it is at an extreme distance for your eyes, nothing will be anything near clear, and this will induce strain.

Secondly, if you're not seeing what you should, the best thing is NOT to try, try again. Instead, if you can't see it, close your eyes and IMAGINE it. Then open your eyes and look again. Imagine the swing, imagine that one part of the letter is blacker than the rest. You can do this on a mental image as well as on the actually-seen image. Look at the top of the "A"

and imagine that it is pitch black, while bottom is more or less dark gray. Shift from part to part and do the same thing. Imagine that the letter swings up as you shift from the top to the bottom of the letter. Same for right and left, and oblique motions. There is a fine distinction between "imagining" and "trying to see", but it is fundamental. Imagining implies no effort, while trying implies effort. As Yoda said, "Do not say 'try', say 'do'" Bates said: if you can't do it in reality, do it in your mind first as practice.

Secondly, it is important to secure mental relaxation FIRST. It will rarely come about as a RESULT of practicing the swing. You should only practice when you feel relaxed. Often, physical or sensual relaxation techniques can help induce the mental. For example, listening to your favorite music. Also, it's good to have a familiar object, an "optimum" as Bates calls it. It might be a favorite photograph or piece of jewelry. Looking at it brings you relaxation, as well as practice at relaxedly looking. When you don't have the object, you can close your eyes and imagine it.

Thirdly, it always helps to forget about your eyes. Yes, this is very hard to do when involved in an eye exercise. One way out of this is to swing your head, NOT your eyes. It really doesn't matter what moves the eyes. It is an artificial distinction to say that the extrinsic muscles of the eyeball are "vision muscles" and the neck or torso muscles aren't. All are intimately connected with the process of seeing. Often I have found that when I relax my neck or stretch my side, my vision improves, and I feel relaxation in my eyes. You are still moving your eyes when you swing at your neck, but since you aren't "concentrating" on your eyes (and perhaps for other reasons too), it can be more visually relaxing than voluntarily shifting your eyes in their sockets.

--Alex

=====

From owner-i_see@indiana.edu Sat Jun 10 16:45:23 EST 1995
Date: Sat, 10 Jun 95 14:40 PDT
From: Beyond_20/20@Sunshine.net
Subject: Re: eyeglass help (fwd)
Status: RO
X-Status:

>I'll be getting new eyeglasses and would
>like to know how much to undercorrect them to help improve my vision.
>My prescription card reads "Spherical: -200, -400" "Cylindrical: -150, -125"
>"Axis 001, 177" Please don't remind me how bad my vision currently is, ouch.

Thanks for the opportunity to comment on your prescription and make suggestions for a reduced one. Firstly, your numbers aren't that bad. I have seen worse. Begin to accept that your vision is developing. Let go of the belief that your vision is bad. Very important! The big challenge is the difference in prescription between the eyes. I would suspect that your "naked vision" is better through the -2.00, -150", which I assume is your right eye? The choice you have is to reduce the spherical prescription equally in front of each eye or more before the right eye in order to stimulate your perception through the left. In my experience, I would suspect you could cut back the spherical part of the prescription by between 1.00 and 1.5 diopters. This means you would leave the cylinder alone for the first reduction. I will be posting an article at another time on why this is important. The new prescription would read R-0.75 -1.50 axis 001

L -2.50-1.25 axis 177. You should be able to drive in good light with these numbers, although the doctor would need to confirm this. Please bear in mind by just wearing weaker lenses does not guarantee that your vision will improve. In my experience you will need to actively use vision training during the day. The FAQ will give you additional steps. I hope this helps. All the best. and thanks Alex for the chance to give feedback.
Robert-Michael

"Products and programs for helping your eyes...naturally!"
Beyond_20/20@sunshine.net [Robert-Michael Kaplan O.D., M.Ed., FCOVD]

Snail Mail RR#2 S26 C39
Gibsons, British Columbia.
VON 1V0 Canada
Voice (604) 885-7118
Fax (604) 885-0608

=====

From owner-i_see@indiana.edu Sat Jun 10 17:32:20 EST 1995
Date: Sat, 10 Jun 95 15:29 PDT
From: Beyond_20/20@Sunshine.net
Subject: Re: Ok Hot shot.... (fwd)
Status: RO
X-Status:

>pop quiz:
>If I wear contacts...will using + lenses (while wearing contacts)
>help while doing near work? :-)
>

Marco: Here's a cold shot response to your question. The whole basis of a weaker lens prescription is built on the concept of adding plus. The

critical point is that the amount of plus needs to be determined, because the reduction in minus affects the binocularity. Lastly, you will still need to practise specific exercises if you desire to lessen your dependncy upon glasses and improve your eyesight. Many of my patients go out and buy the maginifying reading glasses to wear over their contacts.

Plus is cold! Robert-Michael

"Products and programs for helping your eyes...naturally!"
Beyond_20/20@sunshine.net [Robert-Michael Kaplan O.D., M.Ed., FCOVD]

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=====

From owner-i_see@indiana.edu Fri Sep 22 12:59:08 EST 1995
Date: Fri, 22 Sep 1995 12:33:56 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Determining a "fitness glasses" prescription
Status: RO
X-Status:

On Fri, 22 Sep 1995, Abigail Fermo Abinoja wrote:

> Could anyone recommend a good behavioral optometrist in the St. Louis area?
> I went to one referred by the Optometric Extension Program Foundation but
> he informed me that vision can't be improved short of surgery.

That reminds me: Always call your doctor before you make the appointment -- find out about their attitudes toward vision improvement. Some, even supposedly behavioral optometrists, are have a more "compensation-only" philosophy than others. Some, for example, will refuse to prescribe therapy of any kind to adults.

> I wanted a
> pair of fitness glasses but my prescription went from Spherical: -200, -400
> Cylindrical: -150, -125 Axis: 001, 177, to a prescription of Spherical:
> -2.50, -4.25 Cylindrical -1.00, -0.75 Axis 010, 165. Is this much of an
> improvement, at least towards a pair of fitness glasses? I don't know how
> to interpret those numbers.

Basically, the amount of negative sphere is the amount of nearsightedness correction (positive sphere is for farsightedness), and cylinder is the amount of astigmatism correction. Astigmatism can be thought of as an extra bit of myopia (or a little bit less) at a certain angle. Since a cylindrical curve is twice as powerful as a spherical curve, the strength, or "spherical equivalent" of your lens is computed by adding the sphere and half the cylinder. Axis has nothing to do with strength; it's merely the angle at which the cylindrical part of the lens is placed.

So one eye went...

$$\text{from } -2.00 + -1.50/2 = -2.75 \text{ to } -2.50 + -1.00/2 = -3.00$$

while your other eye went...

$$\text{from } -4.00 + -1.25/2 = -4.63 \text{ to } -4.25 + -0.75/2 = -4.63$$

So your prescription really hasn't changed that much in terms of spherical equivalent. One eye's prescription has been increased by a quarter diopter, while the other is the same. The only improvement I can see is that the amount of astigmatic correction has decreased. This means your glasses are less "warped".

You want to have no cylinders if at all possible. Cylinders create clarity at the expense of distorting objects to different degrees. Perhaps you recall during an eye exam being told to choose between two lenses, one yielding a fuzzy but properly proportioned image the other a clear but distorted one. The eye can learn to see more clearly without cylinders, as the unwarped visual environment stimulates the internal and extrinsic muscles to pull the eye back into shape.

I mentioned earlier that balance between the eyes is considered important by many vision therapists, so ultimately, you want not only the weakest comfortable prescription, but also the prescription with the least difference between the eyes. Note that the stronger a myopic lens, is, the more it reduces the size of what you see. You want both your eyes to be looking at the same sized objects.

So here are some general guidelines for helping you choose a pair of fitness glasses:

- * 20/40 vision (good enough for driving, but leaving room for improvement)
- * The least amount of cylinder -- none if at all possible.
- * As similar as possible strengths for both eyes.

With these guidelines in mind, you should be able to work out a good fitness pair of glasses with your optometrist.

Before you go, make sure you can try out the glasses in a real world environment with test frames before you leave the office -- don't be satisfied with putting your head in a box and looking at letters. And don't let them dilate your pupils, which will temporarily worsen your vision. You want to know how good these glasses are for your eyes in their natural state.

Above all, call before you go to avoid disappointment. Remember, all optometrists have invested a considerable amount of time in learning how to prescribe "the correct amount of cylinder", and many will be offended when you tell them you think no cylinder is good cylinder. However, if you are confident about the issues, you can usually get kind of prescription you want. But make sure your doctor is willing to work with you on this. Otherwise you will waste your money and your time.

--Alex

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 21 07:35:08 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: eye improvment idea (fwd)
Date: Tue, 21 Feb 1995 13:49:18 +1100 (EST)
X-Status:
Status: OR

>
>Since I wear contacts, taking them on and off during the day for eye
>improvement is not a feasible thing to do. It's also not very
>economical for me to keep buying lenses with decreasing prescriptions.

>As an alternative idea, what if I were to just wear one lense in - I
>can easily manage with just one lense in. And then hopefully the weak
>eye, along with exercises, would improve. And then when the
>previously weak eye was good enough, I could take the lense out of my
>other eye, repeat the process, and voila - both eyes are cured. Do
>you think that the severe imbalance in the eye's would be more
>detrimental?

yes. I dont think its a good idea. inbalances in the muscles of the eyes are called various phorias. I am no expert but methinks you would strongly be encouraging disproportionate amount of musclar development. and upset any synergy in the various systems.

one of the basic premisses of Bates is that lenses upset the delicate balances between accommodation, convergence and pupil dilation. these three are governed from a single nerve bundle from the brain. the official literature even hints that contacts cause less rapid progression then frames.

I think there is little cause for concern in having to purchase many pairs of glasses/contacts. these only occur in 1-2Ds increments so in my case -2.25 I need only 1 transitory pair. a -6D may need only 2 or 3. this would be spread out over some time, unless you are lucky enough to have very fast progress. remember though progress is measured in months. you also have to remember that when downgrading power in glasses you are just changing the lens and not paying for yet another mega expensive frame. contacts: you may get away with just using disposables on certain days of the week. if you already use these then there is no added cost.

what I did was basically go cold turkey. I stopped wearing contacts entirely. which I used to wear from waking to sleep. now I keep handy a pair of glasses in case I need to drive. the first week was a disaster. but after that it was ok. progress was brisk, and I became complacent expecting the momentum of improvement to just carry one without any further effort on my part. nah. so back to basics. I found its important to make VT a routine task like brushing teeth. if you are what is considered low myope < -6D (amazing inst it) it may be possible to minimise the amount of time behind lenses. if you are mild < -3D (how -3D can be mild is beyond me) then going cold turkey is quite feasible. it does seem clear to me that the less time you can spend behind corrective lenses the faster you will progress.

one thing I would say is that prior to begining any course on VT, I would strongly recomend getting a full ocular check up, preferably with a behavioural optom. you will get a much friendlier response. to check the state and health of your eyes. and to keep an official measure of improvement.

Vic

=====

From owner-i_see@indiana.edu Wed Dec 6 23:10:20 EST 1995
Date: Wed, 6 Dec 1995 23:00:21 -0500
From: Alex Eulenberg <aeulenge@ezinfo.uics.indiana.edu>
Subject: Optometrist offers \$ for vision improvement
Status: RO
X-Status:

----- start of forwarded message -----

From: ws@ix.netcom.com(William Stacy)
Newsgroups: sci.med.vision
Subject: Wanna Bet?
Date: 7 Dec 1995 00:28:24 GMT

Bill Stacy, OD:

>I think that the only way you'll ever convince us skeptics of these
>things is to have one or two of us skeptics measure the subjects
>before and after therapy. I hereby offer my services for such a
>validation at no charge. The only catch is that the subjects would have
to come to the Sacramento, California area for validation by me.

Dennis Yelle:

>But Bill, if you measured a 4 diopter improvement yourself, you would
>no longer be a skeptic, and the other skeptics wouldn't believe you.

Bill replies:

>I would certainly document my pre and post therapy degrees of
>skepticism, publicly on sci.med.vision. If I were transformed, believe
>me, that *would* be news.

>I don't think anyone will take me up on it. If it really worked, I
>would think they'd clamor for the publicity.

>How about if we make it financially attractive both ways?

>Take a -4.00 myope and put him/her through therapy (no contacts, no
>surgery) and the payoff according to the following schedule:

>ENDING REFRACTION

> 0.00 or any + amount	I pay \$1,000 and become a total convert
>-0.25 to -1.00	I pay \$ 750 and become a convert
>-1.25 to -2.00	I pay \$ 500 and become somewhat converted
>-2.25 to -3.00	I pay \$ 250 and retain some skepticism
>-3.25 to -3.50	We break even and remain skeptical
>-3.75 or more	The therapy provider pays me \$1,000 and I rest my case once and for all

>The therapy period would be 1 year maximum. I would want an immediate
>\$10,000 penalty, agreed to in advance, for any rigid contact lens wear,
>surgical intervention, or blood glucose manipulation that occurs within
>the 3 year period beginning 1 year before the start of therapy and
>ending 1 year after the end of therapy, regardless of the outcome. The
>discovery of such violation could occur any time within 7 years of the
>end of therapy.

>In the event of patient or therapist drop out, I receive \$500 as a
>default penalty, unless it is for good cause (medical emergency, death,
>etc.), in which case the trial is terminated and nobody pays anything

>(and we try again with someone else, if agreed to).

>Any takers?

>Bill

>William Stacy

>O:BASE Ophthalmic Systems

>ws@ix.netcom.com

><http://www.cybergate.com/~lovelea/obase.htm>

----- end of forwarded message -----

=====

From owner-i_see@indiana.edu Wed Dec 20 10:56:28 EST 1995

Date: Wed, 20 Dec 1995 07:18:22 -0800

From: ws@ix.netcom.com (William Stacy)

Subject: Vic's improvement

Status: RO

X-Status:

Vic wrote:

>(...

>so hey doc Stacy do I qualify for some of that cash? you can have
>access to my records for the last 5 years from the same optometrist.

>

>(...

The .62 diopter apparent improvment is right at the zero \$ value, tho'
I'm happy to hear that you're going in the right direction. I'll
really be impressed when you find yourself nearer to 0.00.

Bill

=====

From owner-i_see@indiana.edu Thu Dec 21 21:16:11 EST 1995

Date: Thu, 21 Dec 95 16:57 PST

From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)

Subject: Re: cash

Status: RO

X-Status:

>> From: ws@ix.netcom.com(William Stacy)

>>ENDING REFRACTION

>I dont think you can go from -4 to -1 in a year, but you can certainly
>do it over a few years. I have never heard of anyone changing that fast.

Vic: I have seen the subjective findings in some cases, and others the
retinoscopy findings change this fast when an active Vision Therapy
is undertaken. The difficulty is th variability of the findings and therefore
the repeatability. It will depend which day and at what time, the person go-
es
to the Doctor's office.

Bill: I came in on this a little after the initial posts.
Are you referring to a best visual acuity

refraction or a cycloplegic? Will you be comparing retinoscopy with the manifest subjective?

Thanks, Robert-Michael Kaplan.

Have you read the new book: The Power Behind Your Eyes?
Deepak Chopra, M.D. says: "This is an important book that can help you create a new vision for your life".

Snail Mail Beyond 20/20 Vision=81
 RR#5 Site 26, Comp. 39,
 Gibsons, British Columbia.
 VON 1V0 Canada
Voice (604) 885-7118
=46ax (604) 885-0608 =20

From owner-i_see@indiana.edu Fri Dec 22 01:56:53 EST 1995
Date: Thu, 21 Dec 1995 22:46:11 -0800
From: ws@ix.netcom.com (William Stacy)
Subject: Re: Cash
Status: RO
X-Status:

Kaplan says:

Bill: I came in on this a little after the initial posts.
Are you referring to a best visual acuity refraction or a cycloplegic? Will you be comparing retinoscopy with the manifest subjective?

Thanks, Robert-Michael Kaplan.

Have you read the new book: The Power Behind Your Eyes?
Deepak Chopra, M.D. says: "This is an important book that can help you create a new vision for your life".

Bill's answer:

Haven't read it, but from what I hear Chopra's pretty far out there...

I was referring to the manifest refraction as measured by neutral practitioners (who *must* be unaware of the bet, of course).

Bill

=====

From owner-i_see@indiana.edu Fri Dec 22 02:28:48 EST 1995
From: Vic - Deus Ex Machina <root@spook.cia.com.au>
Subject: Re: Cash
Date: Fri, 22 Dec 1995 18:14:52 +1100 (EST)
Status: RO
X-Status:

>_From: William Stacy
>
> To which I now say:
>
> By the same token, if you regress to -2.00 -1.00 (only -.25, which is
> well within a std. deviation) you will be dangerously close to owing
> me money.

not much chance of that. thank you very much.

> But he said:
>
> I dont think you can go from -4 to -1 in a year, but you can certainly
> do it over a few years. I have never heard of anyone changing that
> fast.
>
> My retort:
>
> Go for it. Good luck. But if you want to bet dinero, we've both got to
> put up some dough with a neutral party, say any recognized bank or
> bookie.
>
> I'm here and willing...

finding a neutral party could be interesting since I am half
way around the world. you are not exactly putting up much cash
for the effort involved though I must say. nor do I have a spare
1000 I can afford to have sitting around for a year. bet or not
I intend to keep going...

Vic

=====

From owner-i_see@indiana.edu Fri Dec 22 18:55:16 EST 1995
From: Vic - Deus Ex Machina <root@spook.cia.com.au>
Subject: Re: Cash
Date: Sat, 23 Dec 1995 10:42:54 +1100 (EST)
Status: RO
X-Status:

>_From: William Stacy
>
> You wrote:
>
> >>_From: William Stacy
> >>
> >> By the same token, if you regress to -2.00 -1.00 (only -.25, which
> is
> >> well within a std. deviation) you will be dangerously close to
> owing
> >> me money.

> >
> >not much chance of that. thank you very much.
>
> Not much chance? I'd say there is, since + or - .37 D. is the margin
> of error in refraction.

I think we can do without the cynicism. and the discouragement.

> >(...)
>
> >I intend to keep going...
>
> Couldn't hurt. Let me know when you get to 50%. That will get my
> attention.

good. shattering world views is one of my favourite past times.

Vic

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 19 15:53:05 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Hope for the long-eyed
Date: Wed, 15 Feb 1995 12:44:34 +1100 (EST)
Status: RO
X-Status:

>And also, who knows? The eye may be able to shrink just as well as it can
>grow if you change the pressure put on it by the muscles that surround
>it: the eye is filled with fluid that circulates; part of that fluid
>winds up as teardrops!

this is interesting. cause sometimes I can get a clear flash by
blinking, but the longer I try to hang on to it, the more some
stress/pressure builds up somewhere in the eye which results in tears.
I wonder if this is related.

Vic

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 19 15:53:22 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: Hope for the long-eyed (fwd)
Date: Wed, 15 Feb 1995 13:56:51 +1100 (EST)
Status: RO
X-Status:

> >And also, who knows? The eye may be able to shrink just as well as it can
> >grow if you change the pressure put on it by the muscles that surround
> >it: the eye is filled with fluid that circulates; part of that fluid
> >winds up as teardrops!

> > this is interesting. cause sometimes I can get a clear flash by
> > blinking, but the longer I try to hang on to it, the more some
> > stress/pressure builds up somewhere in the eye which results in tears.
> > I wonder if this is related.

> > Vic

> > You probably get the clear flash because the layer of liquid adds another
> > refractive element to the surface of your eye (like a contact lens).

> > You get the tears because you are holding your eyes open too long and because
> > your eyes are drying out, they react by secreting tears.

again I dont agree. cause I can hold my eyes open for quite a while
without any tears. but this is diferent I can feel various forms of
tension/pain which force the tears. I doubt its as simple as the eye
pushing against the tear ducts or eye fluid spilling into them.

I also get differnt types of clear flashes. the best of which results
in total relief of any pressure or tension and perfectly clear vision.

another type which I call artificial flashes come about by blinking
and isnt sustained for more then a short time. the later also results
in tears. the former doesnt. both go away with blinking. although I
have just been able to make it through a couple of blinks with
the real thing. :) I suspect the artificial flash comes about from
the blinking and various muscles sort of falling/tightneing/stretching

into place.

as for tears/liquid on the eye changing the refractivity I get these as well but these are the least stable, and you can in fact notice uneven clarity which gets moved around by blinking, I don't count these as proper flashes. and anyway you can always feel the moisture in your eyes. so you can tell what is going on.

Vic

=====

From pkerns@indirect.com Ukn Feb 19 15:59:37 1995

From: Patricia Kerns <pkerns@indirect.com>

Subject: Clear Flashes

Date: Thu, 16 Feb 1995 16:56:42 -0700 (MST)

Status: RO

X-Status:

> I also get different types of clear flashes. the best of which results
> in total relief of any pressure or tension and perfectly clear vision.
>
> another type which I call artificial flashes come about by blinking
> and isn't sustained for more than a short time. the later also results
> in tears. the former doesn't. both go away with blinking. although I
> have just been able to make it through a couple of blinks with
> the real thing. :) I suspect the artificial flash comes about from
> the blinking and various muscles sort of falling/tightening/stretching
> into place.
>

I, too, get two very distinct kinds of clear flashes (I've gotten into the habit of referring to them as "real" ones and "cheating" ones). The real ones are accompanied by an incredible sensation of relaxation around my eyes, and are not affected one way or the other (either started or ended) by blinking. I don't have the ability to bring these about by will, but I can create the conditions favorable to them by various relaxations techniques.

The cheating kind of flashes are caused by blinking in a somewhat peculiar way, or simply by tensing and then relaxing all the muscles around my eyes. They almost never last more than two or three blinks. I can now bring these about any time I want to, and it's actually a useful skill every now and then, if I want to see something for a few seconds, but not run and get my glasses.

What I find interesting is that I tried vision therapy on my own about 10 years ago, and only experienced the "cheating" kind. In spite of my learning that skill at the time, though, I lost it when I quit doing VT (in favor of orthoK). I remember halfheartedly trying to do it a couple of times in the interim, without any success.

So, although I now consider this type of clear flash to be not the real thing, I've concluded that 1) it definitely is a skill that came from vision therapy, not one that I had all along, and 2) it seems to be a precursor of the real thing. Let me make it clear here that I'm no vision expert, but from my perspective, the "cheating" flashes are just a stop along the path to better vision.

One thing I've been amazed at in my latest venture into vision therapy is how many completely different ways of seeing things the same pair of eyes

can come up with (blurry, double image, multiple image, clear with halo, or perfectly clear). It seems very odd that no one has tried to scientifically research and explain this.

Patty

=====

From owner-i_see@indiana.edu Fri Aug 18 10:56:10 EST 1995
From: c22at@kocrsv01.delcoelect.com
Subject: Clear flashes
Date: Fri, 18 Aug 1995 10:35:24 -0400 (CDT)
Status: RO
X-Status:

I have been trying to experience the 'clear flashes' thing using various different methods without success.

The other day, I was lying down in bed, facing the ceiling. There was a ceiling fan right above the bed, so I was looking at the fan blades turning as I was lying down. As my mind wondered, I thought I got a clear flash for a split second from looking at the moving blades.

It all happened so fast that I am not sure if the flash was for real, or just my imagination. The problem is, I can not repeat the experience anymore no matter how long and hard I tried.

Can anyone confirm if one could get clear flashes by looking at turing fan blades, or was my experience a sub-conscious, wishful, foolish thinking?

Thanks

Andy

=====

From owner-i_see@indiana.edu Fri Aug 18 13:02:16 EST 1995
Date: Fri, 18 Aug 1995 12:22:27 -0400
From: mat@tekbase.METRICA.COM (Marco A. Terry)
Subject: Re: Clear flashes
Status: RO
X-Status:

> From uunet!indiana.edu!owner-i_see Fri Aug 18 12:07 EDT 1995
> >Received: from unh.edu by relay4.UU.NET with SMTP
> id QQzdik07724; Fri, 18 Aug 1995 11:41:53 -0400
> From: uunet!kocrsv01.delcoelect.com!c22at
> Subject: Clear flashes
> To: uunet!indiana.edu!i_see (i_see)
> Date: Fri, 18 Aug 1995 10:35:24 -0400 (CDT)
> Mime-Version: 1.0
> Content-Transfer-Encoding: 7bit
>
> I have been trying to experience the 'clear flashes' thing using various

[munch munch]

> Can anyone confirm if one could get clear flashes by looking at turing fan
> blades, or was my experience a sub-conscious, wishful, foolish thinking?
>
> Thanks
>

>
> Andy
>

Ok!

I have another one. I started fooling around with +ve lenses (1.25) and on my second day, I felt a 'thump' (or a 'click') in my eyes (both) kinda like a muscle contraction (or relaxation) and viala, it was all clear for some secs (then I blinked :- (). Can somebody explain that?

Thx.

--

Marco A. Terry
Metrica, Inc. ' A Journey of 1000 miles begins with a
8 Winchister Place single step.....` - No idea
Winchester, Ma 01890

=====

From owner-i_see@indiana.edu Fri Aug 18 17:55:08 EST 1995
Date: Fri, 18 Aug 1995 17:33:37 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Re: Clear flashes
Status: RO
X-Status:

Marco Terry:

> I started fooling around with +ve lenses (1.25) and
> on my second day, I felt a 'thump' (or a 'click') in my eyes (both) kinda
> like a muscle contraction (or relaxation) and viala, it was all clear
> for some secs (then I blinked :- (). Can somebody explain that?
>

A common experience is to have everything all clear until you blink. Skeptics of vision improvement say this is because you "blinked off" a film of tears that was resting on your cornea, a kind of natural contact lens.

However, if tears could improve vision that well, certainly clear flashes would be more commonplace.

If, however, you suppose that good vision is maintained by the extraocular muscles -- the ones that point your eyes in different directions -- we may have a clue.

I notice that whenever I blink or otherwise move my eyelids, I get a kind of "earthquake" in my visual field. It seems to be a kind of reflex of the extraocular muscles to move the eyes when you blink, which all too often can disrupt a clear flash.

Fortunately, it is also common experience that over time, clear flashes become more resistant to blinking.

* * *

But how do you get your clear flash in the first place? I've found that clear flashes are more likely to occur just after a small snack. I've had good results with orange juice, carrots, and especially brewer's yeast. I hesitate to recommend any particular vitamin supplement, since I believe that each person has their own "something lacking". Find out what your missing link is!

Your body should be relaxed but alert. I have a hunch adequate blood sugar is essential. Physical exercise is a good way to achieve this state. Clear flashes come more easily when I'm lying down. Another excellent way to bring about a clear flash is to go to a musical concert. Bright light or at least being outdoors (even if it's cloudy) also seems to be very important. I can't remember ever having a clear flash in a dimly lit room.

With that in mind here's a recipe for a clear flash:

1. Have a workout, take a shower
2. Have a healthy snack
3. Put on your favorite music, or go to a concert
4. Lie down and look at something under bright light -- don't stare at it though, shift from detail to detail.

If it doesn't come, close or cover your eyes for a few minutes or seconds and look around some more. Shift your gaze to the beat of the music.

--Alex

=====

From owner-i_see@indiana.edu Fri Aug 18 18:01:52 EST 1995
Date: Fri, 18 Aug 1995 15:41:58 -0700 (PDT)
From: Robert Roosen <roosen@cts.com>
Subject: Re: Clear flashes
Status: RO
X-Status:

In my experience, clear flashes show up just about any where. blinking one's eyes often leads to them. Looking at the world through a window screen is also a good way to get them.

Robert
On Fri, 18 Aug 1995
c22at@kocrsv01.delcoelect.com wrote:

- > I have been trying to experience the 'clear flashes' thing using various
> different methods without success.
- >
- > The other day, I was lying down in bed, facing the ceiling. There was a
> ceiling fan right above the bed, so I was looking at the fan blades turning
> as I was lying down. As my mind wondered, I thought I got a clear flash
> for a split second from looking at the moving blades.
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- > It all happened so fast that I am not sure if the flash was for real, or just
> my imagination. The problem is, I can not repeat the experience anymore no
> matter how long and hard I tried.
- >
- > Can anyone confirm if one could get clear flashes by looking at turing fan
> blades, or was my experience a sub-conscious, wishful, foolish thinking?
- >
- > Thanks
- >
- >
- > Andy
- >

=====

From owner-i_see@indiana.edu Sat Aug 19 08:47:56 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>

Subject: Clear flashes (fwd)
Date: Sat, 19 Aug 1995 11:56:07 +1000 (EST)
Status: RO
X-Status:

Forwarded message:

>I have been trying to experience the 'clear flashes' thing using various
>different methods without success.
>
>The other day, I was lying down in bed, facing the ceiling. There was a
>ceiling fan right above the bed, so I was looking at the fan blades turning
>as I was lying down. As my mind wondered, I thought I got a clear flash
>for a split second from looking at the moving blades.
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>It all happened so fast that I am not sure if the flash was for real, or just
>my imagination. The problem is, I can not repeat the experience anymore no
>matter how long and hard I tried.
>
>Can anyone confirm if one could get clear flashes by looking at turing fan
>blades, or was my experience a sub-conscious, wishful, foolish thinking?

you can never be sure about spilt second clear flashes. I always consider a real clear flash to be multi second at minimum, now I can tell if one is comming on because it has a characteristic signature of feeling about it. at first you can never really make one happen, and my first was totaly out of voluntary control. the more you tense, tug or pull or at muscles in your eye the less likely you are to get one. you sort of have to allow it happen by leting go of everything. just by sittin gback and being a pure observer, allow your unconscious mind to adjust itself and your vision without conscious override. its that conscious override which proably got you myopic in the first place.

Vic

Vic

=====

From owner-i_see@indiana.edu Sat Aug 19 11:13:16 EST 1995
Date: Sat, 19 Aug 1995 10:51:12 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Re: Clear flashes
Status: RO
X-Status:

On Sat, 19 Aug 1995, zarin pirouz wrote:

> I am convinced it is neural processing, because the quality of the image
> is very static and it takes a while for the mind to "get it". I think the
> clear flash is just the rare occasions that the mind gets it perfectly.
> It doesn't last because your eyes move around and your mind gets distacted.

It appears that blinking can both bring on and destroy a flash of clear vision. What's going on? I think the best analogy is banging on an electric appliance. I agree with Zarin that the improvement is ultimately something "neural". But I disagree with him when he says that the reason for good or bad vision is in "image processing." I think what is happening is that some nervous energy block is released (or knocked out), perhaps in the brain itself, perhaps closer to the eyeball, allowing the correct focusing signals to finally get to the eye.

> Although I must say that when I have a clear flash, everything seems just
> perfect. Sometimes I even manage to hold the clear flash through several
> blinks, but I have to concentrate very hard for that and stop my eyes from
> moving around.

>
> I really hope I'm wrong and this improvement is really in the focusing
> system, but I haven't seen any sign of it. If the focusing system was
> improving, it would make sense to notice a gradual improvement...the
> reverse of the process that lead to myopia. But right now this "all
> or nothing" vision improvement seems just like a mental process to
> me.

Again, I disagree with your reasoning. If the improvement were in the
inherent physical properties of the eyeball, then yes, you would expect a
gradual improvement. But if it is the "focusing system" as you say, which
is controlled by a "mental process" then there is no paradox. What we
appear to be dealing with is a deeply-ingrained myopic (or astigmatic,
or hyperopic for that matter) reflex.

> One question that I have for all of you who have experienced clear flashes:
> Have you ever seen a blinking or moving object in your clear flash?

Yes! Examples: rustling leaves, birds, clock second hands... and the
entire scenery moving as I sway my head back and forth.

But, you're right... it does seem to be easier to get a clear flash while
looking at a stationary object. However, tracking a moving object is as
much a physical challenge a mental one.

What I'm getting at is that focusing is a matter of PHYSICAL COORDINATION.
What changes in vision improvement is the mind's ability to coordinate the
physical structure of the eye.

--Alex

=====

From roosen@cts.com Sat Aug 19 15:15:41 EST 1995
Date: Sat, 19 Aug 1995 13:12:42 -0700 (PDT)
From: Robert Roosen <roosen@cts.com>
Subject: Re: Clear flashes
Status: RO
X-Status:

Bates gives an example of a man who had palming explained to him and
perfected his vision in a single day. He sat at his kitchen table and
palmed for 12 hours. I see this as support for Alex's thesis.

Robert
PS The man told Bates, "It was tedious, doctor. It was very tedious."

On
Sat, 19 Aug 1995, Alex Eulenberg wrote:

> On Sat, 19 Aug 1995, zarin pirouz wrote:
>
> > I am convinced it is neural processing, because the quality of the image
> > is very static and it takes a while for the mind to "get it". I think the
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> vision. What's going on? I think the best analogy is banging on an

> electric appliance. I agree with Zarin that the improvement is ultimately
> something "neural". But I disagree with him when he says that the reason
> for good or bad vision is in "image processing." I think what is happening
> is that some nervous energy block is released (or knocked out), perhaps in
> the brain itself, perhaps closer to the eyeball, allowing the correct
> focusing signals to finally get to the eye.
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> > I really hope I'm wrong and this improvement is really in the focusing
> > system, but I haven't seen any sign of it. If the focusing system was
> > improving, it would make sense to notice a gradual improvement...the
> > reverse of the process that lead to myopia. But right now this "all
> > or nothing" vision improvement seems just like a mental process to
> > me.
>
> Again, I disagree with your reasoning. If the improvement were in the
> inherent physical properties of the eyeball, then yes, you would expect a
> gradual improvement. But if it is the "focusing system" as you say, which
> is controlled by a "mental process" then there is no paradox. What we
> appear to be dealing with is a deeply-ingrained myopic (or astigmatic,
> or hyperopic for that matter) reflex.
>
> > One question that I have for all of you who have experienced clear flashes:
> > Have you ever seen a blinking or moving object in your clear flash?
>
> Yes! Examples: rustling leaves, birds, clock second hands... and the
> entire scenery moving as I sway my head back and forth.
>
> But, you're right... it does seem to be easier to get a clear flash while
> looking at a stationary object. However, tracking a moving object is as
> much a physical challenge a mental one.
>
> What I'm getting at is that focusing is a matter of PHYSICAL COORDINATION.
> What changes in vision improvement is the mind's ability to coordinate the
> physical structure of the eye.
>
> --Alex
>

=====

From owner-i_see@indiana.edu Sat Aug 19 18:36:27 EST 1995
From: "Stephen Thomas Brindle" <NETCOM.On-line.Communication.Services@[10.0.2.2]>
Date: Sat, 19 Aug 1995 15:53:41 -0800
Subject: Flashes.
Status: RO
X-Status:

I've had experiences every once in a while when things suddenly seem very clear, and this usually stays for a minute or so even if I blink. But I've especially noticed clear vision after opening my eyes in my swimming pool. I don't know whether this is an effect of the water in the pool merely cleansing my eyes, or some sort of visual property the chlorine has, but when I come up from opening my eyes underwater, I notice things to be sharper, brighter, and more colorful.

That's just my experience.

=====
From owner-i_see@indiana.edu Sun Aug 20 12:09:12 EST 1995
From: MBerezetsk@aol.com
Date: Sun, 20 Aug 1995 12:49:42 -0400
Subject: Weird clarity
Status: RO
X-Status:

When my vision gets clear -- and it happens a lot nowadays -- I have to deal with two weird problems. The first one is just unbelievable -- I can only describe it as an allergic reaction to clarity. (I have no history of allergies whatsoever.) My eyes start watering (which entails grave consequences for my eye makeup -- you guys have no clue unless you're Michael Jackson), my nose starts itching, and I often sneeze. For now, I trashed makeup and went natural, but I need a more permanent solution. (Again -- I'm not allergic to makeup or anything else, it only happens as a result of a clear flash.)

The other problem is pain. With maximum clarity comes maximum pain -- and it's not your common everyday eyestrain, it's unbearably sharp (like when you're cutting an onion too close to your face). All I can think of is that in my native tongue, the saying that corresponds to "truth hurts" is, verbatim, "truth pinpricks the eyes."

Has anyone experienced these symptoms? My original myopia is high and my difference between "clear" and "original" is several diopters. Does anyone have an explanation? Suggestions?

Elena

=====
From owner-i_see@indiana.edu Mon Aug 21 04:38:52 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Weird clarity (fwd)
Date: Mon, 21 Aug 1995 19:21:00 +1000 (EST)
Status: RO
X-Status:

>From owner-i_see@indiana.edu Mon Aug 21 02:34 EST 1995

>
>When my vision becomes clear -- and it happens a lot nowadays -- I have to
>deal with two weird problems. The first one is just unbelievable -- I can
>only describe it as an allergic reaction to clarity. (I have no history of
>allergies whatsoever.) My eyes start watering (which entails grave
>consequenses for my eye makeup -- you guys have no clue unless you're Michael
>Jackson), my nose starts itching and I often sneeze. For now, I just trashed
>makeup and went natural, but I need a more permanent souldtion.

true story. My eyes often start watering and I get a pain in the eye itself if I do an induced clear flash. my nbehavioral optometrist says this passes with time, and thinks its the EOMs misadjusting things nearby when they re-adjust to see properly.

I wish I had a solution to this. next time you get a clear flash try blinking as *lightly* as possible at any indication of tears or pain and see how long you can maintain the clarity without effort. to me it always seem the effort is what trashes them.

Vic

=====

From owner-i_see@indiana.edu Mon Aug 21 04:58:13 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: Clear flashes (fwd)
Date: Mon, 21 Aug 1995 19:37:30 +1000 (EST)
Status: RO
X-Status:

Forwarded message:

>I am convinced it is neural processing, ...

I am not convinced clear flashes are neural. firstly
I can get a pain in the actual eye, and blinking makes mine go away.
secodnly if it was nerual then the brain should be able to
switch it on any time.

>I really hope I'm wrong and this improvement is really in the focusing
>system, but I haven't seen any sign of it.

its not in the focusing, (ciliary) as I can accomodate at will and
this does nothing to the clarity (when released :)

>One question that I have for all of you who have experienced clear flashes:
>Have you ever seen a blinking or moving object in your clear flash?

yes. I watch cars down at the airport the size of ants racing about,
which I cant even see normaly!

Vic

=====

From owner-i_see@indiana.edu Mon Aug 21 22:37:11 EST 1995
From: zarinp@ee.ubc.ca (zarin pirouz)
Subject: Re: Clear flashes
Date: Mon, 21 Aug 1995 20:15:59 -0700 (PDT)
Status: RO
X-Status:

Forwarded message:

> From: Alex Eulenberg <aeulenbe@indiana.edu>
> X-Sender: aeulenbe@hamlet.ucs.indiana.edu
> To: I SEE <i_see@indiana.edu>
> Subject: Re: Clear flashes
> In-Reply-To: <9508191107.AA02429@fs0.ee.ubc.ca>
>

> On Sat, 19 Aug 1995, zarin pirouz wrote:

>
> > I am convinced it is neural processing, because the quality of the image
> > is very static and it takes a while for the mind to "get it". I think the
> > clear flash is just the rare occasions that the mind gets it perfectly.
> > It doesn't last because your eyes move around and your mind gets distacted.
>

> It appears that blinking can both bring on and destroy a flash of clear
> vision. What's going on? I think the best analogy is banging on an

I don't lose it with a blink any more. I find I can keep it as long as I don't look at things with significant difference in distanceI suspected the reason would be that the mind attempts to use a different filter algorithm as soon as the focal distance changes and in doing so it loses the old one which lead to the clear flash.

I have to say that I find this discussion a bit pointless because neither of us have real experimental data for our guesses. I will explain the background a bit more, because I think I owe it to you since I brought up the subject, but I don't have any real proof, so I will not respond again because that would lead to infinite loops of discussion. Sorry Vic, you asked me this on SMV too and I never responded, because I didn't know what to say.

As far as banging on an electric appliance goes, that's a really bad idea too and it would be much better to understand what exactly goes wrong and fix it rather than random banging!

> electric appliance. I agree with Zarin that the improvement is ultimately
> something "neural". But I disagree with him when he says that the reason
> for good or bad vision is in "image processing." I think what is happening
> is that some nervous energy block is released (or knocked out), perhaps in
> the brain itself, perhaps closer to the eyeball, allowing the correct
> focusing signals to finally get to the eye.

>
This is not my original idea. In fact at first I resisted it a bit too because I was really excited about the new improvements and didn't want to believe that there was no real improvement.

After impressing a physicist friend with reading distant things without glasses (things that he as a myope with a lower magnitude persc. can't read) he wanted to try it too. I showed him the tricks I used and within a few minutes he noticed a change too. Then he borrowed my Bates book and I think spent a few hours reading it and tried more of the stuff I do.

His conclusion was that all I did was I trained my mind to correct the blurr in the same way that people train neural nets. He does a lot of neural net programming. Up to that point I had been convinced that what I did was closing the feed-back loop for the eye control system, so by reminding my brain what I expected to see it would "adjust" the control signal to the muscles to achieve it.....and I thought the clear flash was the rare times when I relax the muscles 100%.

Just a quick explanation: Neural nets are modelled after the brain. People train them using a training set (a set of things that you know how the net should respond to) and measure the error between the response of the net and the expected response. Then they change the net's parameters and do this training again and again using stadard optimization methods, till the error is minimized. In principle you could use a neural net to enhance a blurry picture that a satellite took as long as you could use a known feature in the picture and get the net to massage the data till the feature looks like what it should.

This sounds very much like the exercises with eye charts or anything you might do if you try to see things as what you know they should look like.

I have come to accept this neural training theory after noticing that it was the only explaniantionthat fitted all the evidence that I had. I am going to list them here so you can think about it and decide for yourself, but since I don't have real experimental data, even I am not 100% sure so I am not going to re-hash them and get to a long discussion and clutter everybody's mailbox.

- Everybody seems to get clear flashes regardless of their eye problem. Bates even got people without lens (cataract patients) to see some things.

If there is a real defect like short eye-ball or no lens (or no control over the lens for some reason) or miss-shaped cornea, I can't believe that any exercise "fixes" the *REAL* optical error, but neural image processing can be trained to work on a number of distortions.

(Don't get me wrong some problems with eye alignment seem to require some exercises, but that's not myopia.)

- Richard Mccollim's post with info. regarding the lens elasticity suggests that no matter what causes the lens to remain convex (this could be some sort of stress induced cramping of the muscles or just prolonged near work) after the lens is kept so convex for so long, it will lose some of its elastic property and might take years for it to return to normal.

So no matter how relax the muscles get, how relaxed you are, how much you have gotten rid of the "myopic personality" and near work, etc. etc. the lens will not return to normal right away. Think about it as an over-stretched elastic band, or a super-compressed mattress even when you remove the destructive force, they don't spontaneously return to normal for brief seconds and return to the deformed stage. Either they recover the original shape slowly or they don't.

- Robert-Micheal Kaplan mentioned something about people being able to see better, but the refraction tests not changing at all or only a little after all these years of study that he did.

- My clear flashes are very static. Remember I am a -4 myope. If you Alex or Vic get a clear flash because you're not so myopic, it's bound to be better than mine, because your natural system is not as "broken" as mine.

For me it is still very amazing that I get them, but I notice that I can see things that are far, but if I try to see something close it's ruined. At the same time I don't have a problem turning my head and seeing all sorts of far things and keeping the flash. Even moving cars as long as seeing them clearly while they are moving does not represent a significant change in blurr. Same thing goes for when I see close stuff, I can't just shift to seeing far stuff.

- If I have a clear flash outdoors in bright light I don't notice the haze, but if I do it inside, I notice the whole picture is a bit hazy and yet I see sharp edges around letters and things far away.

- Another bizzare thing is that even after wearing glasses for a while and even after being very tired and stressed out and having worked through the night, I can still get clear flashes. A few times I had to wear glasses for the whole day (for the past 4 months I've not been wearing them almost 90% of the time), and I expected to have really blurry vision after taking them off, but to my surprize I even got better results than before, as if the new memory of "what sharp should look like" helped me in seeing better.

- Since I became myopic slowly and the effect was gradual, I would expect any solution to the same problem should be gradual too.

- Sometimes when I am trying to see some far object, I notice the way my mind is actually changing it. Sometimes it scales up or down or stretch it sideways and I can see it's just playing with the image to get it right.

All of the above points plus a few other minor ones that I don't bother with have lead me to believe that the improvement is caused by the mind's ability to post-process the blurry image. It is still amazing and I think should be studied and perhaps this will allow people whose myopia is stress induced to wear weaker or no glasses before it's too late. Of course

it's also great for people with other vision problems.

But for me a "real" improvement would have to be something that returns the natural elasticity of the lens, because if you have work/stress induced myopia, not matter what caused it, the physical effect is in the lens and unless you fix that, you havent fixed the problem.

But I don't have proof for any of this. I just wanted to share it with you because I thought my friend had a great insight that for the first time explained all the things that seemed inconsistent to me.

> > Although I must say that when I have a clear flash, everything seems just
> > perfect. Sometimes I even manage to hold the clear flash through several
> > blinks, but I have to concentrate very hard for that and stop my eyes from
> > moving around.

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> > I really hope I'm wrong and this improvement is really in the focusing
> > system, but I haven't seen any sign of it. If the focusing system was
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> > reverse of the process that lead to myopia. But right now this "all
> > or nothing" vision improvement seems just like a mental process to
> > me.

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> Again, I disagree with your reasoning. If the improvement were in the
> inherent physical properties of the eyeball, then yes, you would expect a
> gradual improvement. But if it is the "focusing system" as you say, which
> is controlled by a "mental process" then there is no paradox. What we
> appear to be dealing with is a deeply-ingrained myopic (or astigmatic,
> or hyperopic for that matter) reflex.

>
The reason I don't believe this any more is that if the lens loses it's
original shape and flexibility, there is nothing the mind can do to fix that.

> > One question that I have for all of you who have experienced clear flashes:
> > Have you ever seen a blinking or moving object in your clear flash?

>
> Yes! Examples: rustling leaves, birds, clock second hands... and the
> entire scenery moving as I sway my head back and forth.

>
Yes, but sorry my question was phrased poorly. I get all of that too, but
if things are roughly as far away from you , then the mind does not
need to re-learn the processing "parameters" that it used. I even believe
that it can remember and recall a set of parameters for different distances
(Blurr factors), but it cannot smoothly give you a clear image while you
shift your eyes from close to far or far to close....something that I would
expect if the lens was working, because the process of changing shape is
a continuous process.

> But, you're right... it does seem to be easier to get a clear flash while
> looking at a stationary object. However, tracking a moving object is as
> much a physical challenge a mental one.

>
> What I'm getting at is that focusing is a matter of PHYSICAL COORDINATION.
> What changes in vision improvement is the mind's ability to coordinate the
> physical structure of the eye.

>
The mind cannot flatten the lens back to shape if it is "stuck". Time might,
but the mind can't. The best the mind can do is "let go" of the ciliary
muscleswhich is a good start.

> --Alex

>
Now that I explained myself, I'll keep quiet because I have no real proof.

BTW, Elena, my eyes watered for the first month and my whole face would be totally wet. But now it only does a bit, doesn't burn any more and it stops watering after one second or so.

Cheers,
Zarin

=====

From owner-i_see@indiana.edu Thu Aug 24 09:05:38 EST 1995
From: c22at@kocrsv01.delcoelect.com
Subject: Clear flashes, I think I've got it!!!!
Date: Thu, 24 Aug 1995 08:39:57 -0400 (CDT)
Status: RO
X-Status:

Please confirm:

The flash stays for some seconds. My eyes seem to be more light sensitive (by A LOT!!!) when it happens, causing discomfort and watering.

The other problem is that it seems to only happen to my right eye (it is less myopic). Also, the flash is accompanied by some sort of double vision, resulting in a slight blur in the top part of the vision field.

For example, I would be able to trace the bottom parts of the letters of the words I am seeing, but the top parts of the letters are blurry due to the double vision. Could it be caused by the fact that my left eye did not the flash?

I think this is the real thing. Could anyone confirm this?

Andy

ps : Thanks to everyone who responded to my posts.

=====

From owner-i_see@indiana.edu Thu Aug 24 09:16:28 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Clear flashes, I think I've got it!!!! (fwd)
Date: Thu, 24 Aug 1995 23:55:15 +1000 (EST)
Status: RO
X-Status:

>From owner-i_see@indiana.edu Thu Aug 24 23:48 EST 1995

>

>Please confirm:

>

>The flash stays for some seconds. My eyes seem to be more light sensitive (by A LOT!!!) when it happens, causing discomfort and watering.

>

>The other problem is that it seems to only happen to my right eye (it is less myopic). Also, the flash is accompanied by some sort of double vision, resulting in a slight blur in the top part of the vision field.

>

>For example, I would be able to trace the bottom parts of the letters of the words I am seeing, but the top parts of the letters are blurry due to the double vision. Could it be caused by the fact that my left eye did not the flash?

>

>I think this is the real thing. Could anyone confirm this?

thats it!! you got it.
there are various flavours of this. the extreme is when both eyes get
simultaneously and wow! you'll find that double vision has always been there
in some degree or other but know you are noticing it more.
cover each eye in turn with your hand next time it happens to
check whats going on with each eye. double vision is astigmatism
more or less. possibly some fusion as well.

Vic

=====

From aeulenbe@indiana.edu Thu Sep 18 20:55:44 1995
Date: Mon, 18 Sep 1995 18:24:05 -0700
From: mccollim@ix.netcom.com (Richard Mccollim)
Subject: Flashes of clear vision
Status: RO
X-Status:

Alex (and anyone else interested):

As you well know, the occasional posts to sci.med.vision on
flashes of clear vision are answered with condescending remarks by
the professionals. They are probably unaware that there are a few
reports in the literature on this phenomenon. On re-reading a paper
on "The resting state of accommodation" (Meredith Morgan, Am. J.
Optom. and Arch. Am. Acad. Optom, Monograph 214, July 1957), I
came across the following:

"Le Grand, using skiametry, found five subjects who showed
negative accommodation during "flashes of clear vision" while
wearing too much convex lens power...Morgan and Olmstead,
using skiametry to measure changes in the refractive state of the
eye, reported that sudden sensory stimuli, such as an electric shock
or a loud noise, may cause a sudden decrease in the refractive
power of the eye, usually not more than 0.25 D."

I noticed the same effect from a hard fall when hiking in the
mountains--a flash of clear vision. I wonder if anyone else has had
a similar experience. The comment about "wearing too much convex
lens power" suggests a way to provoke flashes. How about wearing strong
convex lenses while exposed to a loud explosion and receiving a strong electric
shock! :-) (Would that produce a .75 D. reduction in lens power?)

Rich

The references are:

LeGrand, Y, The presence of negative accommodation in certain
subjects. Am J. Optom & Arch. Am Acad. Optom, 29:134, 1952

Marg, E. "Flashes" of clear vision and negative accommodation with
reference to the Bates method of visual training. Am J. Optom &
Arch. Am Acad. Optom. 29:612, 1939

Morgan, M.W., Jr. Olmstead, J.M.D. Response of the human lens
to a sudden startling stimulus. Proc. Soc. Exp. Biol. & Med.,
42:612, 1939

=====

From owner-i_see@indiana.edu Thu Oct 5 19:25:45 EST 1995
Date: Thu, 5 Oct 1995 18:59:14 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: Feast for your eyes
Status: RO
X-Status:

I posted:

>I've noticed that whenever I prepare myself a salad with lots of color
>contrast (white feta cheese, dark green spinach, bright red pepper), and
>I look at it, my eyes seem to come alive. Has anyone ever noticed an
>eye-enhancement effect from looking at their salad?

Tara Banfield <koneko@koneko.seanet.com> replied to me (said I could forward it to the list)...

>I *have* noticed that whenever
>I see ANYTHING colorful (of the sort that I *want* to be seeing), or even
>something less dazzling that is pleasing to look at, I relax all over
>(endorphin flood?) and I imagine the response might enhance eyesight --
>there is that wonderful combination of calm and stimulation that makes me
>just plain FEEL better. In any case, I'm sure it's not imaginary!

Hm... Something to keep in mind for those of us staring at black and white letters all day. Which reminds me, a certain optometrist William M. Updegrave wrote a book in 1936, called "The Seeing Eye", and each page was printed with a different colored ink on a different colored piece of paper. He requested that readers write him and tell him which pages had the best effect on them.

--Alex

=====

From owner-i_see@indiana.edu Fri Nov 17 14:48:52 EST 1995
From: c22at@koccrsv01.delcoelect.com
Subject: Clear flashes, a scientific experiment
Date: Fri, 17 Nov 1995 14:28:19 -0500 (EST)
Status: RO
X-Status:

A few months ago, there was a discussion on the cause of clear flashes. One theory is that the flash was caused by image processing done in the brain to "compensate" for the blurs.

I think I found a way to test this theory. Take a picture of a familiar object. Make the camera out of focus, so the image will be blurred. Now look at that picture, and see if your brain can "process" the image so that the object in the picture looks clear to you. If clear flashes are the results of the brain's image processing, you should be able to do this. If not, then the theory is not valid.

I think this should work. Comments?

Andy

=====

From owner-i_see@indiana.edu Fri Nov 17 19:41:21 EST 1995

From: zarinp@ee.ubc.ca (zarin pirouz)
Subject: Re: Clear flashes, a scientific experiment
Date: Fri, 17 Nov 1995 16:23:19 -0800 (PST)
Status: RO
X-Status:

>
> A few months ago, there was a discussion on the cause of clear flashes. One
> theory is that the flash was caused by image processing done in the brain
> to "compensate" for the blurs.
>
> I think I found a way to test this theory. Take a picture of a familiar object.
> Make the camera out of focus, so the image will be blurred. Now look at that
> picture, and see if your brain can "process" the image so that the object in
> the picture looks clear to you. If clear flashes are the results of the brain's
> image processing, you should be able to do this. If not, then the theory is
> not valid.
>
> I think this should work. Comments?
>
>
> Andy
>
Hi Andy,

I put forward that theory and I also suggested that particular test (actually neither the theory nor this particular test were my original ideas, but came from my discussions with a physicist friend when I was trying to figure out what was going on).

I still haven't done it. I only have an automatic camera but it has an option for fixing the focus on a particular object, so I was going to put that in my far focal point, fix the focus and then remove the object and ask somebody to hold a letter (or a few letters) in front of the camera but further away than my focal point and take a picture. To be totally objective I need 2 other people and I should not be on the room, so that I can not see the letters in advance.

I think if I could manage to see the out of focus letter it would prove the theory, but I am not totally sure what it would say if I couldn't see the letter. It is not too easy to control this clear flash process and how would you stop your brain from focusing on the edges of the actual picture and your hands etc. rather than try to look at the contents of the picture? This process is a bit automatic. Another thing is that I am pretty near sighted, so should I do this test with my glasses on or off? What is the effect of the additional distortion in either case?

So I agree, if the test is successful, it proves the theory and although I don't believe the reverse holds, I think it is still a very good test.

But I must say that so far using binoculars or my own glasses (that are too weak for me) I haven't been able to do the same thing as I do with naked eye...ie I couldn't compensate for the insufficient focus. That could just be due to lack of practice since I am used to getting clear flashes without any lens in front of my eyes. Since the principle behind both ideas is the same, I always thought I should at least learn to do it with my glasses on (ie try to read signs with my glasses on that I usually can't see) before I go to the camera test.

.....but now that you brought it up I might get inspired and do the camera test and report back to the list!

Zarin

=====

From owner-i_see@indiana.edu Sat Nov 18 20:50:12 EST 1995
Date: Sat, 18 Nov 95 16:33 PST
From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
Subject: Re: Clear flashes, a scientific experiment
Status: RO
X-Status:

I have used Andy's idea in slide presentations and have found that the audience can usually guess the image at about 20/40 or 50 level of blur. It is amazing how accurate they can be. I use one particular slide of a sunset with boats, and many can see the boats when they are quite blurry. I know the skeptics will say this is blur interpretation, but 3 lines of eyesight clearness is more than interpreting blur. Any thoughts?

Robert-Michael Kaplan.

*****A portion of Beyond 20/20 Vision profits are used to provide full-spectrum lighting for children's classrooms in schools*****

Snail Mail Beyond 20/20 Vision=81
 RR#5 Site 26, Comp. 39,
 Gibsons, British Columbia.
 V0N 1V0 Canada
Voice (604) 885-7118
=46ax (604) 885-0608

>> A few months ago, there was a discussion on the cause of clear flashes. =
One
>> theory is that the flash was caused by image processing done in the brain
>> to "compensate" for the blurs.
>>
>> I think I found a way to test this theory. Take a picture of a familiar
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>> Make the camera out of focus, so the image will be blurred. Now look at =
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>> the picture looks clear to you. If clear flashes are the results of the
>>brain's
>> image processing, you should be able to do this. If not, then the theory=
is
>> not valid.
>>
>> I think this should work. Comments?
>>
>>
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>>
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>from my discussions with a physicist friend when I was trying to figure out
>what was going on).
>I still haven't done it. I only have an automatic camera but it has an
>option for fixing the focus on a particular object, so I was going to put
>that in my far focal point, fix the focus and then remove the object and as=
k

>somebody to hold a letter (or a few letters) in front of the camera but
>further away than my focal point and take a picture. To be totally objective
>I need 2 other people and I should not be on the room, so that I can not
>see the letters in advance.
>I think if I could manage to see the out of focus letter it would prove
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>see the letter. It is not too easy to control this clear flash
>process and how would you stop your brain from focusing on the edges
>of the actual picture and your hands etc. rather than try to look at the
>contents of the picture? This process is a bit automatic. Another thing is
>that I am pretty near sighted, so should I do this test with my glasses on =
>or
>off? What is the effect of the additional distortion in either case?
>
>So I agree, if the test is successful, it proves the theory and although I
>don't believe the reverse holds, I think it is still a very good test.
>
>But I must say that so far using binoculars or my own glasses (that are too
>weak for me) I haven't been able to do the same thing as I do with naked
>eye....ie I couldn't compensate for the insufficient focus. That could just
>be due to lack of practice since I am used to getting clear flashes without
>any lens in front of my eyes. Since the principle behind both ideas is the
>same, I always thought I should at least learn to do it with my glasses on
>(ie try to read signs with my glasses on that I usually can't see) before I
>go to the camera test.
>.....but now that you brought it up I might get inspired and do the camera
>test and report back to the list!
>
>Zarin
>

=====

From owner-i_see@indiana.edu Mon Nov 20 17:48:26 EST 1995
From: c22at@koccrsv01.delcoelect.com
Subject: Re: Clear flashes, a scientific experiment (fwd)
Date: Mon, 20 Nov 1995 17:26:15 -0500 (EST)
Status: RO
X-Status:

> Hi Andy,
>
> I put forward that theory and I also suggested that particular test (actually
> neither the theory nor this particular test were my original ideas, but came
> from my discussions with a physicist friend when I was trying to figure out
> what was going on).
> I still haven't done it. I only have an automatic camera but it has an
> option for fixing the focus on a particular object, so I was going to put
> that in my far focal point, fix the focus and then remove the object and ask
> somebody to hold a letter (or a few letters) in front of the camera but
> further away than my focal point and take a picture. To be totally objective
> I need 2 other people and I should not be on the room, so that I can not
> see the letters in advance.

Hi Zarin,

Actually what I was thinking was setting the camera focus to the

nearest/shortest position possible, and hold the object slightly beyond.

Say your focal point is 30cm, camera was set at 10cm, picture of object was taken at 15cm from camera. Now you get to look at the picture at 25 cm (your focal point minus blur distance of camera).

> I think if I could manage to see the out of focus letter it would prove
> the theory, but I am not totally sure what it would say if I couldn't
> see the letter. It is not too easy to control this clear flash
> process and how would you stop your brain from focusing on the edges
> of the actual picture and your hands etc. rather than try to look at the
> contents of the picture? This process is a bit automatic. Another thing is
> that I am pretty near sighted, so should I do this test with my glasses on or
> off? What is the effect of the additional distortion in either case?

>
Definetely do this with glasses off. To preven the "edging", make sure there is nothing else in the picture (obviously), use ??? background color on the picture, and neatly paste the photo onto a large piece of paper with the same color as the background. This way you field of vision will be covered by the paper, and there will be nothing else to focus on (you can always paste the picture to a wall so you don't have to hold it).

> So I agree, if the test is successful, it proves the theory and although I
> don't believe the reverse holds, I think it is still a very good test.

>
> But I must say that so far using binoculars or my own glasses (that are too
> weak for me) I haven't been able to do the same thing as I do with naked
> eye....ie I couldn't compensate for the insufficient focus. That could just
> be due to lack of practice since I am used to getting clear flashes without
> any lens in front of my eyes. Since the principle behind both ideas is the
> same, I always thought I should at least learn to do it with my glasses on
> (ie try to read signs with my glasses on that I usually can't see) before I
> go to the camera test.

>but now that you brought it up I might get inspired and do the camera
> test and report back to the list!

>
> Zarin

>
We are waiting. You might be making a history here.

Andy

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 7 09:56:42 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Greetings, vision enthusiasts!
Date: Mon, 6 Feb 1995 17:26:53 +1100 (EST)
Status: RO
X-Status:

hi,

> Hi! I'm Alex Eulenberg, a graduate student in linguistics and cognitive
> science at Indiana University. I've been treating my myopia with my own
> version of the Bates method. Now I'm down from -1.5 diopters to less than
> -1.0 in less than three years. That's according to "objective" figures (an
> auto-refractometer), but my progress on subjective measures is far
[snip]
> to get to know each other. Why not post a little introduction to the list,
> telling about your experience and aspirations in the area of eyesight
> enhancement!
> Here's looking at you!
> Alex Eulenberg
>

hi,

quick intro: hi I am Vic, 32 I am a computer guru, :)
and comited to restoring my sight to something useable without
cutting. an old boss had the operation only to "regress" within a couple
of years back to glasses.

And to be without lenses. I had been spending
upward of \$500/year of cleaner/pills/saline new lenses.

I currently dont wear any corrective muck except when I drive.
current prescription was at 26/april/94

R -2.25 -1.00x175
L -2.25 -0.75x178

and yes I get clear flashes too.

with the advent of massive proliferation of the net, I see this
as an ideal opportunity to counter the "self-interest" of the
optical priesthood by disseminating usefull information to
those who need it.

Vic

=====

From magic-man@unh.edu Ukn Feb 7 10:19:15 1995
From: Marco A Terry <magic-man@unh.edu>
Subject: Re: Greetings, vision enthusiasts! (repost)
Date: Sun, 5 Feb 1995 12:01:12 -0500 (EST)
Status: RO
X-Status:

>
> Hi! I'm Alex Eulenberg, a graduate student in linguistics and cognitive
> science at Indiana University. I've been treating my myopia with my own
> version of the Bates method. Now I'm down from -1.5 diopters to less than
> -1.0 in less than three years. That's according to "objective" figures (an

> auto-refractometer), but my progress on subjective measures is far

[snip]

> to get to know each other. Why not post a little introduction to the list,
> telling about your experience and aspirations in the area of eyesight
> enhancement!
> Here's looking at you!
> Alex Eulenberg

Hi.....I am Marco.....I am myopic....

Ok ok ok....sorry, but I could not resist...:-)

Since Alex E. requested that we each introduce each other,
here is me.

I am an Undergrad in the Univ. of N.H. (5th year Senior). My major
is Psychology although I am now more dedicated to computer science.
I wear contacts and I do not like it. The idea of eye-surgery
does not appeal to me so I am always open to any option that
could give me a 20/20 without a laser beam cutting my cornea...:-)
Well fellas... that's all. Oh..before I forget....I am also
a wannabe Marital Artist (for those of you who understand my .sig)
This is me (can you tell I'm a newbie to this list)?

Cheers!

--

--Marco

Hitotsu, Jinkaku Kansei ni Tsutomeru Koto

=====

From stan@rain.org Ukn Feb 7 11:10:42 1995
From: Stan Jacobs <stan@rain.org>
Date: Sun, 5 Feb 1995 09:41:58 PST8PDT
Subject: Introductions
Status: RO
X-Status:

Hello everyone,

My name is Stan and I'm 21 and an undergrad at UCLA (in Los Angeles,
California). Actually, I'm currently taking time off from school to work
on a programming internship, but that's another whole story...

I've worn glasses since the third grade and have minor nearsightedness
along with pretty bad astigmatism. I'm not very knowledgeable about
things of this nature or improvement methods (yet) but look forward to
learning more and reading posts to this group.

Furthermore, I spend about 16 hours a day staring at a computer screen
(limiting my social life to ytalk-ing to my girlfriend 3000 miles away),
and I've noticed that my eyesight has gotten progressively worse and
worse in the past two years. Coincidence? Probably not. I'm not
planning to be a fighter pilot, but keeping my eyesight past the age of,
oh... 24 might be a nice thing too.

Oh, in addition, despite my looking quite normal and looking like I'm
in pretty good shape, the fact is that I eat junk food, never eat
anything vaguely healthy, and am probably lacking any vitamins which
might be of even partial help to the eyes. I plan to change this.
Tomorrow. Or the day after. Well, eventually.

Cheers to all. Glad to join the group.

-- Stan --

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J. Stanforth Jacobs <stan@rain.org>
 dynaSoft Technologies Inc.
 P.O. Box 3486, Camarillo CA 93011

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From JohnRICH95@aol.com Ukn Feb 19 23:23:24 1995
 From: JohnRICH95@aol.com
 Date: Sun, 19 Feb 1995 22:23:21 -0500
 Subject: Vision Therapy
 Status: RO
 X-Status:

I'd like to share my experience with vision therapy. I started taking a course with the Natual Vision Center in Austin, TX, around March of last year. The course is based on the Bates method.

When I started my contact lense perscription was -7.5 in both eyes. I didn't feel like I had really stuck with a lot of the vision games as much as I should after a few weeks . . . the newness of it wore off. But I was wearing an underprescribed pair of glasses so my vision would be 20/40.

The eye doctor I went to was familiar with the Bates method, but he told me not to expect a lot of improvement. I choose to totally disregard any discouraging words from him since my VT instructor knew of a fellow in California who had improved -11.00 diopter vision to normal!!

Anyway, I went back in November, and he said he was very impressed with my improvement. Suprised is more like it!! My contact lense perscription is now -6.0!!

I only wear my contacts for outdoor activities (rock-climbing, etc. when I absolutely have to have the acuity.) Otherwise I wear my 20/40 underprescribed glasses for driving and other activites. Additionally I got a pair of glasses that were prescribed just for reading. That way I don't have the additional strain of the 20/40 lenses for close up work when I don't need it.

The main thing that our instructor focused on is blinking, breathing, and sketching (not staring). Shifting, palming, sunlight, and several other things were also taught, but those first three are the "main course" for vision improvement.

I'm going for a follow up VT class in 3 days, and I'll be heading back to the optometrist in May for another check up. I'll keep everybody posted.

=====

From JohnRICH95@aol.com Ukn Feb 21 23:14:44 1995
 From: JohnRICH95@aol.com
 Date: Tue, 21 Feb 1995 21:03:19 -0500
 Subject: Vision Therapy continued . . .
 Status: RO
 X-Status:

In my excitement to put up that last post I forgot to tell everyone about the progress I've made!

My contact lense perscription (yes, I'm still wearing them occassionally, but I'm cutting back more and more!) went from a -7.5 to a -6.0 in about 8 months.

Also, I no longer have any problems with light sensitivity.

Great stuff!

=====

From JohnRICH95@aol.com Wed Mar 29 01:36:16 EST 1995
From: JohnRICH95@aol.com
Date: Wed, 29 Mar 1995 01:34:47 -0500
Subject: Re: Reply to this message!
Status: RO
X-Status:

Alex, I wanted to give you an update on some vision improvement. I started vision therapy in March of 1994 and my contact lense perscription was -7.5 in each eye. I have backed down my perscription 3 times since then, the latest about 1 week ago. My current contact lense perscription is R -5.0 and L -5.25. I've found an optometrist who is very supportive of vision therapy - she actually took the course with my local instructor! I'll keep everyone posted as my eyesight continues to improve.

John Richter

ALSO - If anyone wants to talk to a Natural Vision Therapy instructor , you can call Jeanie Fitzsimmons in Austin, Texas at 327-5683. Tell her I said hello!

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 24 08:08:19 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: steping down in lens strength
Date: Fri, 24 Feb 1995 16:22:56 +1100 (EST)
Status: RO
X-Status:

hi,

just a quick note regarding the psychological aspects of myopia.

last monday I visited a behavioural optometrist and aside from the sheer benefit of an encouraging professional opinion I got prescribed "functional" lense a diopter weaker then I was wearing. my first reaction was to put the new lense into an old frame as the current -2.25s allow me to read the 10 foot line at 20 feet ie 40/20 vision. (way better then normal). but then I thought what the hell, sink or swim, and decided to "give up" my current pair, and am getting the lense in that frame replaced with -1.25s. my current vision is around -1.5 for 20/20. these I will pick up next monday.

well the week has passed without having the convenience of

knowing I can pick up my glasses whenever the need may arise.
ie. I have to rely solely on my own powers of accuity.
and what a surprise, I have had so many "clear flashes" this week
I am beging to wonder wether my -1.25s will be too strong for me!

in fact I have had so many I have been actually "retraining"
my accomodation, rather than just being in "awe" when it occurs.
accomodation in myopes is usually very weak due to disuse. so now when
I get a "clear flash" I accomodate from infinity (airport on
the horizon from my work vantage point) to my computer screen
in from of me and back again. and I am finding this little exercise
seems to extend the clarity beyond the length of time i usually
have it for. and I have also found that I can blink and still
maintain my clarity. which is a first for me.

my thought for the week:

seeing is like sex. its all in the mind. :)

Vic

=====

From aeulenbe@indiana.edu Fri Mar 10 10:29:19 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: brocks string drill
Date: Sat, 11 Mar 1995 00:18:03 +1000 (EST)
Status: RO
X-Status:

hi

>However, I want you to know I intend for you to share the infamy of being
>a deceptively respectable source of information. I have given you top
>billing as "compiler" of the FAQ, not just one of four contributors. I
>hope that's OK with you.

yes and no. I am not really in it for the credit. my hope
is that the information will be of benefit to people.
and should be made as freely avaiilable as possible.

>As a matter of fact, last fall I discovered the magic of the yardstick and
>I think I know what you're talking about. I considered my experience doing
>fusion at various angles plus zooming from the end of the stick to various
>objects to be proof positive that the extraocular muscles have a
>tremendous effect on maintaining proper acuity and eliminating
>astigmatism.

yes its very similar. except with a bit of string you can make it as long
as you want, and the coloured beads give you something easy to fuse.
at first I found that past about 4-5 feet, my vision seems
to choose a single side to concentrate on. this came as a major league shock
cause I alway thought I had great binocularity, I can do all the stereograms
with remarkable ease. and with fusion I can consciously make a side disapear
and then the other. but that was all at close distance.

my bit of string is about 10 feet long with a bead every 8 inches or so.
the first night I basically couldnt get much stable diplopia (hell
might as well start using these words since I know what they mean :)

past a few feet. I am going to keep working at, I am finindg it quite relaxing, almost like metidating, I just let my eyes move up and down the string while I think about something else. I am also finding my accomodation has extended up the string a bit. I can actully watch the focus change when I suddenly move from a bead to another. I find my accommodation is pretty slow. also I find my astigmatism is very spasmodic, it sort of jumps in and sometimes I can make it jump out. which to me really strongly suggests some sort of muscular action. not really corneal flaws. today i sort of vaguely worked out how to make things almost 100% clear, with only a faint second image. but soon as ai stopthinking about it, it reverts...its almost like I am finding my eoms one by one. I can already do conscious accommodation (have to get around to puting instruction for that in the FAQ)

the other intersting thing is my unaided vision for short periods of time will actually go beyond 20/20. which i suspect is its normal state. my old script gave me around 40/20. my new script is undercorrected. (yes there is a god) and often I can get 20/20 or slightly better with it. I have an apointment with my behavioral optom. but he is booked out till may. (maybe there isnt a god) and it turns out he also does syntonics... and recomends a course of that... once upon a time, I wouldnt have even considered doing something like shining coloured lights into my eyes, but given the attitude of the optoms on s.m.v. I now think if it worked for some people there might be something in it. even if we dont have a theory to back it up. he tested my colour field of view, and while I have a normal field of view, the colour perceptions are very skewed, as far as I know they are supposed to be fairly round... more on this in may.

on a different note, I got another email from a behavioral optom on s.m.v. how come these people never stick up for themselves??? he assumed I was a behavioural optometrist. :) that investment in duke elders optom book was pretty worthwhile, I might look for the other duke-elders ophthal book.

someone actually replied to Jeff Crabtree. he will have to reply back. no one seems to reply to me :(they all have seemed to agree to ignore me. methinks that someone is telling them how to use kill files. might do a fake post as me but a slightly skewed address to get past that little bit of nonsense.

have you read suddenly successfull.(Dawkins, Edelman, Forkiotis) about behavioral optom. full of cases, but very little on insider details. I want a text on the nitty gritty of behavioral optom... there is a course at NSW uni, on behavioral optom, I will try and get the course notes.

Vic (patiently waiting for permanent unaided 40/20 sight...)

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From scai@magnus.acs.ohio-state.edu Tue Mar 21 22:46:35 EST 1995
From: Shuofeng Cai <scai@magnus.acs.ohio-state.edu>
Subject: Re: Reply to this message!
Date: Tue, 21 Mar 1995 22:41:27 -0500 (EST)
Status: RO
X-Status:

Howdy,

I just subscribed to this newsgroup a few days ago. I'm a grad student in computer and information science at OSU. I use computers too much and my eyes are pretty bad, to be more precise, one of my eyes is much, much worse than the other one. My dad has the same problem BTW. My left eye is lightly near-sighted, while the right one is much worse. And guess what, the right one is getting even worse at a rate faster than the left eye! Anyway, I hope my eyes get better. Later

Shuofeng

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From CmdrGray@aol.com Wed Mar 22 01:31:10 EST 1995
From: CmdrGray@aol.com
Date: Wed, 22 Mar 1995 01:29:36 -0500
Subject: Vision Freedom
Status: RO
X-Status:

Hello again,

Thanks for responding to my post so soon. I already had the appointment with Dr. Westgate about two weeks ago. He said that he hadn't heard of VF or Mr. Severson. While I was there I just paraphrased the 60 page booklet I'd received in the mail to Dr. Westgate. He was familiar with the technique of accommodation to improve vision but said there weren't many studies on its success and that in my case (-4.25 Left, -4.00 Right) there wouldn't be much improvement.

I didn't get the impression that he was trying to mislead me or anything. From his experience and reading he just hadn't seen data pointing to vision improvement for anyone using accommodation or biofeedback procedures.

I have to share a bit of my history to you:

I've been under the care of Dr. Joel Halpern O.D. while going through orthokeratology for the past four years. Initially my acuity was in the 20/400 range for both eyes. After about seven months of the OrthoK I could see the 20/30 line on an eye chart with my right eye...20/50 with my left immediately after removing the lenses.

Unfortunately, the effect doesn't last very long (eight hours max) and now the best I can see when I take the Ortho lenses out is 20/70R 20/100L. I am a pilot and college student studying Airway Science. My goal is to fly for a major airline but I'd rather fly for the Air Force. I could pass a Class I physical needed for the airlines as I am now.

My hope was through, vision therapy, of increasing my acuity to the point of passing the Air Force vision test. From reading Mr. Severson's booklet this goal doesn't seem out of reach. If I could make drastic improvement with my acuity to say 20/60 in each eye with vision therapy or more specifically Vision Freedom I could get down to 20/20 using Orthokeratology.

Why am I sharing all this? Dr. Halpern has helped me a lot and I don't want to lose his support. I originally asked him about the VF booklet and he then set up an appointment for me with Dr. Westgate to see if he knew anything about it and if it would benefit me. They operate under the same practice, Halpern Eye Associates. As I stated earlier Dr. Westgate's news was not what I wanted to hear but I think he was being honest with me. With my next office visit with Dr. Halpern he told me about a seminar he'd just been

to concerning the excimer laser and it's use for PK and how a U.S. firm is refering patients to Canada for treatment.

Here's my dilemma. PK would disqualify me for an Air Force commision as would any other surgical technique to modify the refractive power of the cornea.

I'd like to go the Vision Therapy route but my doctor doesn't have any data concerning significant improvement for myopes or anyone else. While undergoing OrthoK I can't effectively use the techniques outlined by Brian Severson. Dr. Halpern told me that he would be more than happy to help me in any way he could but he'd need evidence of vision improvements in other patients, data, or something to those effects in order to justify the suspension of my OrthoK treatment at this point.

Could you send me, Dr. Wesgate, or Dr. Halpern any information on other doctors who use plus lense therapy or the book titles you listed in your last message. I'd really appreciate it.

--ps I the Prodigy Browser to get the FAQ at http://silver.ucs.indiana.edu/~ae ulenbe/ but it wouldn't accept the address. Is there another way to get it?

Thanks for your time

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From owner-i_see@indiana.edu Fri Mar 24 12:11:05 EST 1995
From: Mikko Salminen <asalmin2@snakemail.hut.fi>
Subject: my life with glasses
Date: Fri, 24 Mar 1995 18:58:44 +0200 (EET)
Status: RO
X-Status:

Hi all,

I'm Mikko Salminen, a second year student of computer science at Helsinki University of Technology. I got my first glasses when I was about 15 years old (5 years ago).

I don't really know why I became nearsighted. Perhaps it has something to do with my lifestyle in those days. I took school more seriously than ever before. I did (all) my homework and read quit a lot. Sometimes I didn't sleep well (that's what I do nowadays :-)) so I was tired and my eyes were too. But maybe it has nothing to do with that. My both sisters got glasses at age I got mine. Is that just a coincident?

When I got my first glasses I hated those but soon I started to use glasses every day and every minute. In five years my vision has become worse and worse. My first lenses were -1.25, nowadays -3 and -3.25 :(

In the meantime my sisters used glasses as little as possible (they said they looked more beautiful that way). They use glasses only when they really need to (like driving or watching tv). I guess it's needless to say that they both have better vision than I have.

I really need glasses in my everyday life. Only at home I cat put glasses away. Have you any suggestios what to do? I don't like idea staying home and just copying all the lecture notes.

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(0 -)

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Mikko Salminen (90) 468 2038

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J{mer{ntaival 7 A 112      .oo00   00oo.   asalmin2@niksula.hut.fi
02150 ESPOO, FINLAND      (  )   (  )   http://www.hut.fi/~asalmin2/
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From owner-i_see@indiana.edu Fri Mar 24 13:18:39 EST 1995
Date: Fri, 24 Mar 95 13:09:59 EST
From: mwills@zephyr.ess.harris.com (M. Scott Wills)
Subject: Re: confusion (fwd)
Status: RO
X-Status:

> From: nanci@phx.sectel.mot.com (Nancy Ahern)

> My daughter is vision tested in school by the school nurse
> every year. In third grade, the nurse noted distance vision
> problems. We took Cheryl to the optomologist, who dutifully
> prescribed glasses (rather weak ones) and recommended that
> she wear them when she needs to see the TV, or the blackboard,
> but that she needn't wear them any other time.

IMHO, this is a toughy. I hated reading in grade school and high school because I didn't find out until college that I was far sighted. At that point I got a prescription for reading glasses and discovered the joy of reading. Had it not been for an intense need to read in order to thrive in the college environment, I would never have sought correction, and might still dislike reading.

Had a school nurse diagnosed the problem earlier for me, as for your daughter, I suspect I would have enjoyed grade school and high school much more (as I did college).

I suppose the members of this list would say to take that knowledge and seek natural vision improvement rather than optical correction. I did the latter and am now near sighted. I suspect that I would still have become nearsighted after the college and grad-school experience, but perhaps not as much, if I had been aware of natural vision improvement techniques at the time. On the other hand, I might not have done as well in college if I had not taken immediate steps to correct my problem. (I went from an A/B average my first semester to straight A's for the rest of my college career partly due to this effect).

Scott

=====

From owner-i_see@indiana.edu Fri Mar 24 14:15:07 EST 1995
Date: Fri, 24 Mar 1995 11:08:12 -0800 (PST)
From: Lois Patterson <lpat@unixg.ubc.ca>
Subject: Re: confusion (fwd)
Status: RO
X-Status:

I just wanted to add that I had an extremely bad year of school when I was 7 because I desperately needed glasses, but my parents wanted to prevent my eyes from getting worse. The teacher made fun of me because they were trying alternative methods which didn't work. Things were so much better when I got the glasses. It is quite likely my eyes got so bad because I started doing hours and hours of reading a day when I was

6. Nevertheless, (and I know no-one on the list is suggesting otherwise) it is very important to provide vision correction to children when they need it.

Lois Patterson

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From owner-i_see@indiana.edu Sat Mar 25 05:24:34 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: bulk reply vision and things
Date: Sat, 25 Mar 1995 20:23:34 +1000 (EST)
Status: RO
X-Status:

Hi from down under.

>From: Mikko Salminen <asalmin2@snakemail.hut.fi>
>I'm Mikko Salminen, a second year student of computer science
>[snip]
>In the meantime my sisters used glasses as little as possible (they said
>they looked more beautiful that way). They use glasses only when they really
>need to (like driving or watching tv). I guess it's needless to say that
>they both have better vision than I have.
>I really need glasses in my everyday life. Only at home I can put glasses
>away. Have you any suggestions what to do? I don't like idea staying home
>and just copying all the lecture notes.

wear your glasses where you need them. dont wear them where you dont.
use 20/40 correction glasses where you need some vision but not full vision.
if you are < -5d myopic you should be to read a book without glasses.

>From: nanci@phx.sectel.mot.com (Nancy Ahern)
>>From: grace kuo jui chin <gchin@indiana.edu>
>>Okay, I have a question that is somewhat related...what causes our eyes
>>to become near-sighted in the first place? I wasn't wearing glasses until
>>my eyes went bad so it certainly wasn't glasses that caused it.
>
>I have a related question.
>My daughter is vision tested in school by the school nurse
>every year. In third grade, the nurse noted distance vision >problems.
>[snip]
>She did this, faithfully putting them on while looking at
>the board at school or while watching TV or movies, but
>[snip]
>This year, she complained of not being able to see very
>well at all, with or without her glasses. We upped the
>prescription again, and now she wears them constantly. When
>[snip]
>In other words, even though she was not using her glasses
>all the time, her vision got worse.
>How does this tie in with what I think you-all are trying
>to say here?

when my younger brother first got glasses he hated wearing them
and only wore them in class, never out of class. once he got
to uni and spent most of his time in lectures he had to wear
them "full-time" and he says during this time his

script got worse and worse really quickly. Similar story to Mikko's sisters.

there are two possible causes for myopia. environmental and genetic. Environmental causes should be reversable. Genetic may or may not be. some people have a genetic pre-disposition to visual problems. this does not necessarily mean these are not correctable.

some possible explanations for environmental myopia.

straining at the near point. basically reading for hours at a time to the exclusion of the distance vision. distance vision simply fades away. A young girl that had spent her life "under the stairs" because of a crazy mother. had no distance vision when she was finally rescued. anything that is not used atrophies.

straining at the far point. overachievers or frustration with blackboard material. trying "too hard", to make sense at the far point. resulting in strain or a withdrawal from the far point and introversion, back to the safe and understandable near point.

boredom with the far point. is another possibility.

imitation of a parent with glasses. is yet another.

here is a reference specifically for children. I have not read this book, but when I get a copy I will incorporate it into the FAQ.

"Your child's vision: A parent's guide to seeing, growing and developing."
by Richard S Kavner. O.D. 1985.

>From: mwillis@zephyr.ess.harris.com (M. Scott Wills)

[snip]

>the joy of reading. Had it not been for an intense need to read in order to thrive in the college environment, I would never have sought correction, and might still dislike reading.

[snip]

>become nearsighted after the college and grad-school experience, but perhaps not as much, if I had been aware of natural vision improvement techniques at the time. On the other hand, I might not have done as well in college if I had not taken immediate steps to correct my problem. (I went from an A/B average my first semester to straight A's for the rest of my college career partly due to this effect).

You have to decide what trade-offs you need to make to reach your goals. If you are going to undertake a vision therapy during study, then this can be difficult, due to your restricted time constraints. and the general pressure to do well. but its not impossible.

>From: Lois Patterson <lpat@unixg.ubc.ca>

>

>I just wanted to add that I had an extremely bad year of school when I was 7 because I desperately needed glasses, but my parents wanted to prevent my eyes from getting worse. The teacher made fun of me because they were trying alternative methods which didn't work.

you can see how this would help :(

>Things were so
>much better when I got the glasses. It is quite likely my eyes got so
>bad because I started doing hours and hours of reading a day when I was
>6. Nevertheless, (and I know no-one on the list is suggesting otherwise
>) it is very important to provide vision correction to children when they
>need it.

most people dont really notice a -0.25-0.5d change in vision very much.
-0.25d means things outside of 4 meters become a little blurry.
children often get by -0.5d without glasses simply because they
dont know better.

if problems are caught and corrected at this early stage then there
may never be a need for glasses.

I did not get glasses till I was over -1d at age 21 simply because I
did not want them. someone lied to me and told me if I wear
them for a little while my sight would improve and I wouldnt have to
wear them again. where in fact once I started to wear them my sight
got worse to the point I couldnt do without them until now.

once you have gone past about -1d then you need glasses for certain
activities. glasses only compensate and will not cure any problems.

simply not wearing glasses will not improve your sight, you have
to factor in what is causing your sight to degenerate. and attend
to those issues. things like posture (very important) and other
physical, emotional, mental, diet, lighting condition, etc.
as well as rebuilding your vision with exercises etc.

I spend about 8-12 hours in front of a computer screen every day,
and still I have managed to improve my sight by about 30% over the last
six months.

Vic

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From owner-i_see@indiana.edu Mon Mar 27 21:32:51 EST 1995
Date: Mon, 27 Mar 1995 21:22:41 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: standard of care
Status: RO
X-Status:

Here's my story. I'm a linguistics/cognitive science grad student. I was
introduced to the Bates method by a Russian girl who ended up to be my
wife, when I was 22. Actually, she was 20/20 and never needed to use it
(until now, when the ocular stress of grad school life has been taxing her
RIGHT eye). At the time I had a -1.50 both eyes prescription and always
wore my glasses. Actually, before I had heard of Bates, I was already
trying to improve my vision. I reasoned that if singers could improve
their vocal range, why couldn't I improve my focal range? I just stopped
wearing my glasses, and found I could improve just by walking around on
bright sunny days. Later I started to read as much as I could on vision
improvement. Now I'm 25 -- still myopic, but the last time I checked my
myopia was under a diopter in each eye. Every so often I go on a
patching-plus-lenses-and-lots-of-nutritional-yeast binge and my acuity
shoots way up for a few days. On several occasions I have been able to
read the 20 line at 20 feet indoors. My progress is kind of bumpy, but I
feel I'm on my way. I find a lot depends on nutrition and exercise no

matter how much visual training I do.

I have started a mailing list, I_SEE (International Society for the Enhancement of Eyesight -- to join, send "subscribe i_see" to <majordomo@indiana.edu>) and have a WWW site with vision improvement materials -- <http://silver.ucs.indiana.edu/~aeulenbe/> -- but you may know about this already...

I had been participating on sci.med.vision since mid-November until just recently. I couldn't take the heat. If the thread "Alex's Platform" is still on your newsserver, I suggest you read that one. Also "Alex Surrenders" should give you a good idea of what happened to me.

I am especially interested in non-Helmholtzian theories of accommodation, and in the extraocular muscles as a source of refractive error -- the recti causing astigmatism and hyperopia, and the obliques causing myopia. I have read Myopia Myth by Donald Rehm, and Bates in the original. I believe if there is to be a revolution in eye care, it must come from without. I believe Bates lost because he advocated a treatment that could be administered without a license -- not even the most progressive optometrists would go for that (e.g. the OEP will have nothing to do with Bates).

--Alex Eulenberg (812) 857-5081
--President, I_SEE

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From owner-i_see@indiana.edu Mon Mar 27 22:07:11 EST 1995
From: Marco A Terry <magic-man@unh.edu>
Subject: I guess standad introductions apply.
Date: Mon, 27 Mar 1995 22:01:44 -0500 (EST)
Status: RO
X-Status:

Ok.
Since We have lots of new members - I guess I'll re-introduce myself. My name is Marco - I go to the Univ. of New Hamp. (5th year senior). I am 22 - I am majoring in Psychology & Comp. Sci (kinda) with a minor in Busines. I am a beginner Karateka (Shotokan), I meditate and I like Kilians Red (or Catamount).
I have 1.5 and 1.75 I believe. My left eye has astigmatism. I took the Silva Mind Control Method - in which they have had some reported cases of dramatic improvement. I wear GP contact lenses which are great when you practise martial arts (try Sparing when somthing gets in your contact lens in the middle of a fight...ayayay!). I am, as you see, very sarcastic.
I hope to, one day, aquire the 20/20 vision (Alex - I have am reading Bates, I know this is merely an average, don't flame me! ;-), that day will be a day of great embarrasment though, since I paid top dollars for contact lenses that I am hoping to stop using...I have started a program of eye vision improvement (some exercises et al.)
Well - enough blabber. Send me e-mail or read my homepage (WWW) if you care to know more about me!

Cheers!
Marco.

A man who has attained mastery of an Art reveals it in his every action

- Samurai Maxim

HomePage: <http://pubpages.unh.edu/~mat/>

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From hj@ccr-p.ida.org Sun Mar 26 09:13:38 EST 1995
From: "Harris A. Jaffee" <hj@ccr-p.ida.org>
Date: Sun, 26 Mar 1995 09:11:20 -0500
Subject: Re: random notes
Status: RO
X-Status:

> 2. I'd be interested in knowing more about your experience with
> strabismus surgery. How old were you and did you experience an increase
> in astigmatism afterwards?

I was 42. It was a 4th nerve paresis combined with some exotropia. An inferior oblique and a lateral rectus were weakened (recessed), so this means that the lateral rectus was moved back, away from the cornea. The inf obl is already in back, nowhere near the cornea. I believe that the surgery had no effect on my astigmatism, other than psychological. I was more aware of how things looked after the operation (because my diplopia was cured in most directions, but I had new diplopia in others). Bottom line is my astigmatism in the operated eye went up from -.50 by maybe .25 or .50 diopter. (Same for the eye that wasn't touched!) I am confused that you say "surgery increases astigmatism"; it would seem in some cases like mine to have a chance of decreasing it. Maybe I don't understand.

=====
From owner-i_see@indiana.edu Sun Mar 26 16:28:27 EST 1995
From: "Sally Cooper" <SGC@cygnus.taranaki.ac.nz>
Date: Mon, 27 Mar 1995 09:19:01 GMT+1200
Subject: re: Reply to this message!
Status: RO
X-Status:

I've taken a while to respond to Alex' command to reply to his message. I hope you're not all sick of hearing similar stories.

I'm in my 40s. I teach computing, love to read - all the classic myope things. My sight is around -10 in my better eye. I hardly use the other eye. I wear a contact lens in the better eye. My sight has deteriorated continuously since the age of about 14. However since learning a little about natural vision I have managed to avoid a change of prescription for several years, but my sight hasn't actually improved.

My main worry is retinal detachment. I have had 3 of these (in the better eye). Two needed surgery and one was laser treated. I am scared that one day they won't be able to fix it. Has anyone any ideas? I've read in the FAQ about bilberry. Would it help? Is it available in tablets etc? What do I look for?

Has anyone other ideas - or similar experiences so we can commiserate?

Looking forward to hearing from some of you.

Sally Cooper (computing tutor)

Taranaki Polytechnic
New Plymouth
New Zealand

s.cooper@taranaki.ac.nz

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From owner-i_see@indiana.edu Mon Mar 27 20:15:46 EST 1995
Date: Tue, 28 Mar 1995 11:05:41 +1000
From: r.malingre@qut.edu.au (Reni Malingri)
Subject: Another member's intro.
Status: RO
X-Status:

INTRO
^^^^

Name: Rene Malingre
Gender: Male
Age: 25
Occupation: Optometrist (part time)
 PhD candidate (full time)
Nationality: Australian
Refraction: R -2.50
 L -2.75/-0.25 * 180
Spec wear: full time

Favourite drink: coffee
Favourite food: Medium-rare beef steak
Favourite sport: Basketball
Favourite band: Pearl Jam

Cynicism level: Very High
Belief in efficacy of vision training: Very Low
Interest in whole area: High
Willingness to participate in discussion: High

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From owner-i_see@indiana.edu Tue May 2 00:59:26 EST 1995
Date: Tue, 02 May 1995 07:52:11 +0200 (MET DST)
From: ozden yumusak <OZDEN.YUMUSAK@itu.ch>
Subject: Re: Welcome New Members!
Status: RO
X-Status:

Hello;

I just joined to this list. I felt myself first member of this list
because of so little posts!

I am 30 years old and handsome. I am an Electronics/Telecom Engineer
working in Turkish Telecommunications Co. I am living in Ankara, Turkiye.

That's all now.

Bye

Ozden Yumusak

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From owner-i_see@indiana.edu Tue May 2 14:48:03 EST 1995
Date: Tue, 02 May 95 14:31 CDT
From: RUCHKAL@ccm.UManitoba.CA
Subject: New Member
Status: RO
X-Status:

Hello, Everyone! I just joined the list and would like to introduce myself. My name is Barb Ruchkall, I'm a Research Analyst in the Office of Institutional Analysis, University of Manitoba, Winnipeg, Manitoba (Canada). I'm 47 years old, and up until about 40 years of age I had great eyesight.

Once I turned 40, I started noticing that my arms were becoming way too short. My watch became illegible, especially in low light and people would shove papers at me too close to my face. In other words, I developed what I'm told is presbyopia. I bought a pair of reading glasses.

I hate the blasted things! At first, I just didn't wear them much, but lately I find that I need them more and more. I'd been wondering if there was something I could do to strengthen the muscles that control accommodation ... seemed to me, these muscles should respond to exercise the same way other muscles in the body do. And it also seemed to me that the saying "If you don't use it, you'll lose it" would apply to those muscles as well. One day, I was surfin' the 'Net, and I came across the Natural Vision Web Site. And so, here I am!

There are some other potential problems that I have: An ophthalmologist discovered that my eyes have the appearance of glaucoma, although my pressure is normal. I have large optic cups, or some darned thing. Kinda like Dolly Parton but in a less noticeable place. My field tests have all been normal, but I've been labelled a "glaucoma suspect". I visit an ophthalmologist whose special interest is glaucoma, and he "keeps an eye on me". Another potential problem is that I have an inflammatory bowel disease and have to take prednisone from time to time. Prednisone can cause cataracts and glaucoma. Needless to say, I avoid prednisone if possible.

I have an eleven year old son who has a convergence problem...If he does the pencil exercise as described by BrAek in a previous post to this list, there is a point at which he begins to see double. His optometrist suggested that he do the pencil exercise, trying to focus on the pencil until the point that his vision becomes double. He also suggested that we place a postage stamp on the window, and have our son focus on the postage stamp, then look thru the window at something far away, then back to the postage stamp, etc. etc. These exercises seem to help, and I was quite impressed that the optometrist suggested exercises instead of glasses!!

I'm glad to be on this list and look forward to any of your suggestions.

Barb

Barbara Ruchkall
RUCHKAL@ccm.UManitoba.CA

=====

From owner-i_see@indiana.edu Wed May 10 01:00:31 EST 1995
From: "David Shaler" <dshaler@Direct.CA>
Date: Tue, 9 May 1995 21:45:43 +0000
Subject: Re: How long?? (fwd)
Status: RO
X-Status:

On 10 May 95 at 15:25, Vic Cinc wrote:

> the first types of improvements are based on better noticing
> what you see.

What does this mean?? How do you notice things better when you can't see them all too clearly in the first place.

> the first goal is to start getting clear flashes. ie crystal
> clear sight which at first may only last a few seconds.

I think I had one of these. This morning when I woke up, after my eyes adjusted to the light, for a split second there, I could have sworn that I was wearing my contacts. Everything was clear. Is this possible after only doing the exercises for one day??

Also, everyone I tell about this thinks I've totally turned into a flake, because they think it's nonsense. Is there any truth to what they are saying???

David Shaler	/	/
dshaler@Direct.CA	/ VR.1 ----- Computer Screen /	/
Save VR.5!	/ VR.2 -- Interactive Video Game /	/
Send mail to John Matoian, Box 900	/ VR.3 ----- Flight Simulator /	/
Beverly Hills, CA 90213 USA	/ VR.4 ----- Cyber Space /	/
Send email to vr5@delphi.com	/ VR.5 - Virtual Sensory Reality /	/

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From owner-i_see@indiana.edu Mon Jul 10 23:13:09 EST 1995
Date: Mon, 10 Jul 95 21:10 PDT
From: Robert_Michael_Kaplan@Sunshine.net (Robert-Michael Kaplan)
Subject: Re: re-request
Status: RO
X-Status:

Alex asked me:

>Just wanted to re-request, if it's not too much to ask...
>Could you please share your -6.00 to -1.50 success story with I_SEE?
>--Thanks

Over the years I have had many nearsighted people who have reduced the strength of their glasses. I'll share one story. I met Mary in 1988. Besides being myopic -4.50, she also had astigmatism, i.e. -2.5 to -3.00. The overall effect was -6.5 and -7.00. My first impression was her intense stare. It felt that she glued her look to mine. Mary had worn contacts for 12 years, 16 hours per day. I would say she was addicted. I asked her that question, and the answer was a definite yes. "I pop them in the morning and it is the last thing I take off at night." Mary spent a weekend in a seminar with me, and part of the teaching process involved her to take out her contacts and in a safe place being in her blur. This was very difficult for her because she had to give up control. Yes, looking clearly through

20/20 lenses is a form of maintaining control. This was very challenging for her, because, firstly she had to trust a man, me, who facilitated the process, and then learn to recapture her clearness from the inside. This meant finding her power behind her eyes. I structured process all weekend with patches, working with a partner and modified lens prescriptions, and the participants got in touch with their essence of where vision begins - in their heart. I had them practise breathing, blinking, deep winks, palming for 20 minutes listening to specially chosen music, watching slides and sharing their experiences. On the last evening of the training, Mary slipped on an old pair of glasses (from 7 years before) and she had perfect 20/20. She walked along the beach and for many moments in her naked vision was able to see the ships anchored off in the bay. She even had moments of being able to read their large names. Mary visited another optometrist, on my suggestion, because I usually have a colleague do the measurements, so I am not biasing the findings. The O.D. I use doesn't usually know the educational plan I use to teach my patients. He reduced her nearsightedness to a 20/40 level of seeing. At this stage, Mary simply used her old frames, because I advised her that a further change would happen rather soon. This is my experience with highly motivated patients. Within three months, Mary was no longer wearing her contacts. She took a holiday to Hawaii and wore throwaway contacts while swimming and snorkling of about -4.00. The muscles around her eyes ached during this period as she became aware of the tension she had been carrying for so many years. She used acupressure points to stimulate and relax the nerve pathways to and around her eyes. Combining this with palming, Mary began having flashes of clear eyesight through her weaker glasses which were about -4.5. After about three months, a second reduction in lens power took place. This time I used the approach, I have earlier described in the posting to this group. At this time I personally refracted her and reduced the nearsighted measurement as well as increase the astigmatism component before the right eye only. I also reduced the left eye nearsightedmprescription more than the right to create a patching effect for the left eye. The rationale behind this was to begin stimulating the vertical meridian of the right eye. I knew from my past experience that this would homeopathically open up the withheld emotionality of her past. Please understand that this radical form of lens therapy is only done when I can personally supervise and facilitate the person's journey. This happened. Very soon after Mary received her new glasses, she began to feel a lot of anger, especially toward her father. This actually produced more blurriness through her new glasses and frustrated her. This is the therapy. I coached her to stay with the feelings. At this point I usually have an ongoing commitment from the client that they stay in touch with me. She moved through this phase and about a year later had her first child, a boy. As this young baby became a boy, he challenged his mother. and Mary again, had to face her past perceptions. At about this time, Her prescription was equalized between the eyes again and the nearsighted was reduced further to -3.5 with about -1.5 astigmatism. This was the last time she was to wear an astigmatic component. Mary underwent a course of personal growth at which time she ceremoniously burnt the older glasses. An Optometrist friend, who took the course with her, arranged to have some new glasses made up. A pair of -3.0's for driving, -2.0's for computer use and -1.0's for everything else. This lasted for an additional one and half years. During that time, Mary had a complete clearing with her father, who had earlier sexually abused her, and they became very close. She began to deal more lovingly with her son, and began to look at life from more of a spiritual point of view. It was no longer them and me. Her daily living became us. Mary practised yoga, walking and systematically at this point spent more and more time without glasses. She had a number of positive experiences such as walking down a steep hill and seeing the yellow line marking in the middle of the road extending all the way for one kilometer. Mary was consistently having clear

eyesight. Her visual acuity on a snellen eye test was still below the level of her everyday experience. Her refractive measurements fluctuated between -1.5 and -4.00, depending on her fatigue level and soft focusing ability. The benefits to her visual journey were rewarding. She could now see her husband's eyes at the dinner table without glasses, which were now mainly -1.00's, even for driving during the day. She lives in the country and even drives on sunny days without glasses. When going to movies, she slips on her -3.0's. Mary loves the freedom from where she was in 1988. When I last saw her, a few days ago, I sensed from her attitude that glasses were soon to be a thing of the past.

=A9 1995 Robert-Michael Kaplan - All rights reserved. This is a true case, however the name of the patient has been changed.

=46or more information about Integrated Vision Therapy, read my new book The Power behind Your Eyes, to be published by Inner Traditions Int, in October, 1995. It is packed full of cases like Mary and lots of other useful information.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD.
E-Mail Beyond_20/20@sunshine.net

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From owner-i_see@indiana.edu Tue Jul 18 18:06:35 EST 1995
Date: Tue, 18 Jul 1995 17:59:48 -0500
From: Alex Eulenberg <aeulenge@silver.ucs.indiana.edu>
Subject: Dennis Yelle's 20/40 specs
Status: RO
X-Status:

This was posted to alt.med.vision.improve and sci.med.vision...

* * * *

I got some 20/40 glasses last month. These 20/40 glasses have no astigmatism correction (cylinder) in them. I got this by repeatedly asking for it. I had to go back to the doctor 3 times to get them and the doctor told me that "glasses do not make your vision get worse" but after going back for the third time and telling the doctor that the glasses were too strong I got them. Actually, they were a little weak for 20/40. When testing myself at home, I could not be sure I could have actually read the 20/40 line if I didn't already know what it said, but at least the glasses were not too strong, and I still had my 20/20 glasses anyway, in case I needed them. Next time, I will probably go to a behavioral optometrist, now that I know about them. Thanks Vic.

I have an eye chart on the wall near the TV, and some geometric patterns like a large circle and a big X. I have learned what astigmatism looks like when looking at the circle and the X, so by looking at them, I can see if I have it or not at the time. It is amazing to watch my astigmatism come and go. I thought that I could get rid of my astigmatism by looking at the circle and/or the X and telling myself what they should look like and getting my eyes to adjust so that they look like what they should look like. But it is not so easy. Sometimes it works and sometimes

it doesn't. Sometimes I look at the X and tell myself "this arm should be sharp and black like the other one" and something inside me says, "how do you know for sure. Maybe it is supposed to be fuzzy and gray today." So I get up and walk over to it and see that it is just as thick and black and sharp as the other arm and go sit down again. But that voice inside me is still not fully convinced.

So I go back to watching TV.

After a few weeks of this I noticed something else.

My vision improves when I spend a minute or so looking at a human face. I look at the mouth, one eye, the other eye, and the mouth again, and it gets clearer. After a while, I look at the X and both arms look sharp and black. But if I keep looking at the X one of the arms slowly fades to gray and fuzzy. Hmm...

The voice inside is not sure how the X is supposed to look.

But it knows how a face is supposed to look.

There is no doubt in it's mind how a face is supposed to look.

No internal argument. We both agree. So I spent some more time looking at faces. And I bought some posters at K-Mart of faces. Some cartoon faces with lots of sharp edges, and some attractive women's faces some with nice bodies attached.

I put some on the wall near the TV, and some near my bed.

I woke up this morning over a half hour before my alarm clock rang and spent the time looking at the faces on my bedroom wall without wearing any glasses. They were fuzzy, but I knew they were faces and I know what faces are supposed to look like.

After about a half an hour of this, I put on my 20/40 glasses and read the 20/25 line of my eye chart with each eye alone as well as with both eyes together. I even read some of the characters in the 20/20 line.

If this keeps up, I might go back again and complain that these glasses are too strong.

--

dennis@netcom.com (Dennis Yelle)

"Roman scientists would not even look through Galileo's telescopes."

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From owner-i_see@indiana.edu Wed Jul 19 14:20:35 EST 1995

From: mat@metrica.metrica.com (Marco A. Terry)

Subject: Some Questions.

Date: Wed, 19 Jul 1995 14:21:44 -0400 (EDT)

Status: RO

X-Status:

Howdy People.

Some questions:

1. Where is Vicc? Haven't heard from him in ages...(I hope he did not unsubscribe)

2.

The Background:

Once and for all I have decided to give this eye therapy a serious shot. So far, w/o the aid of the therapist. I have started by using meditation to relax my eyes at night and by trying to ditch my glasses when possible

(ditched my contacts...). I work in front of a computer most of the day.

The Problem:

I notice that w/o my glasses I feel 'stress' (or a tiredness sensation) around my eyes (palming w/cold hands for some secs. helps), by the end of the day my vision is really blurry and I have trouble having conversations w/o my glasses (I like to see who I talk too). I also don't have the best seating posture and look at the keyboard when I type (typing lessons?)

The question:

So what do I do?

Thank!

--

Marco A. Terry
Applications Engineer
Metrica, Inc.
6 NEEP, Suite 400
Burlington, Ma 01803

'The best battle you can win...is the one you
did not have to fight..' -Sun Tzu (*I think*)

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From owner-i_see@indiana.edu Thu Aug 24 14:02:19 EST 1995
From: MBerezetsk@aol.com
Date: Thu, 24 Aug 1995 14:40:40 -0400
Subject: Re: Real Results?
Status: RO
X-Status:

In a message dated 95-08-24 10:51:23 EDT, turnerg@puzzler.nichols.com (Glenn R. Turner) writes:

>I would really like to hear any stories anyone has about actual visual
>acuity improvement. There has only been one or two posts of this nature
>since I joined this mailing list about a month ago. I did enjoy the post
>about PCM, but never got any response when I asked for specifics about
>this technique. It's not that I don't believe I can improve my vision
>thru the techniques discussed on this mailing list, I would just like to
>hear about a few people who actually did (with specifics on how much they
>improved). Thanks.

>

>Glenn Turner

>From what others have posted so far, I gather I'm the most successful user of
this technique (although by now it's MY technique to a great extent, since
I've discovered ways to fight not an abstract myopia but MY myopia, and the
breakthrough came when I realized how much what I'm really up against is
myself).

As for the "real" results--here's what has become real for me after 2 1/2
months:

1. A measurable PERMANENT improvement of about 2,5 D (except for night vision -- I know it's worse but have no figures.)
2. Long periods of measurable improvement by as much as 6D (vision 20/60 -- compare to the original 5/200, or 20/x)
3. Short flashes of 20/30. (I've never had a 20/20 correction and never saw 20/20 under any circumstances.)
4. No plateau yet -- it's getting better every day.

God is the world beautiful!

Elena

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From owner-i_see@indiana.edu Thu Aug 24 15:46:15 EST 1995
From: c22at@koccrsv01.delcoelect.com
Subject: Real Results? (fwd)
Date: Thu, 24 Aug 1995 15:26:26 -0400 (CDT)
Status: RO
X-Status:

Forwarded message:

> since I joined this mailing list about a month ago. I did enjoy the post
> about PCM, but never got any response when I asked for specifics about
>
This might not be relevant to your question, but amazingly enough, the PCM posts here were more than what could be found in SMV for months. I asked a question on PCM once in that group of so called doctors last year, but noone replied. I can understand if they are not giving vision exercises the time of day, but I can't forgive them for ignoring PCM questions.

Instead I kept reading them saying: contacts and glasses ARE the cure for myopia, beside keratotomy. I guess they must be very scared at the prospect of a non-surgical procedure ending their source of income.

Very disgusting if you ask me. I gave up on the newsgroup long ago.

Sorry, just venting some steam.

Oh, about natural vision improvement. I have let a 'doctor' influence me into giving up on VT when I was in Junior High. From then, my prescription increases from -2.5 to -5.5 on the left, and -3.5 on the right. Despite what my 'doctor' told me, I always tried not to read a book too close anymore. Otherwise my prescription would've been a lot higher.

In October of last year, I was involved in a feverishly busy software project which required near work for 8-10 hrs a day (I am talking looking at a monitor for that amount of time) for a few months. Within a few days, I started noticing that my vision was getting worse and worse (my lenses were not strong enough to see fairly distant objects clearly). I would say that my vision got worse by about -0.5 in two weeks.

I started doing some simple VT. I am happy to report that the same lenses that were not strong enough before is now just right.

I can't really improve much beyond this level.
My problem is that 99.99% of my work is near work (writing software). For now I am settling with maintaining my vision level.
If only I had the time to get undercorrected lenses. Grrrr.

Andy

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From owner-i_see@indiana.edu Wed Aug 30 09:28:16 EST 1995
Date: Wed, 30 Aug 1995 06:49:22 -0700 (PDT)
From: Robert Roosen <roosen@cts.com>
Subject: Miscellaneous
Status: RO
X-Status: D

The claim has been made that Nutra Sweet is responsible for Desert Shield Syndrome. The poster is apparently unaware that considerable amounts of chemical warfare were practiced against the troops involved in that action. This has now been well documented. Additionally, a number of nuclear plants were bombed and the nuclear material was released to the environment. Hence there are many other probable causes for Desert Shield Syndrome.

Various mechanisms have been suggested as the precipitating cause for myopia. These include dishonesty, sexual dysfunction, suppressed anger and several other mechanisms. Consideration of the Yerkes-Dodson Law tells us that performance in an individual increases with levels of stress up to a certain point. Beyond that point, increasing levels of stress reduce performance. Perhaps myopia results from overstress. The methods that are effective in reducing myopia are in general connected with relaxing the eye. Perhaps relaxation in general will serve to aid in reducing myopia. For instance, is there a connection between meditation and improved vision?

Eyeglasses serve secondarily useful purposes in addition to "sharpening" vision. They protect the eyes from wind and debris. They also protect the eyes from ultraviolet radiation which has been shown to form cataracts. Note that most of the UV radiation that gets past eyeglasses enters through the top of the glasses. Hence, when choosing sunglasses, be sure to get a pair that has a tight fit between the top of the glasses and the bridge of the nose and eyebrow region.

This group has been most useful to me in reminding and encouraging me that eye improvement works. I spent a considerable amount of effort a few years ago improving my vision with the Bates method. Then I allowed myself to be discouraged from continuing by a rather mediocre optometrist who viciously attacked the concept. I am now slowly getting back into the "swing" of things.

The hints about a burning sensation connected with clear flashes were quite valuable to me. I have noticed the same effect, and had been attributing it to allergies. Now I know to recognize and seek that sensation. Also the hint about holding a book as far from my eyes as possible is excellent advice.

I am operating on a low budget and cannot afford to go through new sets of glasses as an aid to vision improvement. Since I already have a set of computer glasses, I have taken to wearing them when I walk around the house and go outside. I have found that when I apply some of the vision improvement methods at the same time, this approach works quite well and I can read signs at a distance and also get some "clear flashes".

Robert

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From owner-i_see@indiana.edu Thu Aug 31 08:50:45 EST 1995
Date: Thu, 31 Aug 1995 15:04:47 +0100
From: fha@ping.at (Florian Hoertlehner)
Subject: Natural Vision experts in Austria (Europe)
Status: RO
X-Status:

Hi!

After I accidentally found the Natural Vision FAQ and this list, I want to do something to improve my vision. Therefore I have several questions. Any help is appreciated!

1) Does anybody know of any people who could help me here in Vienna, Austria=

From owner-i_see@indiana.edu Thu Sep 7 15:37:27 EST 1995
Date: Thu, 7 Sep 95 12:55 PDT
From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
Subject: Re: Natural Vision experts in Austria (Europe)
Status: RO
X-Status:

=46lorian wrote to i_see recently:

>After I accidentally found the Natural Vision FAQ and this list, I want to =
do
>something to improve my vision. Therefore I have several questions.
>Any help is appreciated!

>
>1) Does anybody know of any people who could help me here in Vienna, Austri=
a,
>Europe? I tried to find somebody, but no (local) optometrist I talked to c=
ould
>help me further. I=B4ve read about some things I could do, but I don=B4t=
want to
>do anything myself before I have spoken to an expert. The reasons for this
>are a) that I could damage my eyes and b) I want to make sure I am not
>someone where natural treatment is useless.

>I am 19, a workoholic and a computer freak. In the last ten years I spend
>about five to ten hours per day in front of my monitor. I usually spend all
>of my freetime in my room and I don=B4t do any sports or something else.
Snip

>But I am not so interested in seeing things in the city. I don=B4t care so=
much
>what I see. I don=B4t need to see the "world". The only thing I really *mu=
st*
>see is the computer screen and some books. And have so strong problems
>when reading that have to do something. I am used to work for more than
>twenty hours a day, but now I have to stop after an hour because I have to
>try so hard to read.
snip

>What I really would like to know is if it is possible to improve my vision
>without changing this fundamental believe! I can imagine that it sounds a

Hello Florian:

I was blown away by your honest assessment of your visual and other predicament. On the other hand, I wanted to share some of my personal experiences which could make a difference to you, and your eyesight, if you were courageous enough to risk stepping out of your safety zone.

I have been undertaking a personal vision and professional training in improving my vision with Robert-Michael Kaplan, a behavioural optometrist, here in Canada, who directs Beyond 2020 Vision=81, where I am currently apprenticing and working.

Last year, I visited his practise as a patient, because I had worn the same lens prescription for the past 18 years, for driving, shopping and movies. My vision began to deteriorate even further, and my right eye felt like it was turning outward. I was worried and panicky that I would become dependent on glasses and my eyesight would worsen further.

Within a few months of doing Dr Kaplan's prescribed vision therapy, I no longer wore my eyeglasses, even for night driving!!!!!!! It sounds like you are in a very desperate situation, and in my humble opinion, you have

some important lifestyle decisions to make regarding your well being and eyes.

I have tried many therapies during the last few years, and integrated vision therapy has been the most powerful in depth and profound in simplicity.

If I might be so bold as to recommend something for you, I would heartily encourage you to visit with Dr. Kaplan, who is lecturing in London, England between September 25th and October 11th, 1995 for a couple of one hour personal consultations.

If you would like to discuss this with me further, please e-mail me at Beyond_20/20@sunshine.net. Also, request more information if you like.

Sincerely,

Kim Tasa.

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From owner-i_see@indiana.edu Fri Sep 8 14:36:37 EST 1995
From: MBerezetsk@aol.com
Date: Fri, 8 Sep 1995 13:56:11 -0400
Subject: Elena on her permanent improvement (at length)
Status: RO
X-Status:

I started planning this post a week ago and discovered there's just too much I want to say! I'll have to try to curb myself and, in describing my methods, skip over many a "why" and summarize some of the "how"s in the end -- so in case you get bored or unconvinced by my rendition of the "why"s just skip to the last portion of the post. I am very grateful to everyone who has helped me along the way with numerous tips and ideas and reference sources -- and I am grateful for this opportunity to discuss the subject I've become fascinated with. For the past few weeks, I've been accused by my family of "talking nothing but physiological, linear, and quantum optics." Among my friends, I probably rank as a one-subject bore by now. I used to be a sharp conversationalist; these days, no matter what is being discussed, when someone asks me, "What do you think?", the answer they are likely to get is, "I think that cloud over there looks like an overweight Dalmatian, and the one to the left is a portrait of Karl Marx, only the beard is better-groomed than in the original." Or, on a sign-reading spell, I will contribute to the general conversation by declaring, in the tone of a celestial revelation, that "this swimming pool is not required by state law to have a lifeguard on duty!!!" Recently I've also had to suffer through being introduced to people in the following manner: "This is Elena; don't pay any attention to her, she slips into a meditative trance every five minutes and isn't really there."

This is the price I have to pay for my new visual awareness: I'm as engrossed in what I'm doing and as removed from my immediate surroundings as SOMEONE READING A BOOK; only this book happens to be spread all around me, in all directions and at all distances. Otherwise, the attitude is the same: I don't skip words or sentences or paragraphs, and I don't welcome interruptions.

I think the key is paying attention to what/how you see AT ALL TIMES. Of course glasses should be removed from the picture, except for the situations

where seeing the world the way you see it is life-threatening, like when you're driving. For all other purposes, watch your real world. Try to understand and appreciate the fact that your blurry world is MORE real than the world of an emmetrope, closer to the truth, closer to what it physically is. A perfect world of emmetropic vision is a hoax. Nobody's eye is an object of perfect optics, and everyone's picture on the retina is blurry.

The emmetropic brain selectively enhances the signals from the center of an image and suppresses the ones from the periphery, thereby getting rid of such REAL phenomena as light interference and diffraction; that's how emmetropic high contrasts and sharp lines are created -- by eliminating the unwanted parts of reality from perception. A myope loses (or, more likely, forfeits) this ability to fool himself, to adorn the picture of the world this way.

Far from being dishonest, we are being honest even in our perception! Far from being conformists accepting the hoax of what everyone else agrees to see as "reality," we see a more real reality. Our blur is created by the laws of physics some of which we alone can observe directly. Lift up your head in pride, o ye myope: you see the world closer to the way God sees it.

Myopia is not a disease: it's a disagreement, a dispute, a dissatisfaction.

It's dissidence. It is, to use a very unscientific term, unhappiness. Well -- do any of you have serious reasons to believe that human condition has nothing in it to be unhappy about? Were it so, were we the ones who rain on everybody's parade by refusing to see just how perfect the world is, we would have to be ashamed of being myopic, and rightfully jammed into glasses through which the party line can be seen so clearly. But I feel that we are simply the ones who have more sensitivity, emotionally and intellectually, to the world's (and our own) sorrows -- and when it becomes unbearable we shut it down indiscriminately (because we don't know how to shut it down selectively). All of it. The higher the myopia, the more drastic the conflicts must have been that had found their only "resolution" in one's failing to see them!

The difference between failing to see and choosing to ignore may be very obvious on the conscious level, but on a deeper, unconscious level of perception, it disappears. I happen to have a very good example handy, where the organ "choosing to fail" is not the eye but the principle is the same.

In the Russian émigré community whence many of my acquaintances come, I have often observed numerous cases of temporary hearing impairment whenever an unfamiliar English word or expression was used by a native speaker conversing with one of my friends whose English is less than perfect. These people, well-educated professionals accustomed to high levels of cognitive success in their native tongue, and highly frustrated by their -- average at best -- cognitive performance in a second language, didn't realize in such situations that they'd failed to understand something: instead, they simply "didn't hear." Later they would often insist that a given subject was never discussed at all. They were not aware of having missed something -- instead, they were restricted in their awareness to what they didn't miss. Everything else was not consciously ignored but unconsciously omitted, not merely from cognition but from sheer physical perception.

Here's another striking example -- of how much the way we see is our protection against... God knows what, it must be different in every separate case -- and in this particular case, something quite dramatic. A close friend of mine who is a psychiatrist, a myope totally dependent on glasses, and a hard-core skeptical thinker who utilizes nothing but an extremely non-permissive scientific logic in any discussion, was recently asked to evaluate a patient admitted to the hospital. The patient, a beautiful woman in her thirties, had recently had her high myopia corrected by laser. She had always considered her myopia "a curse" and dwelled on the opportunities she had supposedly missed because of it. The correction had given her a perfect 20/20 vision and involved no unusual side effects or complications.

Two months later, she was hospitalized with acute psychosis; she has no previous history of mental illness. Her present problem is, she is not only clinically depressed but absolutely incapable of functioning in any way because she refuses to open her eyes. She says that she doesn't want to see the world with her new vision, that getting it was "a terrible mistake," and begs the doctors to give her back her myopia. I must say that if this patient didn't exist I should have invented her because she really helped me to get my friend interested in discussing possible psychological aspects of myopia with me, something she never bothered to consider before. I have her roaming around with no glasses on now, and meditating, too! But of course the best part is, now her knowledge is applicable to my hypothesizing, and I can count on her for weeding out my wildest speculations while expanding and sustaining whatever is plausible.

Zarin, you wrote you would be convinced with "real" changes in the eye, while what you have observed in a clear flash was just blur reinterpretation. I happened to be reading "Zen And the Art of Motorcycle Maintenance" just alongside all the books on vision improvement, so every time I encountered the word "real" it would trigger a number of intellectual reflexes contracted from reading that remarkable book. What is real? An emmetrope's reality is constructed by the brain as much as a myope's reality -- even more so, considering the emmetropic brain has to eliminate a greater number of "real" light phenomena like interference and diffraction before it gets its picture right. Inasmuch as through vision, we are all dealing with mental images of objects, not objects themselves, none are "real" or all of them are "real" -- it really doesn't matter. The real "real" is electrons and protons and quanta -- something we never see anyway. I've always preferred avoiding my glasses -- just using them when necessary, like any device, never living in them -- because to me, they represented a mechanical distortion of MY reality, however different the latter may have been from everybody else's reality. I'm used, cognitionwise, to something everyone on this planet has to deal with, whether they ever give it a second thought or not: to having no immediate access to anything more real than my mind's choice of reality -- forever relative, be it myopic or emmetropic. At some point in the past (specifically, when I was 13 -- which, incidentally, is the prevalent age in females for the onset of myopia), my mind had chosen, or was forced to choose, to interpret the incoming data in a fuzzy way. To do this efficiently and with minimum monitoring, it had to do something to the eyes; it was done anatomically, organically, functionally, or through all of the above. The important thing is, however, that it couldn't have been done without a direct command from the mind, and can be undone by the mind's alternative decision, by its choice of a different reality, a different mode of perception/processing. The very first clear flash was enough to persuade me that it can be done, and I don't really have to know what it is exactly that my eyes are doing to obey this command, any more than I have to monitor my liver in order for it to dispose of the toxins properly. Extrinsic muscles or the ciliary, the curvature of the lens or the saccadic movements -- who cares? (Ophthalmologists should but they don't.) Eyes are there to look pretty, is all. The important thing happens inside my head, and to say that it's a "mere" reinterpretation may be perfectly correct -- if we eliminate the "mere" part. It's a reinterpretation of reality, a choice of an alternative universe, for God's sake! What can be less "mere" than that?!

Besides, I'm sure that "real" changes in the focusing mechanism do occur in the eye itself. (Otherwise, why the burning and stinging and the tears? How can these purely physical symptoms be accounted for if the eye itself is doing nothing?) Someone with -4D may be able to reinterpret the blur; with -8D, however, there's nothing there to reinterpret: I don't know the street sign exists, let alone interpret what's written on it. With me, it's not the case of something that

can be seen somewhat better -- it's all or nothing (nothing in terms of everybody else's emmetropic world, not in terms of my own world -- but they have little in common). At least that's how my clear flashes started. Now it's seldom "nothing" because my vision is constantly better, but still, at around

-5,5D, screwed up enough for me to appreciate the difference (in and out of a clear flash), and believe me -- you would have to reinterpret oxygen and learn how to breathe under water to get this amount of difference between the two worlds.

Today I want to live in the clear world, not because it is in any way superior to my old blurry world, but because it's a lot easier to use a world well broken in (like an old shoe), a world designed by generations of my predecessors for emmetropic use, than to cultivate my -8D (Minus Eight Dimensions!) universe which nobody can comprehend or share with me, or make more comfortable or safe. (Surely it's not the world where they would have invented driving! But things like fuzzy logic would thrive there and technology based on it can be superior to anything dualistic logic has produced -- the Tokyo-Osaka express has already shown it!) My world is NOT defective; it's just that the rest of this planet won't have anything to do with it; so I have to live where they all live, or be alone in my universe.

Well -- I've made my choice. Whatever decisions my mind has made in the past in order to avoid the perils of living in the artificially clear world of emmetropic vision will have to be void. I will never tell my mind that they were bad or wrong decisions; on the contrary, I will admire its ability to find this relatively harmless way to metaphorically express the inner conflicts so profound that in order to navigate through them without getting me into some chronically diseased state, without killing off my curiosity and imagination, and without turning me into a bitch, it had to do SOMETHING and had chosen to dim the harshness of the world on my feelings as best it could.

But today I'm encouraging it to turn it all on to full blast. I am strong; I can cope; I don't need any analgesics for the pain of living in the world I have to share with billions of creatures unlike me. I can take it.

With this attitude in mind -- now for some practical recommendations from my experience.

1. Some exercises usually practiced for vision improvement are boring. Don't do the ones you find boring.

2. Watch your visual perception AT ALL TIMES. Trace, blink, breathe, do whatever you remember to do -- but decide to dedicate a portion of your life (say, a month... a week's vacation if a month sounds like too much) to forming this habit. I know it sounds boring... but if you tell yourself there's a time limit and you won't have to do it beyond this time limit, you'll be able to talk yourself into trying. (I predict you won't be able to stop afterwards, but that's another story.)

3. Vision is passive. Attention is active. Never ever mix them up! It's a very myopic thing to do. Don't choose what you want to see, it's your eyes' choice. Don't ever forget to pay attention to whatever they choose to see.

A dot, a spot, a line, a letter -- if your eyes have singled it out freely, pay attention! If they lose interest and go somewhere else, follow them with your attention (not vice versa! Don't make your eyes follow your attention!)

4. Watch every sunset like a special effects show designed with the sole purpose of impressing the single important spectator -- you. Look at every natural phenomenon this way. Look at as many as you can this way. Become the center of the universe, the one for whom the sky changes its color and the ocean brings its waves closer for observation and approval. Ascribe the eyes of an adoring puppy to the moon: all it wants to do is look you in the eyes with eager anticipation of attention. Find thousands of such eager eyes among the leaves of every tree.

5. Learn to write with your left hand. It will greatly stimulate your right

(visual) brain, often idle in myopes. Don't try to imitate your right hand's writing or you will feel totally helpless: your left hand can't do that, but it has a hidden OWN handwriting that has nothing in common with that of your right hand. Experiment and discover it. Don't force it to write in the correct direction -- it often prefers mirror reversions of letters, doesn't care whether it's writing from left to right or right to left, and might even like to write in a circle or a spiral rather than a straight line.

6. Become a junkie for light. Mentally direct it from its every source right into your visual cortex. Thunderstorms are great: let every lightning enter your head and explode with light inside your brain! When lightnings are not available, make use of whatever is flashing: police cars, fire engines... The sound should be transformed into light, too, and blast right into your visual cortex with the power of a hurricane!

7. Rewrite every scene from your past you are not particularly proud of or happy about. Create an alternative, more satisfying memory of this scene inside your head. Delete and overwrite the first script. Let it happen the way it should have happened. Tip: use violence where you were intimidated, arrogance where you were shy, courage where you were a coward; be a perpetrator where you were a victim. Perceive yourself as STRONG.

7. Make eternal peace with who you are. Justify yourself to yourself.

Justify your every action and emotion. Discover your innermost motives; discover how perfectly necessary and valid and instinctively right they've always been!

8. Establish an imaginary attention point in front of you, a point where a V projected from your eyes narrows down to an invisible dot in space. The angle of the V is wider at short distances, and extremely narrow at great distances. Then forget the V and be aware of just this point of attention wherever you move it. Place it on top of an object and simultaneously move the object down with this power point. Place it under the object, pushing the object up. Apply it to the left side of the object and push it to the right, then vice versa. Watch the power of your attention point move objects in space. Far and near, great and small, they all move wherever you push them.

8. Choose three objects lined horizontally in front of you (in your blur zone) on the same line of vision. Look at the central one while maintaining peripheral awareness of the other two. Don't try to get rid of weird light/dimness effects, pulsations, etc., that you might observe this way.

Blink very lightly when your eyes begin to burn -- and enjoy the clarity!

Remember the sensation. Eventually you'll be able to re-create your clear flash by just imagining this sensation whenever you choose, and later to maintain it.

9. The struggle with myopia is the struggle for control. If you go on living in a body that's totally beyond your mental control, something else will eventually go wrong, given the appropriate genetic/environmental opportunity.

Winning over one malfunction provides you with confidence and skills to fight any disease that may be lurking in the dark of the future. I don't think this struggle for control has been initiated by my conscious self: I think it's my survival instinct that does my blinking and tracing for me.

Hence my last recommendation: treat your visual activities as a quest for survival. You won't have to question their validity with this attitude.

Treat them as the most important part of your life, as its center rather than a mere aspect. Let everything ride on this attitude. Trace your thoughts; give them geometrical shapes. Paint your sex crimson and purple and neon red. Outline your anger, watch it turn into a deadly arrow, shoot it through the heart of your enemy. Draw your love, make it into a weightless, shimmering cover to throw on your loved one's shoulders. Crown your friends with rainbows around their heads. Stroke every cat with your eyes, and every dog. Visually recreate the process that has made a seed grow into a tree.

Elena

For every complex problem,
there's a simple solution,
and it's wrong.

-- Sys.admin. folklore

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From owner-i_see@indiana.edu Tue Oct 10 12:14:40 EST 1995
From: xxxxxx@xxxxxxxxxxx (Jerry)
Subject: Myopia and palming.
Date: Tue, 10 Oct 1995 15:41:59 GMT
Status: RO
X-Status:

Hi, :-)

I'm new to this list (Alex Eulenberg and Jim H Day may remember me from a Sci.Med.Vision-thread about myopia).

Anyway, In 1,5 years my eyes have become more myopic, 1,5 years ago they were about -0.5 dpt., now they're -2.25 dpt.

I've been to an eye-doctor who said that reading and close-work doesn't have anything to do with the myopia.

I have learnt from various sources that some of you out there doubt that.

I would like to know more about the "alternative" way of approaching the myopia-thing.

1) I have read about "Palming" on the net, but it seems just too simple, does ot really work the I think it does ? (cover eyes, relax)

2) Also I plan not to wear my glasses during close-work.

Anyway, I would love to hear more of these "easy to apply yourself" tips, I don't want to become more myopic.

A few more question(s).

My eye-doctor told me that I have "high eye-pressure". (He said "19")

As far as a I know normal pressure is 16 +/- 5.

There is no glaucoma in my family, does this mean I ****just have high ocular pressure**** and that's it ?

Will palming be able to reduce this (the eye-pressure) ?

Or anything else (besides the standard medicines and operations) ?

All info is welcome,
Greetings,

Jerry.

ps. For those concerned, I visit my Eye-doc each 6 months.

pps. The fact that I have "high eye-pressure" was only discovered by coincidence because I was becoming a bit myopic a year ago..

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From owner-i_see@indiana.edu Wed Dec 6 11:44:54 EST 1995
Date: Wed, 6 Dec 1995 10:58:47 -0500
From: aeulenbe <aeulenbe@ezinfo.ucs.indiana.edu>
Subject: Documented Myopia Reduction
Status: RO
X-Status:

On sci.med.vision, In article <4alsj0\$gls@ixnews5.ix.netcom.com>,
Paul Harris <babo@ix.netcom.com> wrote:

>Two articles in a recent (within the past year) Journal of Behavioral
>Optometry were written by OD's are their personal stories of myopia and
>myopia control. One woman went through a long term 8-10 years worth,
>of work, (mostly on her own with infrequent periodic visits to OD's)
>and made a 5 diopter shift. The man made about a 4 diopter shift.

Just filling in the facts here...

I don't know which man Dr. Harris is talking about, but one woman,
Antonia Orfield (OD) wrote an article in the 1994 Journal of Behavioral
Optometry entitled "Seeing Space: Undergoing Brain re-programming to
Reduce Myopia" (pp. 123-131). It was not a five diopter
shift, but still significant. From the abstract:

* * *

:The author underwent myopia reduction from a spectacle prescription of
:-3.87 DS and -3.37 DS to -.50 DS and -.25 DS over a period of seven
:years. The essence of the program was passive adaptation to a series of
:weaker glasses and better vision in a reverse of the process of adaptation
:to stronger and stronger glasses and a more and more warped
:space world...

* * *

>From the article:

* * *

:My training consisted of three phases.

:First Phase, 1975-1981: Lens reduction without any specific training
:techniques until I wore a -1.50 DS [diopters] and -1.25 DS spherical
:prescription. Prior to '75 I wore a -3.87 DS and -3.37 DS with a small
:amount of against the rule cylinder. That Rx was based on a cycloplegic
:refraction in 1973 that had already cut me from my old -4.25 DS with
:cylinder OU [both eyes] prescription.

:Second Phase, 1981-82: Office training with [Dr. Amiel] Francke [in
:Washington, DC] for two three-month blocks of two one-hour sessions per
:week, with one month free between, and two months of a home program
:after. This took me down to what I now wear for good distance vision
:(-.50 DS and -.25 DS in spin-case soft contact lenses). These lens
:powers were determined by retinoscopy, as well as the subjective
:refraction. When I left Washington, I was also wearing a +.25 DS pair of
:training spectacles over my contacts for walks, and getting excellent
:vision most days. During that year every lens cut was first practiced
:with plus spectacles cancelling out minus before I actually received new
:contacts. Even with no lenses at all, I was comfortable at the beach
:that summer, seeing numbers on the sailboats, addresses on the houses
:across the street, white caps on the bay.

:Third Phase, 1983-89: Further Rx reduction with [Dr. James] Blumenthal
:[of the Illinois College of Optometry] in Chicago to a -.25 DS and a
:Plano, and then a struggle to hold my gains. For six months I wore
:nothing on either eye except to read. There followed a private tutorial
:with Blumenthal on myopia control during two years of pre-optometry
:classes and four years at ICO. My vision held up fairly well throug the
:first year and a half of optometry studies. Then there was some slippage
:in spite of our efforts, but now I am back to where I was when I left
:Washington. This phase involved no actual vision training, just lens control.

[...]

:Since I have learned to SEE SPACE, a -2.00 flipper reveals a visibly
:flat and warped distance view. A -3.50 DS or a -4.00 DS is a swimming
:blur, the way my father's glasses seemed to me when I was a child. It is
:hard to believe I spent years looking through them. How was it possible?

:By gradual, stealthy adaptation.

:How did I get out of them, then?

:By gradual de-adaptation.

* * *

--Alex

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From owner-i_see@indiana.edu Mon Dec 4 12:41:52 EST 1995
From: mtorres@arl.mil (Torres Mario)
Subject: Vision Quest, step 1.
Date: Mon, 4 Dec 95 10:19:28 MST
Status: RO
X-Status:

Greetings,

On the first major step of my "Vision Quest" (eyesight improvement, at least), I plan to confront my optometrist (glently ;) and ask alot of questions and tell him of my intentions to try and break my dependence from glasses. I am mainly going to ask if he will help me to gradually reduce my prescription of my glasses and maybe my contacts. Though, I've gotten the feeling that glasses may be better because you don't have something in your eye which might interfere with your eye shape directly.

Any suggestions about what/how I should approach him? What else to ask? Should I just go to using glasses and no contacts? I wish I could go cold turkey off of my glasses, but I work with computers and this makes it nearly impossible to do.

Suggestions are appreciated,

M.A.T.

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From owner-i_see@indiana.edu Mon Dec 4 14:16:01 EST 1995
From: "MARLA SCOGIN" <MSCOGIN@cardio.tht.uab.edu>
Date: Mon, 4 Dec 1995 12:36:06 CST
Subject: New on list...
Status: RO

X-Status:

Hello all,

I am new to this list. I am a graphic illustrator, designer, coordinator and an energy field therapist (Reiki Master, completed Healing Touch Program, Therapeutic Touch and currently a student at Barbara Brennan School of Healing). I am familiar to some degree with natural vision healing but do not know the details. I do know that I do not agree with my optometrist (closed and rigid) and my eyesight fluctuates greatly (I am very near sighted, astigmatic, and have had reading glasses for a year or two which I use sometimes...sometimes I dont need them...I wear contacts. I was in bed for two weeks last year recovering from orthopaedic surgery on both feet and not wearing my contacts. I totally lost the need for reading glasses. I called my opt. and asked him what was going on...he said, "thats right...that happens..." . You would think that perhaps I might have been told that discontinuing contact lens use would prevent reading glasses...anyway...he believes there is no REAL improvement possible. He says once the eyes start to fail, it only gets worse. I told him I do not agree but I dont know where to start...walking around with 20/200 vision turns me into a super-introvert and I walk around looking at the floor. I hope there are optometrists on this list as well as none-optometric holistic people so I can get a well rounded view (no pun intended) of my situation. Any comments/recommendations would be appreciated.

Thank you.

Marla in Birmingham, AL

Marla Scogin

mscogin@cardio.tht.uab.edu

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From aeulenbe@indiana.edu Wed Dec 10 23:54:43 1995

From: MBerezetsk@aol.com

Date: Sun, 10 Dec 1995 23:40:06 -0500

Subject: Taking up Bill's challenge

Status: RO

X-Status:

In a message dated 95-12-10 00:48:52 EST, mjensen@crl.com (Mark Jensen) writes:

>Mr. Stacy, are you a fugitive from sci.med.vision? You seem out of place
>here. This listserv is for people who are interested in vision improvement
>and believe they can accomplish same
>snip<
>Mark Jensen

I think it's not a bad idea to have Bill here -- long as he refrains from insulting anyone sci.med.vision-style.

There definitely are eye problems in this world best dealt with by orthodox ophthalmology, even though myopia is not one of them. I'm sure we can learn stuff from Bill -- provided learning goes both ways!

Bill -- I remember a post about a bet of sorts, I forget the details but I remember the figure -- a thousand bucks. Who were you going to pay? Can I get a piece of that pie if I prove to you that I've improved my high myopia?

You could get my medical records from my respectable Park Avenue ophthalmologist whom I have visited for the last time a few years ago. I didn't know anything about natural vision improvement till June of this year -- I have copies of my original post asking for information and Alex and Vic's replies. So I've been in "self-training" for six months. I started

from ground zero -- I couldn't read the first line at 5 feet. Today I can read four lines at 20 feet, and more on a good day -- up to 20/50. Because my vision now fluctuates constantly, I would prefer to wait a few more months before subjecting myself to a formal test (I'm prone to stage fright).

But since the stability of my better vision continues to increase, I believe I could show you quite impressive results in a while.

Oh -- and I only wear glasses for driving and unfamiliar surroundings now.

Can you imagine?! Never felt better in my entire adult life: headaches, eyestrain, etc. are the thing of the past. Haven't taken a painkiller in six months. I wonder how you could measure things like these.

Respectfully,

Elena

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From AmgS@aol.com Mon Dec 11 09:02:34 EST 1995
From: AmgS@aol.com
Date: Mon, 11 Dec 1995 09:01:18 -0500
Subject: Re: Taking up Bill's challenge
Status: RO
X-Status:

In a message dated 95-12-10 23:51:00 EST, you write:

> So I've been in "self-training" for six months. I started
>from ground zero -- I couldn't read the first line at 5 feet. Today I can
>read four lines at 20 feet, and more on a good day -- up to 20/50.

Elena - this is exciting to read. What did you find the most effective tools, exercises, etc - ie how did you do this? I'm just getting started, actually I'm at the 'is this really possible ? sounds like a dream come true - how do I do this' stage. My eyes are currently at -4.50 I would LOVE to be able to take my glasses off, and the headaches are telling me it's time to do *something*.

Alice

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From AmgS@aol.com Mon Dec 18 08:09:06 EST 1995
From: AmgS@aol.com
Date: Mon, 18 Dec 1995 08:07:49 -0500
Subject: Re: Adam Klein's Experience with the Bates Method
Status: RO
X-Status:

This is a great article! Thanks for sharing it.

At the bottom he mentions a 3-d wallpaper for a PC - is this available anywhere ?

Thanks
Alice

ps - I went to my Dr. yesterday and got glasses at -3.50 (was wearing -4.50) - he has never worked this path with anyone, but is interested and willing to persue it with me . . so the adventure starts!

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From owner-i_see@indiana.edu Tue Dec 19 23:55:37 EST 1995
From: Vic - Deus Ex Machina <zoot@cia.com.au>
Subject: -2.25 x -1 -> -1.75 x -.75
Date: Wed, 20 Dec 1995 15:40:23 +1100 (EST)
Status: RO
X-Status:

thats a 25% improvement. I finally got around to returning to my old optometrist, to get a "full" prescription, since I actually dont have one. I am going away for xmas and while I can drive around on 20/40 script on familliar roads at night, I dont feel comforatble driving out in the country at high speeds on strange roads. the whole thing was a last minute decision, and I didnt prepare for the examination at all. I knew I had gone backwards a bit in recent months, too many hours in front of a computer, but I was surprised that I hadnt reverted back to my old script of -2.25. what I should really be doing is getting back into a serious regimen of VT, which I keep putting off.

anyway I didnt tell the optometrist I had been doing VT and went in complaining about headaches, which was true a year ago, so I wouldnt have to explain why I wasnt wearing my glasses. As per usual no cyclopegics, I have never had one. autorefraction and the usual health test, eye pressure. and then the subjective refraction.

I couldnt really tell much difference between a lot of the lenses she made look through, so I suspect she was hovering around where she expected my Rx to be. then she checked my near vision. which I know has also improved as measured by my behavioral optometrist.

she double checked my records did some more tests and finally she announced that I wouldnt need a stronger script(was -2.25 x -1) and in fact I needed a "slightly" weaker script (-1.75 x -.75) and then proceeded to sell me on the idea of getting weaker glasses. (like I needed any selling) seems almost everybody comes in expecting more "power". she didnt ask me why my vision had improved, although she was surprised when I told her originally that I didnt wear them wandering around. seems if you are -2.25 x -1 then you cant walk around without glasses. which I found very difficult when I first tried it. but now I can see the eyes of passers by and even read parking signs.

the script she gave me I call my base vision. which is the norm, the not really trying to see grove, I also have another groove I fall into every now and then where things are much clearer. I suspect maybe 10% of day I can see close to 20/20 without any lenses. there is a bit of edge "pluming" probably from astigamtism. but it seems the sphere is quite willing to revert to 20/20.

now during the same year the other 3 guys in my office, also all over 30, have had increases in power. not surprisng considering how much time we spend staring at computers.

so hey doc Stacy do I qualify for some of that cash? you can have access to my records for the last 5 years from the same optometrist.

I have heard the usual stories about people making good progress and then when they stop they slip back to as bad or worse then they started, so I am encouraged that having done nothing VT like for nearly half the year I havnt sliped back very far at all. probably no more than -.25. I am certainly encouraged enough to start doing it all again and aim for another lower plateaux.

Vic

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From MBerezetsk@aol.com Mon Dec 25 20:27:21 EST 1995
From: MBerezetsk@aol.com
Date: Mon, 25 Dec 1995 20:26:03 -0500
Subject: Elena tells all (long)
Status: RO
X-Status:

Hi everybody,

here I go again.

My approach so far consisted in:

- 1) reading all the books on the subject that two dozen local libraries could produce;
- 2) trying to assess all possible emotional, behavioral, psychological, intellectual, cultural roots and consequences of myopia;
- 3) experimenting with many Batesean techniques and inventing some of my own;
- 4) removing contacts forever and avoiding glasses most of the time (while owning three pairs none of which is a full correction);
- 5) using yoga, meditation, visualization;
- 6) taking many vitamins and supplements (after thoroughly researching the subject) and some herbs.

IMHO, the key to success is to think your myopia through and through, to understand its exact place and role in your psychological makeup. If you perceive yourself as a malfunctioning robot you might benefit from treating myopia as a technical problem; but if you're pretty sure you're human, you are more likely to succeed if you understand it as an outcome of any number of psychological/physiological events, some independent and some intertwined, synergetic, linked in cause/effect loops, vicious circles, etc., etc.. I consider trying to dig out all possible roots of the evil a very important part of the process (at least in the case of high myopia, which is the only case I had a chance to study thoroughly from the inside). I devoted my previous (September) post to some speculations around this idea (to convey everything I came to believe and understand in the past few months, I would have to write a book.) This time, however, I'll try to stick to describing some of my practical techniques, since that's probably what you'll be looking for. However, I should emphasize that, to me, separating "practical" and "theoretical," physiological and psychological, seems rather counterproductive. As one Nobel-prize physicist converted to Taoism once said referring to his understanding of the workings of our whole universe, "it's all mind-stuff." While I'm neither a physicist nor a Taoist, I find the concept appealing and have been trying to apply it to my personal case.

The techniques I'll describe are not the only ones I use, but I've been more successful with them than with the "generic" ones. As for nutrition,

vitamins, etc., I don't know if I'm a better expert than the next guy/gal, so I leave it out. Everyone is welcome to ask questions, and I'll be grateful for any feedback. I have also included an appendix -- a little case history so you can evaluate and compare some of my myopic experiences with your own.

(Nearly everyone's vision will compare favorably with mine, so you'll get an additional reason to expect success in your case.)

I've benefited greatly from visualization and meditation. I experimented a lot and learned to combine the two. Before I started VT, I only had a passing interest in meditation and a very brief experience; what told me to look further was a striking similarity of my purely physiological responses to meditation and to some Batesesean techniques. Those are all rather subtle sensations, but they are signs of deep relaxation and can't be mistaken for anything else once you've learned to recognize them. I decided to look for images that would work best as triggers of this state. I think those images have to be very personal -- again, no generics -- so you can't really benefit from mine, but I'll give you an example that may help you find your own.

I have extremely clear early childhood recollections, not only of significant events but of virtually everything (before I became myopic I had photographic memory). At four years of age, I once picked up a tiny black stone shaped as a perfect sphere. I remember holding it in my palm, finding it pretty exciting, and wondering what the purpose of such perfection on such a small scale could possibly be. I couldn't even show it to other kids or my parents because it was too small for them to pay any attention. Now, Bates-instructed, I was searching for a perfect black object to remember, and immediately retrieved the image of that stone and mentally answered the question of the four-year-old about its purpose: to be remembered, over three decades later, as an example of how incredibly well you (we? I?) can SEE, my dear! Now the perfect black is represented to me by a tiny spherical speck in my own four-year-old palm, and meditation on this object takes me back in time. I open my eyes and, at least for a while, see as clearly as in my childhood.

I've been practicing "the art of blinking" a lot, experimenting with different techniques and combining them with short, "instant" visualizations.

I've learned to blink very lightly to avoid a painful clear flash (when my clear flashes just started they were accompanied by a lot of pain and tearing -- a sensation of an unbearably bright light and some onion juice in my eyes). I have developed a different blink to instantly start a clear flash (works 90% of the time) -- I keep my eyes closed a split second longer than in an ordinary blink and imagine pushing the eyeballs backward and a little downward with the insides of my lids, then open them as though my lids are operated by very soft springs. A note for females: I find some useful blinking techniques incompatible with mascara (the upper and lower eyelashes tend to stick together). Excessive tearing in the beginning may also be a problem, so stick to waterproofs or better do without for a while.

I took up some yoga. After a yoga workout, I lie down flatly on my back and, with my eyes closed, imagine the eyeballs in a free-fall inside my skull, all the way to the back of my head. After this visualization, everything looks maybe a bit smaller (like through the glasses) and a lot more distinct; the relaxation value is unmatched.

When I do a Buddhist meditation (with attention on your breath), I imagine breathing in and out through my closed eyes as if they were nostrils, or in through my eyes and out through the back of my head, or in through the nose and out through the eyes. When I do a Dzogchen meditation, for which you are supposed to keep your eyes open, I do it in front of the Snellen eye chart and "put my awareness into my eyes."

I take regular walks with the specific purpose of looking into the distance.

(No glasses of course!) I visualize a lot while I walk, constantly imagining all kinds of weird thing. My eyes floating freely above in the sky, looking downward with excited curiosity. The earth being rotated backward by my stepping feet, as if I literally walk on the surface of a giant ball. The space and time changing places, as if I'm exercising free will in choosing my direction of movement in time but am being dragged along involuntarily through space. I don't stick to one particular visualization -- I invent them on the move and change frequently. I get my best vision this way.

I've tried self-hypnosis. I wrote down a list of key words and phrases that I associate with the idea of perfect vision, and then incorporated them in a suggestion in the form of a page-long rhythmic poem. I did it because I suspect that anything rhythmic has a better chance of reaching the unconscious. I repeat it to myself when I start falling asleep at night.

(Sorry I can't share it with you -- I wrote it in Russian, because it's the only language I knew when my vision was good, so I keep in mind that the deep unconscious memory levels I'm trying to reach might not understand any English.)

I use 3-D pictures to practice convergence and divergence. I got them from a \$3.50 children's book, "Eye Illusions," which I accidentally came accross in a drugstore (while doing my shopping without glasses...). I have six of them mounted on the wall near my computer.

Appendix: A little case history.

I had perfect vision as a kid, and a coincidental photographic memory which made any type of learning a piece of cake -- and which was totally obliterated after a couple of years of big-time myopia. I started reading at 3, and was through with children's books and meticulously going through my parents' library by the age of 5. My paternal grandmother was a -18D myope; however, my parents, now presbyopic, were both 20/10 till their late forties.

At 10, I had a routine vision exam at school, and the doctor told me I needed glasses and gave me a note for my parents. I flushed the note down the toilet and lived happily... not ever after, unfortunately, but for three more years.

At 13, I noticed for the first time that something indeed might be wrong with my vision: things started to disappear form the chalkboard. For a few months, I dealt with the problem by having other kids copy stuff from the chalkboard into my notebook. (In the alcohol-drenched Ukrainian miners' neighborhood of my childhood, my peers were tough, anti-intellectual, and anti-Semitic; I had fought my way to acceptance and respect in numerous and merciless fist fights I got into at the slightest provocation and on very short notice, even though I was a Jewish intellectual and a skinny girl.

Glasses would certainly interfere with this image of a fierce Amazon warrior I had cultivated myself into out of necessity.) Sometimes I could still see the chalkboard myself -- it all depended on the lighting, the mood, the subject... Finally I gave up and went in for an eye exam.

I have no idea how it is done here, but where I lived, ten to fourteen days of cycloplegia were a standard measure before you got your first Rx for myopia. They made a big deal out of differentiating between an "accommodation spasm" and "genuine" myopia. If the minus Ds were low they sometimes prescribed plus lenses for close work, along with the minus for distance. If higher they sometimes prescribed vision therapy. Yes -- in the Soviet Union, in 1970, an ophthalmologist prescribed VT. I went in for it for a month or two and improved, then quit it and relapsed. They didn't

explain what could be done at home on my own, and aimed the in-office training only at the accommodation spasm, so they didn't "go all the way" either. Yet, as a side note, I should mention that when I first came to the U.S. six years ago, the biggest jolt of the infamous cultural shock was delivered by seeing the sheer number of people wearing glasses.

Anyway, my VERY FIRST Rx was OS -3,25, OD -3,5. Which probably means that I had a high adaptability to under- and no correction right from the start.

Even as my vision reached -8D over the next 25 years, I've never become addicted to glasses. I could always walk, talk, eat, cook, swim, dance, listen to the music, and of course read without glasses. (I did get a -2,5D pair for reading at some point, but I started using it only a few years ago.

I now use it for computer work and the TV, and once again I don't need any correction for reading.) Removing my glasses had always been my automatic response to any situation which didn't absolutely demand that I have visual control over it. I never felt OK wearing glasses, never had a comfortable pair, got headaches and eye irritation from contacts, couldn't take full correction at all (my head and my eyes felt like they were about to explode the second I tried it), and my vision ALWAYS took a plunge whenever I had to spend long hours every day wearing glasses without a chance to utilize my normal "on and off" routine. The plunge was always sudden rather than gradual (two to six weeks was all it took to get an extra half or full diopter), so there's no doubt in my mind as to this pattern. As for the amount of close work, it has always been approximately the same and always extensive.

Whenever I came to a doctor complaining that I couldn't see zilch in my latest pair of glasses anymore, I wound up with a stronger prescription and a comment that, "fortunately," I had "very healthy eyes." That was nice to know, of course, but I always stumbled at the logical block a designation of my eyes as "healthy although myopic" created in my mind. Surely no one would call "healthy" a pair of legs that couldn't walk? ...Unless of course the key was the controls. The mind, or the brain, or both. Someone who is paralyzed due to a stroke might have healthy but useless legs.

That was the first inkling of the idea that whatever is wrong with my vision might lie somewhere deeper than the organ itself. But before my first reading of Bates, I couldn't make heads or tails of this vague idea, because I always believed the standard explanation for the structural defects and the resulting hopeless incompetence of a myopic eye.

The biggest mistake of my entire life.

Today's situation: I drive in -5,5 glasses and, away from home, have them handy at all times but seldom put them on. I write this wearing -2,5 glasses, sitting 1 1/2 feet away from the screen and using the zoom feature (115%) so I don't have to move closer. I have 20/60 or better unaided vision about 30% of the time indoors, about 60% of the time outdoors. Everything is slowly, gradually improving, I haven't experienced a setback so far. My biggest current problem is floaters: not new floaters (I recognize their shapes from ten years ago) but old floaters with a new visibility. They puzzle me a great deal because right now, they look like they are a major overlooked (no pun) component of myopia rather than a mere symptom. They interfere with my focusing, are probably responsible for my monocular polyopia (they "drag" additional images off the real one when they move across my center of vision), and move in TOTALLY DIFFERENT PATTERNS depending on whether I'm having a clear flash or not. I'm in the process of gathering information on the bastards and will be grateful for all contributions.

Elena

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From aeulenbe@indiana.edu Ukn Feb 27 19:40:56 1995
Date: Mon, 27 Feb 1995 17:24:48 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Corneal accommodation revisited
Status: RO
X-Status:

The modern theory that the lens is responsible for accommodation, and not the cornea, is usually credited to Thomas Young, who, at the age of 28, delivered a lecture in 1801, and published among the Transactions of the Philosophical Society of London. This article, according to every source I have come across, definitively proved that 1) the cornea does not change during accommodation to near and far distances, and furthermore 2) the crystalline lens, located behind the pupil, is responsible. It appears, however, that most people have not read this article. For if they did, they would be led to the article that Young was trying to refute, and they would conclude that Young's disproof was incomplete, especially since an extensive rebuttal was reprinted the following year, to which there was no response from Young in the Transactions.

It seems likely that it was Young's reputation as the originator of the modern physical concept of energy, his research on color vision, his study of astigmatism and other important areas in optics, not to mention his help in deciphering the Rosetta stone, that convinced people that Young had the right idea -- not a careful comparison of the relevant studies.

As a side-note, I add that corneal accommodation has recently been discovered to occur in chicks..

I reprint from the much-neglected article:

* * *

Final paragraphs of Croonian Lecture of 1795, by Howe (printed in the Philosophical Transactions of the Royal Society of London)

August the 28th, the former experiments were repeated by Sir Henry Englefield, Mr. Ramsden, and myself, on the eye of a young lad, and the result was similar to the others, the motion of the cornea was uncommonly distinct. Sir Henry now became the subject of the experiment, and changed the adjustment of his eye from one distance to another in a very irregular manner, without giving the smallest information, with a view to embarrass Mr. Ramsden who was the observer, but without effect, for Mr. Ramsden was able to tell every change in distance he had made, without a single mistake; this exceeded our expectation, and appeared to us so satisfactory that we required no further proofs of the truth of our former observations. Before we concluded our experiments, every mode that could be devised was put in practice to see how far there might be any deception; the eye was moved on its axis, and in different directions, but these motions did not give at all similar appearances to those seen in the adjusting of the eye to different distances.

>From the different experiments which I have had the honour to lay before the R. S., I shall consider the following facts to have been ascertained. 1st, That the eye has a power of adjusting itself to different distances when deprived of the crystalline lens; and therefore the fibrous and laminated structure of that lens is not intended to alter its form, but to prevent reflections in the passage of the rays through the surfaces of media of different densities, and to correct spherical aberration. 2d, That the cornea is made up of laminae; that it is elastic, and when stretched, is capable of being elongated 1/11 part of its diameter,

contracting to its former length immediately on being left to itself. 3d, that the tendons of the 4 straight muscles of the eye are continued on to the edge of the cornea, and terminate, or are inserted, in its external lamina: their action will therefore extend to the edge of the cornea. 4th, That in changing the focus of the eye from seeing with parallel rays to a near distance, there is a visible alteration produced in the figure of the cornea, rendering it more convex; and when the eye is again adapted to parallel rays, the alteration by which the cornea is brought back to its former state is equally visible.

Having supported these facts by the evidence of anatomical structure, and absolute demonstration, I shall consider them to be established; and make some observations on the muscular and elastic power by which so very curious an effect as the adjustment of the eye is produced. The 4 straight muscles of the eye are attached to the bottom of the bony orbit near the foramen opticum; they become broader as they pass forward, and when arrived at the anterior part of the eye-ball, are insensibly changed for tendons; these adhere to the sclerotic coat, and terminate in the external lamina of the cornea, which appears to be a continuation of them. When we consider the situation of these muscles, it is evident that their action will produce 3 very different effects on the eye, according to circumstances. When they act separately, they will move the eye in different directions; when together, with only a small quantity of contraction, they will steady the eyeball; and when this is increased they will compress the lateral and posterior parts of the eye. This compression of the eye will force the aqueous humour forwards against the centre of the cornea, while the circumference is steadied by the muscles, so that the radius of curvature of the cornea will be rendered shorter, and its distance from the retina increased. That the eye-ball cannot be made to recede in the orbit by any of these actions, is sufficiently proved by its not having done so in any of the experiments. These muscles are uncommonly large, and come much more forward than appears necessary for the purposes generally assigned to them; but when applied to so important an office as that we have just stated, their size, and anterior insertion, are easily explained.

It may be imagined that I have allotted to these muscles a greater variety of uses than is compatible with the simplicity of the general laws of the animal economy: but to prove this not to be the case, I shall only bring the biceps flexor cubiti as an instance of a similar kind. That muscle is attached to the scapula by both its heads, one of which passes through the joint of the shoulder, they afterwards unite, and their common tendon is inserted into the radius; when the muscle contracts, the first effect will be to steady the joint of the shoulder; if the contraction be increased, it will rotate the radius, and if still more increased, bend the fore-arm.

There are many instances in animal bodies of elasticity being substituted for muscular action, but this in the eye is by much the most beautiful of those applications. In the vascular system the arteries are composed of muscular fibres, and an elastic substance; in the natural easy state of the circulation, the reaction in the larger vessels is principally the effect of elasticity; but when increased, it is the effect of muscular contraction. The claws of the lion are drawn up, and supported from the ground, by means of elastic ligaments; but they are brought down for use, which is an action not so often required, by muscles. In the adjustment of the eye it is the same; the state fitted for parallel rays is the effect of elasticity, but that for nearer distances, which is less frequently wanted, is the effect of muscular action. In these different instances, the intention is uniformly to avoid the expence of muscular action whenever the effect can be produced in any other way, as muscular

actions consume a considerable quantity of blood, which is the nourishment of the body. That the adjusting the eye to near distances is the effect of an action, or exertion, was very evident to every gentleman concerned in these experiments. In changing the focus of our eyes, we were much astonished, particularly Sir Henry Englefield, at the exertion required to adjust the eye to the near distances, and the facility with which it was adapted to distant ones; the first was a strain on the eye, the 2d appeared a relief to it. When the eye was intent on the near object, it required the attention to be constantly kept up, or the object became indistinct, and if we looked at it beyond a certain time, the eye was so much fatigued as to lose it at intervals. This corresponds with other muscular actions, for whenever muscles are kept long in one state they begin to vibrate involuntarily.

These circumstances explain what may be called a coup d'oeil, or the distinctness with which an object is seen when the eye is first fixed on it. This arises from the nice adjustment produced by the muscles when first thrown into action, which they cannot keep up, being unable to remain long in the same state; nor can they, after having been used for any time, return to this adjustment with the same exactness.

The change that takes place in the eye at an advanced period of life, by which it loses its adjustment to very near, and at very distant objects, does not arise from any defect in the muscles, as might at first be imagined, since that would not account for the eye being unable to see with parallel rays; nor is there any obvious reason why these muscles should lose their powers, while others, which are not apparently so strong, if we may judge by their effects, retain their full action long after the eye has undergone this change. This defect in the eye, I am led to believe, is brought on by the cornea losing its elasticity as we advance in life, neither contracting nor being elongated to its usual extent, but remaining in a middle state. That elastic substances in the body do undergo such a change, may be well illustrated in the vascular system. The aorta is composed almost entirely of elastic substance, and there is probably no part of the body, at an advanced age, which is so often found to have lost its natural action; it appears to undergo change from age alone, becoming inelastic, and then taking on diseases of different kinds, as being ossified, or becoming aneurismal; but in neither of these diseases is it found to be contracted, though often the reverse, and when disease has not supervened, the artery more commonly remains in the middle state.

The cornea, having similar properties must be liable to a similar change; but its action being less constant, and the power which to resist being weaker, the change will be probably more gradual and less in degree, but sufficient to account for the alteration we find in the focus of the eyes of old people. There are many other circumstances respecting vision, and many which occur in disease, that may be explained by a knowledge of these facts; but as this lecture is only intended to establish the facts themselves, in doing which I have already taken up too much of the time of the R. S., I shall at some future period consider their application to the phenomena of vision in health and disease.

Fig. 10, p. 5, shows portions of the four straight muscles of the eye, with their tendons insensibly lost in the external lamina of the cornea, stretched out and dried. The tendons become broader as they approach the cornea, and form a circle of which the cornea appears to be a continuation.

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From aeulenbe@indiana.edu Thu Sep 18 20:55:44 1995
Date: Mon, 18 Sep 1995 18:24:05 -0700
From: mccollim@ix.netcom.com (Richard Mccollim)
Subject: Flashes of clear vision
Status: RO
X-Status: D

Alex (and anyone else interested):

As you well know, the occasional posts to sci.med.vision on flashes of clear vision are answered with condescending remarks by the professionals. They are probably unaware that there are a few reports in the literature on this phenomenon. On re-reading a paper on "The resting state of accommodation" (Meredith Morgan, Am. J. Optom. and Arch. Am. Acad. Optom, Monograph 214, July 1957), I came across the following:

"Le Grand, using skiametry, found five subjects who showed negative accommodation during "flashes of clear vision" while wearing too much convex lens power...Morgan and Olmstead, using skiametry to measure changes in the refractive state of the eye, reported that sudden sensory stimuli, such as an electric shock or a loud noise, may cause a sudden decrease in the refractive power of the eye, usually not more than 0.25 D."

I noticed the same effect from a hard fall when hiking in the mountains--a flash of clear vision. I wonder if anyone else has had a similar experience. The comment about "wearing too much convex lens power" suggests a way to provoke flashes. How about wearing strong convex lenses while exposed to a loud explosion and receiving a strong electric shock! :-) (Would that produce a .75 D. reduction in lens power?)

Rich

The references are:

LeGrand, Y, The presence of negative accommodation in certain subjects. Am J. Optom & Arch. Am Acad. Optom, 29:134, 1952

Marg, E. "Flashes" of clear vision and negative accommodation with reference to the Bates method of visual training. Am J. Optom & Arch. Am Acad. Optom. 29:612, 1939

Morgan, M.W., Jr. Olmstead, J.M.D. Response of the human lens to a sudden startling stimulus. Proc. Soc. Exp. Biol. & Med., 42:612, 1939

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From owner-i_see@indiana.edu Mon Sep 18 22:55:44 EST 1995
Date: Tue, 19 Sep 1995 12:41:56 +1000
From: Rene Malingre <r.malingre@qut.edu.au>
Subject: Flashes of clear vision
Status: RO
X-Status:

Richard McCollims' post was quite interesting. I don't believe I have seen those references, but I'll look them up. The findings certainly fit with the "dual innervation" model of the ciliary muscle innervation: positive accommodation (increased lens power) is mediated by the parasympathetic

branch of the autonomic nervous system. Negative accommodation (relaxation of accommodation) is mediated by inhibition of the parasympathetic innervation (ie it is not an active process), but there is sympathetic innervation to the ciliary muscle, which probably plays a role in modulating sustained accommodation, and "actively relaxes" the ciliary muscle to reduce the ciliary muscle tone. It is believed to act slowly, far too slowly to help at all in relaxing accommodation under normal circumstances. If you are shocked, hormones are released into your blood stream that can "actively relax" the ciliary muscle. These hormones will also cause a constriction of ocular blood vessels, which may also influence the refraction slightly, and interfere with accommodation. If, under normal circumstances, you are not able to fully inhibit the parasympathetic input to the ciliary muscle, this further inhibitory stimulus may cause "negative accommodation," and cause a hyperopic shift in your refraction. I've played around with the effects of topical beta-blockers on the accommodative response, and suspect that the sympathetic nervous system has probably a bigger effect than people think. However, a "shock" stimulus is unlikely to generate a hyperopic shift of more than 0.25 D, unless the person has a degree of pseudomyopia, or a greater than normal accommodative tone. The "clear flash" phenomenon probably has a different explanation in most people, as most myopes have only slight accommodative tone for distance fixation.

Rene

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From aeulenbe@indiana.edu Ukn Feb 7 09:55:35 1995
Date: Tue, 7 Feb 1995 08:34:25 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Eyes Eat Brain Energy
Status: RO
X-Status:

The following suggestion comes from my friend Michael C. Brady, a psychology/music major at Indiana University. --Alex

=====

A possible reason for eye fatigue is that a person may be allocating too much mental attention to visual processes. Or, seeing problems may occur due to too much stress being placed at higher levels in the visual system. It could be that one's brain is demanding more from those poor little eyeballs than the eyeballs can support. (people depend on seeing too much).

It is nicely said by W.A. Mathieu in his book, The Listening Book:

"The eyes are hungry. They eat brain energy."

To alleviate this problem, one must give the other senses of the body the respect that they deserve. Listening, for example, is highly neglected. As you read this, notice all of the sounds in the room that your brain has somehow written off as unimportant. Buzzes, hums, typing noises, maybe a car or something. Maybe another human breathing. Maybe yourself breathing. Now close your eyes and listen. When you open your eyes again, you will feel your consciousness flood with visual noise and your screen of sound grow dim. Work to reduce this effect of visual dominance over your sensory system.

Maybe think about how your little toe on your left foot feels while you read. It may be insightful (or it may be a complete waste of time).

-Oh well, just an idea.
Stay in tune, Mike

=====

From mbrady@ucs.indiana.edu Ukn Feb 7 10:41:42 1995
Date: Tue, 7 Feb 1995 01:00:26 -0500 (EST)
From: michael c brady <mbrady@ucs.indiana.edu>
Subject: Vision Improvement Club
Status: RO
X-Status:

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-Oh well, just an idea.

Stay in tune, Mike

=====

From magic-man@unh.edu Ukn Feb 8 17:51:38 1995
From: Marco A Terry <magic-man@unh.edu>
Subject: Vision Improvement
Date: Wed, 8 Feb 1995 10:15:15 -0500 (EST)
Status: RO
X-Status:

Good Morrow to you all!

Ok. I was wondering if any one has heard (or taken) the Silva Method Mind Control? It's is basically a class in meditation/relaxation/etc. Silva has also written some book. Enough for background. I rememeber my teacher telling us a story of this fella who improved his eyesight by meditation and repeating the phrase 'every time I blink my lens adjusts to focus like the lens of a camara' or something along those lines (I took the class in spanish - the original phrase was 'Cada vez que pestaneo mi ojos se ajustan correctamente al foco, como la lente de una camara'). The idea is to repeat the phrase, while meditating a couple times, every day. I *more or less* tried it and I remember notincing some mild improvement (I only tried it for a week or so). Anyways. Any questions/commmnts/concerns welcome!

Cheers & have some sort of a nice day!

--

--Marco

Hitotsu, Jinkaku Kansei ni Tsutomeru Koto

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From vicc@extro.ucc.su.OZ.AU Ukn Feb 8 22:15:23 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: Vision Improvement
Date: Thu, 9 Feb 1995 12:56:01 +1100 (EST)
Status: RO
X-Status:

>

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>

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>or so). Anyways. Any questions/commmnts/concerns welcome!

>

>Cheers & have some sort of a nice day!

the silva method seems to me to be a cross between NLP and TM with some ESP thrown in for good measure. I dont think it can hurt trying it. There is quite a large component of visual problems that are "in the mind". I have a friend who when he takes the drug extasy, can see perfectly, but when he comes back to earth his vision goes sour again. odd. there are well documented cases of

true multiple personalities where one personality is myopic or nearly blind, but other personalities have perfect vision. This to me implies each personality has a "set" of maybe muscular positions which the mind activates depending which personality is awake. Again pointing to an involuntary but modifieable aspect to sight problems.

further along this point Richard Bandler of NLP fame, claims to be able to hypnotise subjects and regress them back to childhood, prior to sight problems, and bring them all back, but leave their eyes back in the pre-problem age. and when they awaken they can see proprely. But he does say this technique doesnt seem to work very well for people with astigmatism.

Vic

=====

From magic-man@unh.edu Ukn Feb 8 22:59:31 1995
From: Marco A Terry <magic-man@unh.edu>
Subject: Re: Vision Improvement
Date: Wed, 8 Feb 1995 22:51:59 -0500 (EST)
Status: RO
X-Status:

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> >
> >Good Morrow to you all!
> >
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> >Mind Control? It's is basically a class in meditation/relaxation/etc.
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> >Cheers & have some sort of a nice day!

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NLP? Was that..mmmm..Neuro Language Progamming?.....something like that...
it rings a bell....could you please explain more?

> ESP thrown in for good measure. I dont think it can hurt trying it.
> ^^^

Yep.....I read mind on my spare time ;-)

> There is quite a large component of visual problems that are
> "in the mind". I have a friend who when he takes
> the drug extasy, can see perfectly, but when he comes back to earth
> his vision goes sour again. odd. there are well documented cases of

Odd...not really. Since I did get a B.A. in psych. I have heard that

sometime emotional trauma (say witnessing a murder/rape/accident) can cause severe myopia (I read this in a Hypnosis book - a reputable one from a Dr. who name escapes to me....not one of those 'Hypnotize anyone by tomorrow noon' books that we can buy for \$15)..He manage to cure it with myopia. His explanation was that the mind crippled the eye (the mind can 'cripple' bodily functions (for the unbelievers) -as a quick example - people that have 'stress' (say due to a coming exam) sometimes experience sleep/eating problems)...anyways...getting of the subject, he did manage to treat some cases.

Regarding Extasi & your compadre....mmmmm...I dunno if extasi causes alucinations or just turns people hyper....I am not sure if his experience is real.....I am not saying that your friend is lying (no flames please!), I am just impying that his statement or percetions might be unreliable.

> true multiple personalities where one personality is myopic or nearly
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> implies each personality has a "set" of maybe muscular positions which
> the mind activates depending which personality is awake. Again pointing

(see above paragraph with hypnosis and stuff)

> to an involuntary but modifieable aspect to sight problems.

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> the pre-problem age. and when they awaken they can see proprely. But
> he does say this technique doesnt seem to work very well for people with
> astigmatism.

> Vic

Well Vic & fellow I-seeer's....

'See you guys tomorrow' :-)

Adios.

--

--Marco

Hitotsu, Jinkaku Kansei ni Tsutomeru Koto

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From pkerns@indirect.com Ukn Feb 14 09:57:10 1995

From: Patricia Kerns <pkerns@indirect.com>

Subject: NLP and vision

Date: Sun, 12 Feb 1995 19:49:35 -0700 (MST)

Status: RO

X-Status:

Hi,

A week or so ago, someone brought up the subject of NLP (Neuro-Linguistic Programming). I absolutely do not profess to be an expert in NLP, but I have read a lot about it. One of the ideas of NLP is that we often unconsciously respond to messages that we hear all the time. (Any true NLP whizzes out there feel free to correct, flame, or whatever's appropriate if I've gotten this wrong!) For instance, an NLP-er would suggest that we fail to reach our true potential economically because of

all the negative associations we have with money (root of all evil, can't buy happiness, etc). The idea of NLP is to root out all of those negative messages that we've stored away all these years and convert them to positive ones.

Anyway, I decided to sit down and think of all the "messages" I can remember being given as a kid with regard to vision. I realized, in doing this, that I received overwhelmingly negative messages from my overwhelmingly well-meaning mother for years as a child. I remembered her saying, "Sit up straight when you read, OR YOU"LL RUIN YOUR EYES," "Find some better light, OR YOU"LL RUIN YOUR EYES," "Quit reading under the covers with a flashlight OR YOU"LL RUIN YOUR EYES," on and on and on. I actually called two of my sisters to ask them if they remembered this. They did (and thought it was pretty funny, remembering it).

So an NLP-er would say I obediently did just what my mother said I would do; I ruined my eyes (BTW, all eight of my siblings also wear glasses, but my mother, god bless her, never did until old age set in.)

Anyway, now what I do is, when I'm doing any vision training, or just thinking about relaxing to improve my vision, I picture my mother saying, in that same voice: "You'd better cut that out, or YOU"LL FIX YOUR EYES!"

Who knows if this is of any help? It makes me laugh, if nothing else. One other NLP thing I have decided on is to refer to the stuff I do every day as "vision games" rather than "vision exercises." It gives me a different attitude about doing the stuff.

If anyone is more interested in NLP and vision, I remember reading a message by Tad James (one of the NLP founding fathers, I think) in alt.self-improvement. He described using some technique called "Time Line Regression" (I think...) to improve his vision. If you read this newsgroup for a couple of weeks, he's bound to post something else, should you want to contact him.

Patty

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From LASZLO_Nl@sfovl.verifone.com Mon Mar 27 16:20:43 EST 1995
Date: Mon, 27 Mar 1995 12:46:31 -1000
From: "Laszlo Nemes SMF1(916)823-0200" <LASZLO_Nl@sfovl.verifone.com>
Subject: FYI: Vision Freedom
Status: RO
X-Status:

Alex,

Here is another 'natural vision improvemnt' advocate. The basic premise is to find the point where your vision just becomes blurry and to increase (or decrease) that distance (near/far sighted). To make this easier they use readily available + lenses to get the blur point within arms length. The main benefit of this (for me) is that I have a way to 'measure' my improvemnt that is more objective than, yes, I can see it better. They can be reached at:

Vision Freedom
1665 Red Crow Road
Victor, Montana
59875
1-800-422-7320
1-406-961-5570

You may wish to contact them and see if they are interested in being listed with I_SEE.

I don't know why there is such resistance to natural vision improvement among the 'professionals'. They seem to readily believe that the eye can change to become more myopic but will then adamantly refuse to believe that it can be reversed. If other fields of medicine thought like this nothing could ever be cured only bolstered with ever increasing 'medication/treatment' until it finally succumbed to its 'inevitable death'.

Your prisoners-of-war eye improvement from deprivation of the eye glasses is well documented. Sailors (of yore) tended to have keener vision than average from sighting into the distance long hours. Bates cites many patients that had improved their vision. Many lay people have improved their vision, documented by their eye care (?) specialists. The Vision Freedom folks claim many happy customers, the founder developed it as he needed 20/20 to become an airline pilot, which he did become.

I can understand the eye care profession being hesitant to advocate not wearing 'corrective lenses' from the fear of lawsuits. People get sued for brewing coffee nowadays. I think that before they will even attempt studies there will have to be some major changes in the way lawyers work. Until then we natural vision advocates are on our own.

Laszlo

=====

From owner-i_see@indiana.edu Tue Mar 28 22:23:31 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: retrograde progress
Date: Wed, 29 Mar 1995 13:19:00 +1000 (EST)
Status: RO
X-Status:

Hi

A common scenario:

I do exercises, my vision improves.
When I stoped and it got worse again.
What went wrong?

here is a little story. I was talking
to a friend of mine about vision therapy
and he told me this story about his grandfather.
during the great depression my friends grandfather
heard about the bates method. but couldnt find or afford the
book. so he figured being an inteligent man he could figure
it out for himself. here is what he did. he got a card
with some typed letters on it. he held it out till he could
just see it. and each day he tried to move it further out.
over weeks and months his vision improved to the point he didnt
need glasses. and to this day it has stayed that way.

so here is a man armed with no knowledge about vision therapy.
no special tools, no doctors, no books. just a belief and a single
exercise. he got results and kept them.

to answer the original scenario on a different level,
every phenoma can have a plurality of causes. If you address
the symptoms the causes may or may not go away. most likely
they wont. If you address the causes the symptoms will go away.
for some people just doing exercises is not enough there have
to be changes at more then just the immediate physical level. It could
be emotional, It could be structural, it could be spiritual,
it could be as simple as a belief....

I have found each plateau of progress is accompanied with some
sort of other changes. I found my first major change occured
in conjunction with a renewed interest in the arts. Something
I had negelected for over 10 years. I started drawing again,
going to art galleries and generally really getting into the
visual arts.

Currently I am doing a meditation course and learning about
buddhism, something I had an interest in almost 20 years ago, but
got left behind over the years along with good vision.

Vic

=====

From owner-i_see@indiana.edu Wed May 10 00:30:06 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: How long?? (fwd)
Date: Wed, 10 May 1995 15:25:13 +1000 (EST)
Status: RO
X-Status:

>I read the Natural Vision FAQ yesterday, and have been doing the
>exercises. I'm curious to know if this stuff really works, and how
>long it takes to notice an improvement in eye sight. My contact
>lenses have a power of -3.50.

you can notice improvements straight away. permanent improvements
take a while. Janet Goodrich took 30 months.

the first types of improvements are based on better noticing

what you see. the second is building/enhancing neurological pathways and eventually there will be permanent physiological changes.

the first goal is to start getting clear flashes. ie crystal clear sight which at first may only last a few seconds.

patience and perserverance are the key. once you start getting clear flashes you know its possible. turning VT into daily habbits that what will produce results.

Vic

=====

From owner-i_see@indiana.edu Wed May 10 01:36:51 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: How long?? (fwd)
Date: Wed, 10 May 1995 16:23:14 +1000 (EST)
Status: RO
X-Status:

>On 10 May 95 at 15:25, Vic Cinc wrote:

>

>> the first types of improvements are based on better noticing
>> what you see.

>

>What does this mean?? How do you notice things better when you can't
>see them all too clearly in the first place.

sorry. I will try to be more clear. its a perceptual thing.
you dont actually realise what it is you see. your mind just labels
it as blur, without trying to resolve anything in the blur.

as soon as you start paying more attention to your visual input,
you start to see things you have always seen but didnt realise
you were seeing them. classic example is if you had astigamtism
you might be seeing double images, but didnt realise this
until either someone told you or you finally noticed what you see.
double images generally looks like a mess, so the mind just labels
is it as too hard, its a mess. you are making more sense of what
the eyes display to the mind. clearer?

>> the first goal is to start getting clear flashes. ie crystal
>> clear sight which at first may only last a few seconds.

>

>I think I had one of these. This morning when I woke up, after my
>eyes adjusted to the light, for a split second there, I could have
>sworn that I was wearing my contacts. Everything was clear. Is this
>possible after only doing the exercises for one day??

when you have one you know it. there is no doubt. split second
confusion is possibly just a prelude to the real thing.
I didnt have one for about a couple of months, and then it blew
me away. (does this mean the same thing in the states?
have to watch this trans pacific english)

>Also, everyone I tell about this thinks I've totally turned into a

>flake, because they think it's nonsense. Is there any truth to what
>they are saying???

there is plenty of truth to it. refer them to Aldous Huxleys book,
the art of seeing. while never having acheived permanent 20/20 he went from
being virtually blind to being able to read without glasses.
its an interesting story.

most people fail to realise that vision is a dynamic process,
your sight is rarely at the same level of accuity for long.
most people see better in the morning and less well by later afternoon,
whats changed?

Vic

=====

From owner-i_see@indiana.edu Sat Aug 19 15:26:25 EST 1995
Date: Sat, 19 Aug 1995 13:01:34 -0700 (PDT)
From: Robert Roosen <roosen@cts.com>
Subject: PCM and forthrightness
Status: RO
X-Status:

I remain fascinated by Bates' discovery of the correlation
between dishonesty and myopia. I am wondering if improving the vision
through methods such as PCM also change the psychology of the
individual?

My question for those working with positive corneal moulding is,
"Do you notice any improvement in honesty along with the improvement in
vision?"
Robert

=====

From MBerezetsk@aol.com Sat Aug 19 19:13:39 EST 1995
From: MBerezetsk@aol.com
Date: Sat, 19 Aug 1995 20:08:43 -0400
Subject: Re: Clear flashes
Status: RO
X-Status:

>Robert Roosen spake thusly:

>I remain fascinated by Bates' discovery of the correlation
>between dishonesty and myopia. I am wondering if improving the vision
>through methods such as PCM also change the psychology of the
>individual?

>My question for those working with positive corneal moulding is,
>"Do you notice any improvement in honesty along with the improvement in
>vision?"

>Robert

Bates equated lying and being lied to as possible myopia-promoting
experiences.

I think honesty may have as little or as much to do with it as any other
personality trait or behavior or experience. I believe myopia (especially
moderate/high myopia) is as little understood as once were all the diseases
that masqueraded under the generic name of "fever" a couple of centuries ago.

"Myopia" is about as precise a term as "insanity" would be precise in modern psychiatry, if it were the only term (and the only approach) they used for 20-odd different conditions.

I do believe that personality traits have a lot to do with it. More than dishonesty (sorry -- can't relate), NON-CONFORMISM strikes me as the single most persistent trait in a (moderate/high?) myope's character. It may not manifest itself in behavior but it does a lot of manifestation in our thinking patterns and the way we perceive the world.

I suspect the outwardly simple problem of myopia in anyone's life really stands for something HUGE. It has a lot to do with WHO we are -- and no simplistic approach can possibly give all the answers. I would imagine extensive studies in cognition and perception aimed at understanding myopia, plus a precise scientific picture of what REALLY takes place in the eye, would solve the mystery. Unfortunately, they've already invented glasses... no incentive to go into it...

Elena

=====

From owner-i_see@indiana.edu Sun Aug 20 15:28:13 EST 1995
Date: Sun, 20 Aug 1995 13:14:59 -0700 (PDT)
From: Robert Roosen <roosen@cts.com>
Subject: Causes for myopia
Status: RO
X-Status:

Here is another thought. Does myopia correlate with shyness and/or=20 introversion? Being told to "shut up and sit down" during the formative=20 years may lead to an introspective personality. Myopia may be in part=20 due to the attempt to turn the vision inward.

Robert

On Sun, 20 Aug 1995, Beyond=20 20/20 Vision wrote:

> Elena spoke very bravely and clearly on August 19th, 1995:
> >I suspect the outwardly simple problem of myopia in anyone's life really
> >stands for something HUGE. It has a lot to do with WHO we are -- and no
> >simplistic approach can possibly give all the answers. I would imagine
> >extensive studies in cognition and perception aimed at understanding myo=
pia,
> >plus a precise scientific picture of what REALLY takes place in the eye,
> >would solve the mystery. Unfortunately, they've already invented glass=
es...
> >no incentive to go into it...

>=20

> Yes Elena, I have been looking at this question for the past 24 years in
> clinical and research settings. I agree with you. MYopia is huge. *We don=
't

> see with the eye, we see through it*, I have stated in my new book The
> Power Behind Your Eyes, which will be released in October, 1995. I have
> thousands of case studies revealing that when the person faces their
> internal myopia, the eye can be programmed by all the exercises. I believ=
e

> we should all realise that the exercises, whether they be from Bates, or
> vision therapy, are simply tools for us to see clealry inside.

>=20

> I don't believe that it is too late. We can reach all the individuals who

> want to take charge of their lives by educating them about their choices,
> strong glasses or a rehabilitative process. I am optimistic with endeavours
> such as this group making a big difference in the world. Cheers with clear
> vision, Robert-Michael Kaplan.
>=20

> -----
> Beyond_20/20@sunshine.net
>=20
> "Our commitment is to produce the highest quality vision fitness programs
> for helping your eyes...naturally!"
> *****A portion of Beyond 20/20 Vision profits are used to provide
> full-spectrum lighting to children's classrooms in schools*****
> -----

>=20
> Snail Mail Beyond 20/20 Vision=81
> RR#5 Site 26, Comp. 39,
> Gibsons, British Columbia.
> V0N 1V0 Canada
> Voice (604) 885-7118
> Fax (604) 885-0608 =20
>=20
>=20
>=20

=====
From jonesm@swim5.eng.semtech.org Mon Aug 21 09:49:05 EST 1995
Date: Mon, 21 Aug 1995 09:34:45 -0500
From: Mark Jones <jonesm@swim5.eng.semtech.org>
Subject: Re: Clear flashes
Status: RO
X-Status:

>From: MBerezetsk@aol.com
>Date: Sat, 19 Aug 1995 20:08:43 -0400

>I do believe that personality traits have a lot to do with it. More than
>dishonesty (sorry -- can't relate), NON-CONFORMISM strikes me as the single
>most persistent trait in a (moderate/high?) myope's character. It may not
>manifest itself in behavior but it does a lot of manifestation in our
>thinking patterns and the way we perceive the world.

OK, I'm a high myope and a non-conforming thinker,
perceiver, and be-er. A non-conformist is more likely to be
attracted to healing one's vision naturally, thus
eliminating the dependency on the culturally sanctioned
glasses.

(Some non-conformists are angry or confused, however.
Chronic anger would certainly degrade one's ability to
see. Non-conformists are also sometimes excessively
self-focused. Perhaps this, too, narrows the range
of one's emotional/mental/visual acuity.)

Mark

From owner-i_see@indiana.edu Sat Sep 30 13:59:08 EST 1995

From: Mark Goodes <devo@io.org>

Subject: Bicycle ride on an Indian summer's day

Date: Fri, 29 Sep 1995 15:34:34 -0500

Status: RO

X-Status:

Hi everybody,

Today I rode my bike home from work on a bikepath that goes along the lake. It was a good day for looking around because there was a breeze at my back and I didn't have to pedal too much. There was lots to look at, too, from the sun glancing off the lake to the Canada geese on the grass to the downtown skyline off in the distance.

My question is this: has anyone ever had the experience of being in beautiful scenery like this, in which you can see for a long distance, and felt like you were being in some way...fed? I wonder if, with my lifestyle of doing a great deal of close paper and computer work, my residence that is surrounded by trees and three-story buildings that block out the horizon, and my frequent subway travel, I'm somehow starving my eyes or my brain for the long distance looking that our ancestors were used to performing. Maybe there's a lot to be said for just going out somewhere where you can see a long way and feasting on the view.

It seems to have psychological benefits, too. There's something peaceful about being able to take the long view: it makes you feel like there's more stability around you, and it's easier to be at peace.

Comments?

--

Mark Goodes (devo@io.org), Toronto, Canada

High school teacher turning programmer

Luv'in' ma new Duo

=====

From aeulenbe@indiana.edu Thu Oct 30 18:52:59 1995
Date: Mon, 30 Oct 1995 18:33:03 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Measuring your myopia
Status: RO
X-Status:

Here's a rough-and-ready way you can tell how many diopters of myopia you have. It works for nearsighted people who have little or no astigmatism.

Take a piece of paper with a detailed image on it (a text will do), and find the furthest distance at which the image is absolutely clear. Take the reciprocal of that distance in meters, and you have your amount of myopia. For example, say the furthest distance you can see absolutely clearly is a 0.5 meters, then you have $1 / 0.5 = 2$ diopters of myopia. If you know your prescription, do this test anyway and see how close you come.

--Alex

=====

From owner-i_see@indiana.edu Tue Aug 29 12:21:38 EST 1995
Date: Tue, 29 Aug 95 09:48 PDT
From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
Subject: Cool!
Status: RO
X-Status:

Marco Terry sent this message on August 16th, 1995:

>Hey!
>I saw somebody recommending Robert Michael's book (seeing beyond 20/20)
>on a newsgroup!!!! Cool!
>(R-M: thought i'd let you know- people are getting the word out :-)

Thanks for the feedback Marco. Actually, Seeing Beyond 20/20 is no longer in print. The new edition is called Seeing Without Glasses and is available from Beyond Words Publishing in Oregon. Phone 1-800-284-9673 to order.

Here is a recent article I wrote for parents: Enjoy, Robert-Michael Kaplan.
Helping your Child's Vision...naturally!
By Robert-Michael Kaplan O.D., M.Ed., FCOVD

"Mommy I can't see the television clearly." "My eyes hurt when I read."
Many parents hear these complaints from their children or observe their child's squinting and straining when playing computer games or reading. As a conscientious parent you take your child to the optometrist or ophthalmologist and you hear the dreaded news from the eye doctor "Your child needs glasses or a surgery." You then do what your parents probably did and believe the doctor's opinion as being the only choice you have, and you get glasses for your child or surrender to a medication or surgical procedure.

If you are prompted to seek out second opinion you might even be interested in hearing about a complementary approach you can use to help your child's vision. As a parent myself, I have been concerned about my 4 1/2 year old's son eyesight, especially because his mother has a history of nearsightedness and astigmatism. Many years ago while researching vision as a Clinical Professor of Optometry, I uncovered some amazing facts about the possibilities of recovery for eyes and vision. I want to share these with you so you and your family might benefit as my wife and son have. My wife has reduced her dependency upon glasses by 90% and when she does wear eyeglasses, they are 90% weaker in strength. My son is maintaining his sharp eyesight and is developing good visual habits.

Like your body's muscles which can increase function, so your child's eye muscles can be trained to work efficiently and effortlessly as well as increase their fitness. The increased vision function and fitness results in sharper eyesight without the dependency upon addictive and strong eyeglasses. Just as you would introduce physical therapy to restore function to an ankle injury, so the eye muscles respond to vision retraining. Even for those children who are already wearing glasses, vision fitness can be enhanced. Imagine the excitement of going back to your eye doctor and getting weaker lenses. This is happening for many people.

Here is what a family have seen:

"I was very disappointed when my doctor told me that David would need glasses and surgery in order to correct his wandering and lazy left eye. I just couldn't imagine this young boy's eye being cut into. I decided to find another approach to dealing with his problem. A friend told me about this doctor who had cured his own vision problem without surgery, drugs or glasses. It took a while to find him, but our first visit convinced me that

I was going to use Dr. Robert-Michael Kaplan's complementary approach. He explained everything in great detail and began teaching David and I how to improve vision using very simple exercises. He sent us to a colleague who weakened David's prescription lenses according to specific directions he gave me. I was told that these glasses were a special vision fitness type and David would only be wearing them for a short period. The weaker prescription allowed my son to focus, but at the same time, he had to retrain his brain to teach his eye to see more clearly with the weaker lens before left eye. I was amazed how quickly the results happened. After just four weeks of combining patching of his better eye and wearing the vision fitness lenses, George could see five lines better on the special eye chart we were trained to use. Nine months later, he was out of glasses 90% of the time and this past spring he had no trouble seeing the blackboard. Now our training program is oriented towards getting his two eyes to work better together. It is very obvious that no surgery is going to be necessary to alleviate David's eye problems. I have also noticed an improvement in David's ability to learn at school. It seems that the way he uses his eyes has brought about better school performance. What a wonderful side benefit I didn't even expect."

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Beyond_20/20@sunshine.net

From owner-i_see@indiana.edu Fri Jun 30 23:09:45 EST 1995
Date: Fri, 30 Jun 95 20:54 PDT
From: Robert_Michael_Kaplan@Sunshine.net (Robert-Michael Kaplan)
Status: RO
X-Status:

HEALING EYES AND VISION
by
Robert-Michael Kaplan, O.D., M.Ed. FCOVD.

Healing is an ongoing process. It is taking place inside of us, and around us, every moment of the day. The regeneration of the vital essence of who we are occurs when our inner being is aligned and connected to the greater universe. Very little is needed for this healing process to maintain its vibrancy. As long as we stay conscious and present to this natural process, our bodies stay well. When busy-ness of our modern day living disconnects us from our essence healing is compromised.

The original role of doctors was to co-facilitate the re-arrangement of the conditions in such a way that the balanced relationship of mind, body and spirit encouraged healing to occur on its own. Somewhere along the way, communication between doctor and patient became confused and doctors began taking the credit for the healing process rather than acknowledging the patients' full responsibility in this process. The marketers of drugs, medicines, vitamins, minerals, and herbs told us that substances outside ourselves were the true healing agents. Doctors provide the external stimulation to revitalize the natural healing phenomena within each of us. Usually, healing occurs free of symptomology. The presence of symptoms like body aches, pain in the eyes, and malfunction of organs, is an indication that an upset exists between our inner consciousness and our resonance with life. The presence of symptoms is a reminder for us to either initiate or reconnect with our essence, our light, our spirit, or

to use some external aids to facilitate or aid the healing process.

Allopathic Way of Looking at the Eyes

Like the body, the healing path of the eyes and vision has been viewed in the same way. Most modern-day consumers of vision care have been led to believe that an optometrist or ophthalmologist can improve their eyes. The western form of vision care has evolved primarily into three methods:

- (1) wearing glasses or contact lenses,
- (2) using eye medications, and,
- (3) having surgeries performed on the dysfunctional structure of the eye.

The belief in these three options is so ingrained that well-known research and clinical documentation about other healing modalities for the eyes and vision have been buried in dark libraries and filing cabinets around the world. Just as other parts of our body respond various forms of self-healing, the eyes and the process of vision have a built-in healing mechanism that responds to an appropriate balance of outer stimulation such as nutrients, light, lenses, colour and self-governed inner participation. The appropriate combination lock or recipe provides the homeopathic impetus for self-healing. Some of the input for this holistic approach comes from practitioners, books, and self-experimentation from as far back as three thousand years.

The Eye Sees What the Mind Projects

If we believe that the tools and methods utilized by various practitioners actually cause the healing, we become entrapped in the allopathic model. We must move beyond - and see beyond the old way that states that any condition in the eye is a problem. Rather, the eye condition, whether it be nearsightedness, astigmatism, old-age sight, glaucoma, cataracts, or macular degeneration, is the computer printout or facsimile of what is needed (a combination of the outside and the inside) to begin the homeopathic self-healing process. For some, this thinking might seem quite radical, given the embedded status quo position of eyeglasses, contact lenses, eye medications and surgery. Complementary methods facilitate the healing of eyes and vision by first encouraging a shift in the patient's attitude or belief system. Once self-limiting beliefs have been released, and the necessary outside aid for the eye prescribed, the process of natural healing of the eyes and vision may begin.

From a healing perspective, your eyes are designed primarily for two reasons, the most obvious being their capacity to receive light. Like a satellite dish, the retina of your eye is curved to permit light from the sun to be captured and focused through the cornea, pupil, lens, and vitreous humor onto a single point on the eye's structure and the surrounding retina. The fovea (a pin point depression in the retina) can be considered the point of intellectual rationality, while the retina stimulates feelings and emotions. Seventy-five percent of this light is transmitted through electrical neurological transmissions to the part of the brain associated with eyesight, logic, and clear vision. The remaining twenty-five percent is converted into energy that travels to the hypothalamus, the master conductor of the body, which takes the colourful ingredients of white light and directs it down through the autonomic nervous system to all the sub-systems such as the endocrine, pituitary, adrenals, and other glands which regulate the body's hormonal and emotional functions.

The second aspect of the eye is its natural capacity to project light. The unconscious mind, through the brain, has the ability to project a thought, an attitude, a feeling, or an experience and permit it to block the eye's

capacity to receive light. Coupled with the influence of the mind, our eye's perceptions can be affected by the state of our emotions, . It is as if our thinking, our state of consciousness, can impact the eye in such a way that an allergic reaction is set up to influence the retina's natural way of dealing with incoming light. Therefore, the area of the brain that regulates eyesight, the visual cortex, as well as the hypothalamus, can be missing some of the vital nutrients provided by the incoming light through the eyes. When this situation persists, the autonomic nervous system has to draw from its own reserves to restore homeostatic balance initiating what Hans Selye called "distress." Permitted to continue over time, dis-ease, and later, disease set in. The eye records the brain's response to distress in the form of symptoms such as blurry vision, headaches, double vision, and pain. As these symptoms continue, the structure of the eye begins to permanently imprint the altered behaviour. Optometrists and ophthalmologists will measure this distress in the myriad of diagnostic terms that have been coined to classify abnormal eye conditions.

What The Eye Conditions Mean

During the past twenty years, I have been documenting patients' symptomology, their measured eye prescriptions, their case histories, and the parts or structures of the eyes correlated to their individual life experiences. Each structure of the eye has its own part to play in maintaining healing and well-being.

Healing the eye and vision is a matter of identifying the primary symptom of the distressed part (section) within the eye and stimulating the person's own capacity for self-healing. Once the emotional metaphoric equivalent of the eye condition (See Eye Condition Table) has been described in relationship to the person, the doctor can provide the outside support for the patient to initiate his/her own healing.

The eye condition, either described by the patient, or diagnosed by the doctor, is an subconscious message calling out for a specific assistance. The S.O.S. call reveals a visual metabolic and emotional system out of balance. The outside homeopathic approach includes sound nutritional principles, specified amounts of light and colour, and programmed self-healing visualization and imagery. The patient now possesses the tools to help himself.

There is a relationship between the eye structure, the patients' behaviour, and food and nutritional herbal supplementation available to assist them in the process of healing of their own eyes and vision.

The western allopathic model of dividing the eye into components and treating individual parts separately from the whole does not support the holistic model of healing. Rather, consider an analysis of the eye parts and a subsequent reintegration into a whole-person healing focus that takes all aspects of human behaviour and consciousness into consideration.

Beyond 20/20 Vision=81

In the early seventies, as I began to heal my own eyes and vision, I integrated the methods I was using into the dynamic, holistic vision approach of "Seeing Without Glasses", incorporating many healing modalities including modified lens prescriptions. The new lens prescriptions are usually weaker in power and act as a biofeedback device. The clarity achieved through these lenses, coupled with lesser percentage of blurry vision, provides the ideal recipe for modifying visual awareness. When you are eating foods that do not agree with their system or is experiencing emotional challenges, the eye blurriness can increase. On the other hand, when you are clear at all levels of your being and can receive light

and project back accordingly, blurred vision is minimized. With appropriate vision training techniques, that small degree of blurriness can be permanently reduced. Eye patching is also utilized and the patient is asked to look through one eye from which a homeopathic effect is generated within the eye structure and passed through the visual pathway. Thereafter, your lens prescription can be further modified, usually lessening the layers of artificial lenses. Over time, a lower dependency and need for glasses and an accompanying improvement in eyesight in your naked vision state can be observed.

This holistic approach also includes the use of wholesome foods, nutritional and herbal supplementation, which both build and therapeutically heal the eye structures and vision function. Processes are designed to open the patient's blind spots and deal with visual and other denials.

The influence of the family tree and the transgenerational implications can be further understood by a process known as Rayid Iris Interpretation. The way a person sees and deals with life can be controlled by these hereditary influences. Specific therapeutic applications from this interpretation process help breakdown the subtle controls from the genetic makeup. Last, the use of varying kinds of eye patching serves as a way to retrain processing through the left and right eyes. The evidence to date strongly suggests that the right eye perception as well as the patterns on the iris correspond to the fathers' side of the family tree. Likewise, the left eye relates to the mothers' side of the family. Therefore, any training necessitates equal viewing through each channel prior to initiating an integrated binocular two-eyed state.

The following case studies illustrate the healing possibilities that can occur in the eyes and in the process of vision.

Case Study One - Sue

Patient Sue, a vibrant 37-year old professional woman, came to my office with symptoms of blurry vision and occasional periods of blindness in the right eye. She had been previously diagnosed as having multiple sclerosis and had spent short periods in hospital for immobility. Sue's very stressful job sometimes required sixteen hours a day. After hours, she did not have much time for herself or the pursuit of her interests, recreationally or personally. When I checked on Sue's ability to use both eyes together, I noted that she saw primarily through the left eye. Her field of vision and ability to perceive through the right eye at the time of her first visit would have classified her as legally blind.

Studying the iris pattern and comparing the right eye and left eye, it became apparent that some controlling influences were present from the paternal side of the family i.e., the "jewel" (mental controlling rational markings) was present predominantly on the right eye. Sue revealed her deeply imbedded fears about relationships with men, particularly her father. Sue, who had already begun modifying her eating patterns and practising de-stressing techniques, communicated her misgivings about her previous multiple sclerosis diagnosis. She had never felt comfortable with this doomsday assessment and began to take self-responsibility for her well-being.

During our two-hour session, I initiated an eye mobility and body movement program performed to music. I patched her left eye, which proved very effective as a healing stimulation and coached her on specific releasing statements around her relationship with her father. I also suggested specific vitamins and minerals such as high potency B-complex, vitamin A, zinc, selenium, vitamin E and C, in order to provide the nutrients needed

for rejuvenation of particular eye structures associated with central and peripheral vision.

After four months, on her second visit, Sue showed remarkable improvement. Not only was she able to use her eyes together for short periods of time, she had also begun a movement exercise program as well as modifying her fast-paced professional life by taking on less responsibilities and participating in more self-growth experiences. Remarkable behavioural changes included self-confidence and capacity to listen and be still versus her earlier need to talk constantly. Sue seemed like a new person. I could see light coming from both her eyes, rather than from just the left, she no longer overcompensated by being overanalytical or justifying every action or statement she made. Those visits were recorded on video tape, improvements in her eyes and vision were quite obvious. While her healing continues, Sue has entered into a primary relationship with a man and is reevaluating her career path..

Case Study Two - John

John, a 65 -year old former banker, suddenly developed blindness in a specific quadrant of his left eye. The structure on the iris relating to the position of loss of visual field corresponded in his iris to the heart area and was associated with commitment and ability to express love. His case history revealed a man now free from the daily pressures of work and who, in retirement, was now facing years and years of past denials in his home life and particularly his relationship with his wife. The loss of visual field in his left eye corresponded to his female perceptions. The female person closest to him was his wife, and metaphorically, he was blocking her out of his sight. His distressed vision, like a computer printout or fax from within, revealed a new opportunity to deal with these formerly shut-off feelings.

As facilitator, I provided John with the tools and aids for his own self-healing, suggesting he begin a program of patching his right eye and using a specially designed lens in front of his left. The intense focus of light through the left eye over and above the right and the focus through the therapeutic lens, set in place a form of visual homeopathy that forced John to pay attention to his feelings, his actions, and his behaviour. He continued the program on his own using only his left eye for a maximum of four hours per day. John embarked upon a healthy eating program, practised relaxing techniques, and dealt with the denials in the primary relationship in his life. John was also able to set up a change in visual field through a monitoring of the lowered pressure in the eye.

On his return visits, John brought me many drawings of his perceptions of the blind spots through his left eye, which were now smaller. Each day, John listened to a self-healing audio tape that I made for him where he imagined himself being very small, travelling inside his eye with a little black doctor's bag, full of the ingredients and natural resources to feed particular parts of his eye and injecting it with healing nutrients and spraying it with different coloured lights.

Case Study Three - Joan

At her first visit, 31- year old Joan, a health care provider, was wearing contact lenses for nearsightedness and astigmatism, for most of her waking hours. Her goal was to find ways to free herself from the dependency of contact lenses and glasses. A highly intelligent woman, Joan seemed very committed to begin an eye training program that was to span nine months, also participating in my group glasses. Using the techniques of patching, coloured light, vitamin and mineral supplementation and healthy eating practices, imagery, and self-healing, I was able to provide guidance for

great behavioural optometrist. Tell him I referred you, and he will take good care of you.

My new book is now out. Hooray! 3 solid years in writing. For those of you interested, here is some more information:

New Release

The Power Behind Your Eyes

Improving Your Eyesight with Integrated Vision Therapy

By

Robert-Michael Kaplan

Price \$16.95 U.S. Paperback: 180 pages 26 Black and white illustrations: 8" X 10"

ISBN 0 89281 536 1. Available from Inner Traditions, 1 (800) 488-2665 - and most book stores.

Vision occurs behind the eyes. That is where the real power comes from. The Power Behind Your Eyes takes the stand that 90% of vision emanates from the mind, and that by implication each individual is ultimately responsible for the way they see.

The Power Behind Your Eyes looks at the causes of eye problems from a metaphoric point of view. The reader is guided through very practical activities that invites them to examine their life as part of the way they are seeing. This book is an example of the new paradigm of vision care.

"The Power Behind Your Eyes, starts where my first book Seeing Without Glasses ends, that is vision fitness. I decided to write this book because my patients kept telling me these incredible stories about how their lives were changing as their vision improved."

-Robert-Michael

Kaplan. Oct., 1995

"The Power Behind Your Eyes is an important book that can help you create a new vision for your life".

-Deepak Chopra, M.D. author of Seven Spiritual Laws

of Success;

Ageless Body, Timeless Mind;

and Quantum Healing.

Good vision is more than the ability to see 20/20 on an eye chart. It is product of a healthy way of "seeing" one's self and the world. Any vision problem is a message alerting us to an imbalanced inner state. Eyeglasses, medications, and surgery may treat the symptoms of poor vision but they cannot correct this inner imbalance. The Power Behind Your Eyes presents a new system of eye care - a comprehensive daily program that can actually improve poor vision.

Drawing on over two decades of clinical research, the author combines powerful new treatments-light and colour therapy, creative visualisation, palming, acupressure, nutrition, and the prescription of weaker lenses - with standard methods of diagnosis and treatment. Dr. Kaplan trained in optometry, education, psychology and the Tibetan healing tradition, unites Eastern and Western medical philosophies in his practise of Integrated Vision Therapy. More comprehensive than other vision care techniques, this therapy takes a true holistic approach to identifying the causes of vision problems and developing noninvasive, natural strategies for treatment.

With *The Power Behind Your Eyes*, you can claim responsibility for improving your vision through a series of clear, easy-to-follow exercises, diets, and changes in daily habits. Included in the book are most of the charts and visual aids needed to reclaim your eyes' natural power.

>Hi All,

>

>I'm looking for a behavioral optometrist in the Santa Fe or Taos areas
>(Albuquerque would be OK but not best). Anyone have someone they'd recommend?

>

>TIA,

>Sid Gudes

>Santa Fe & Vallecitos, New Mexico

"Products and programs for helping your eyes...naturally!"

-A portion of our profits are used to purchase full-spectrum lighting for children's classrooms.-

Beyond_20/20@sunshine.net [Robert-Michael Kaplan, O.D., M.Ed., FCOVD]

Snail Mail RR#5 S26 C39
 Gibsons, British Columbia.
 VON 1VO Canada

Voice (604) 885-7118

Fax (604) 885-0608

=====

From owner-i_see@indiana.edu Wed Dec 20 19:22:29 EST 1995
Date: Wed, 20 Dec 95 16:03 PST
From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
Subject: Success
Status: RO
X-Status:

Hello and festive greetings:

A patient of mine recently wrote the following after visiting my retreat center and completing a vision therapy session. I trust it will inspire you as it did me. I wish you all happy new year and clear vision.

"My directive is to see clearly. I drive down a quiet road in the country. Looking through a lens prescription twice reduced, I negotiate toward the parking lot near the ocean. It is a windy and rainy winter day. No one is in sight. Closing my car door, I remove my weaker glasses placing them in my pocket. I reach for my strongest glasses. They represent years of suppressed perceptions. I have witnessed much through these lenses that no longer satisfy my improved vision through my eyes. I know it is time to let them go. I negotiate my way down the walkway to the rocky outcrop near the water. I walk carefully looking for flat rocks to climb on. Once at the edge, the wind is much stronger and gusts send sprays of water flying over my face like a cold shower. I know why I am doing this. The ocean gods are to help me release the addictive hold of my past vision. The strong glasses in my hand represent these limiting perceptions. I glance at the changing patterns of the waves. As I think about the ocean goddess, my right hand goes up in the air and I toss my glasses for her safe-keeping. As they leave my hand, I lose sight of them in the blur. My past vision is now buried in the ocean, and I can see free of my illusionary past. I walk back

to my car feeling liberated."

=====

From owner-i_see@indiana.edu Mon Jul 10 14:45:32 EST 1995
Date: Mon, 10 Jul 95 12:41 PDT
From: Robert_Michael_Kaplan@Sunshine.net (Robert-Michael Kaplan)
Subject: Re: Decreasing prescription strength in Myopia
Status: RO
X-Status:

Alex at I_SEE wrote:

>Here's my dilemma. Traditional eyecare theory limits its "treatments" to
>the relief of bad vision at 20 feet in each eye separately, while ignoring
>the rest of the visual system. But at least their theory makes sense as
>far as it goes. It is, shall we say, accessible. But I don't believe in
>its principles.
>I do believe in the principles of OEP "Up with vision! Look at the eye
>holistically! Eyesight Enhancement all the way! Improve performance any
>way you can! Results first, theory later!" except to be honest, I just go
>crazy trying to make sense of the "findings". For example...

>In sci.med.vision you write:

>
>>It is not that the weaker lenses
>>affect vision from the acuity paradigm that we normally explore. The
>>weaker prescription, in a very subtle way, affected the binocular system
>>by alleviating visual distress *the fixation disparity*. I and other
>>behavioral optometrists have since repeated these findings on tens of
>>thousands of patients.

>
>May I be so bold as to request a jargon-free paraphrase (hopefully
>cross-posted to I_SEE)?

Please note: This is not OEP (which means Optometric Extension Program)
A jargon free explanation. Wow, another challenge! Strong glasses cause a
stress breakdown of the two eyes working together. I believe that this
causes the addictive relationship with minus lenses.

>
>And what about that 25% of myopes without that fixation disparity
>problem? What happens to them when you give them a 20/40 prescription?

This is a good question. First, I make sure that the reduced lenses doesn't
now cause a fixation disparity, and if not, I suggest the lens for 20/40,
and if it does induce a breakdown of two-eyed vision, then I give the lens
which causes the least binocular disturbance, and include integrated vision
therapy.

>
>And what do you do when you get a 1.00D myope who's never worn glasses?
>Do they have the same kinds of fixation disparity rates?

Yes, a little minus can go a long way in inducing a two-eyed disturbance

>
>And, while I'm here, I've got another question: can you explain your
>theory behind overcorrecting astigmatism? This strikes me as very weird,
>since all my favorite authors (Kennebeck, Raphaelson, Prentice, Simpkins)
>are adamantly opposed to cylinders.

This is a very difficult question to answer in a short form. I'll give a

try, otherwise when we work together, I 'll teach you the mechanics. By definition, astigmatism means one area of space is more blurry than another. The separation is usually by 90 degrees. In the simplest example, the vertical meridian of the cornea would show more myopia than its horizontal counterpoint. Here is the essence. The person's learning is to begin to see through the vertical meridian. This is the area of space that is the most blurry, and represents the most blurriness in their life. In later discussions, I 'll demonstrate that the vertical meridian has particular psycho-emotional correlates. If my hypothesis is correct, then the lens the person looks through, should accentuate light focusing more on the vertical meridian than the horizontal. The only way this can be accomplished is to increase the astigmatism for myopia, although we can reduce the astigmatism in farsightedness. If you just leave out the cylinder, then the person learns to see more clearly through the horizontal in this example. Granted their eyesight may improve, however, their discovery of the learning they need to get to the cause of the problem is never addressed. This is the distinction between integrated vision therapy and say regular vision therapy or even vision improvement. Phew, that does it for now. All the best, Robert-Michael.

From owner-i_see@indiana.edu Wed Mar 29 22:51:38 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: more usefull things...
Date: Thu, 30 Mar 1995 13:32:57 +1000 (EST)
Status: RO
X-Status:

here is are some helpful eyecharts.
you will require a postscript printer.
use a photocopier to enlarge or shrink them.
or modify the postscript if you know how.

have fun.

Vic

-----%< cut here and feed to printer-----
%!PS-Adobe-1.0

```
/m { moveto } def
/f { findfont } def
/ff { scalefont setfont } def
/s { show } def
/ai [
[ (E) (B) (F) (Z) (F) (E) (N) (V) ]
[ (E) (A) (N) (M) (W) (H) (X) (S) ]
[ (E) (B) (F) (Z) (F) (E) (N) (V) ]
[ (E) (F) (K) (R) (P) (B) (K) (X) ]
[ (E) (L) (J) (T) (Y) (V) (L) (K) ]
[ (E) (R) (D) (H) (C) (G) (O) (F) ]
] def

/Helvetica-Bold f
20 ff

/line 690 def

/Helvetica-Bold f 10 ff

/mm {

90 line moveto
/i 0 def
  0 1 ai length 1 sub
{
  /Helvetica-Bold f 10 i 2 mul add ff

  /c 90 def
  c line moveto

  /j 0 def
  /b ai i get def
  /d b length 1 sub def
  0 1 d
  {
    b j get s
    /c c 30 add def
    c line moveto
    /j j 1 add def
```

```

    } for
    /Helvetica-Bold f 20 ff
    1.0 i 2 mul 10 div add 5 string cvs s
    /i i 1 add def
    /line line 20 sub def
  } for
} def
mm
/line 520 def
/i 0 def
1 1 6
{
/Helvetica-Bold f 10 i 2 mul add ff
300 line m (T) s 270 line m (P) s 240 line m (F) s 210 line m (Z) s
180 line m (N) s 150 line m (B) s 120 line m (R) s 90 line m (E) s
/Helvetica-Bold f 20 ff
330 line m 1.0 i 2 mul 10 div add 5 string cvs s
/line line 20 sub def
/i i 1 add def
} for

```

```

/Helvetica-Bold f 10 ff
0 1 20
{
0 0 moveto
gsave 0 1 20 { 15 0 translate 75 50 m
gsave
rand 4 mod dup
90 mul
rotate
dup 0 eq { (E) show } if
dup 1 eq { gsave 50 -82 moveto (E) show grestore } if
dup 2 eq { gsave -82 -57.5 moveto (E) show grestore } if
dup 3 eq { gsave -57 75 moveto (E) show grestore } if
grestore
} for grestore
0 15 translate
} for

```

showpage

=====

From owner-i_see@indiana.edu Thu Mar 30 01:23:55 EST 1995
Date: Thu, 30 Mar 1995 16:11:08 +1000
From: r.malingre@qut.edu.au (Rene Malingre)
Subject: letters on letter charts
Status: RO
X-Status:

Regarding the letter chart sent by Vic:

Some letters are more visible than others; letter charts should contain only letters of approximately equal visibility. An example of an excellent letter chart is a Bailey-Lovie LogMAR chart, available from the National Vision Research Institute (NVRI) in Melbourne, Australia.

The only 10 letters used on this chart are D E F H N P R U V Z.

They were chosen as they have similar visibility at the same detail size. The Smith-Kettlewell Institute use the same letters, I believe, for their SKILL card, etc.

If you do not use similar visibility letters, your measures of acuity will change according to the combination of letters you place on each line.

Rene

=====

From owner-i_see@indiana.edu Thu Mar 30 03:25:34 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: letters on letter charts (fwd)
Date: Thu, 30 Mar 1995 18:20:32 +1000 (EST)
Status: RO
X-Status:

Forwarded message:

>Regarding the letter chart sent by Vic:
>
>Some letters are more visible than others; letter charts should
>contain only letters of approximately equal visibility.
>An example of an excellent letter chart is a Bailey-Lovie
>LogMAR chart, available from the National Vision Research
>Institute (NVRI) in Melbourne, Australia.
>
>The only 10 letters used on this chart are D E F H N P R U V Z.
>They were chosen as they have similar visibility at the same
>detail size. The Smith-Kettlewell Institute use the same letters,
>I believe, for their SKILL card, etc.
>
>If you do not use similar visibility letters, your measures of
>acuity will change according to the combination of letters you
>place on each line.

thanx for that info. here is a new and improved version
to generate new charts just change the number 758 to
anything you like.

the first letter of the random chart is always the same
to give you a starting point.

Vic

----%< cut here and feed to printer-----
%!Adobe-PS-1.0

758 srand %% modify 758 to generate a different chart

```
/m { moveto } def
/f { findfont } def
/ff { scalefont setfont } def
/s { show } def
/ai [(E) (D) (F) (H) (N) (P) (R) (U) (V) (Z)] def
```

```
/Helvetica-Bold f
20 ff
```

```
/line 690 def
/Helvetica-Bold f 10 ff
/mm {
90 line moveto
/i 0 def
 0 1 5
{
  /Helvetica-Bold f 10 i 2 mul add ff

  /c 90 def
  c line moveto
  /l ai length def
  ai
  {
    /aa rand 1 1 sub mod 1 add def
    /bb rand 1 1 sub mod 1 add def
    /tmp ai aa get def
    ai aa ai bb get put
    ai bb tmp put
  } forall

  /j 0 def
  /d ai rand ai length mod def
  0 1 1 1 sub
  {
    ai j get s
    /c c 30 add def
    c line moveto
    /j j 1 add def
  } for

  /Helvetica-Bold f 20 ff
  1.0 i 2 mul 10 div add 5 string cvs s
  /i i 1 add def
  /line line 20 sub def
} for
} def
mm
  ai
  {
    /aa rand 1 mod def
    /bb rand 1 mod def
    /tmp ai aa get def
    ai aa ai bb get put
    ai bb tmp put
  } forall

/line 520 def
/i 0 def
1 1 6
{
90 line moveto
/j 0 def
/Helvetica-Bold f 10 i 2 mul add ff
ai {
90 j 30 mul add line moveto ai j get s
/j j 1 add def
```

```

} forall

/Helvetica-Bold f 20 ff
90 j 30 mul add line moveto 1.0 i 2 mul 10 div add 5 string cvs s
/line line 20 sub def

/i i 1 add def
} for

```

```

/Helvetica-Bold f 10 ff
0 1 20
{
0 0 moveto
gsave 0 1 20 { 15 0 translate 75 50 m
gsave
rand 4 mod dup
90 mul
rotate
dup 0 eq { (E) show } if
dup 1 eq { gsave 50 -82 moveto (E) show grestore } if
dup 2 eq { gsave -82 -57.5 moveto (E) show grestore } if
dup 3 eq { gsave -57 75 moveto (E) show grestore } if
grestore
} for grestore
0 15 translate
} for

```

showpage

=====

From owner-i_see@indiana.edu Tue Mar 28 04:41:35 EST 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: New visual secret...
Date: Tue, 28 Mar 1995 19:35:24 +1000 (EST)
Status: RO
X-Status:

hi all.

here is a section from the latest version of the FAQ.

Since I have been getting amazing results,
I think it is worthwhile posting this here first,
so people can play with it before the new release
of the FAQ

Almost everyone has some degree of astigmatism, as no eye
is perfectly round. So if you have any noticeable astigmatism
which the following will highlight then you can use it to
your advantage to gain overall clearer sight.

all comments appreciated.

have fun

Vic

[9.21] What is the astigmatic mirror?

It is an indispensable tool for eliminating astigmatism.

Send the following program to a postscript printer.

```
-----%<-----cut here -----  
/ZZ { 0 30 moveto 0 250 rlineto 4 setlinewidth stroke } def  
gsave 300 400 translate 40 -1 0 { ZZ 10 rotate } for showpage  
grestore  
-----%<-----cut here -----
```

If you don't have access to a postscript printer, then follow these instructions, else skip over the next paragraph.

You will need an A4 sheet of paper, a ruler, a protractor, a compass, a pencil and a 0.2mm black marker. Find the center of the paper, and using a pencil and compass draw a circle almost as large as the paper (diameter 20cm) with the center of the circle at the center of the paper. Draw another smaller circle from the same central point about radius 1cm. Then draw a line cutting the large circle in two, but not crossing over the inner small circle. ie Leave the inner small circle blank. Then divide the two pie wedges you have in two again. Again not drawing inside the inner circle. Now you have 4 pie shapes. Then divide each of these in two again, so you have eight wedges, and then again so you have 16 and then more one final time. So you have a spoke about every 10 degrees. The result looks like a bicycle wheel. Now using your marker draw over the spokes of the wheel with nice sharp dark black lines, make sure all the lines are the same darkness.

Now you have your black on white wheel. Use a bright yellow and bright orange fluoro highlighter. The colours aren't important and you can even just leave it black and white. Outline each spoke of the wheel with the orange highlighter and fill in the gaps between spokes with yellow. Leave the inner circle white. Later you can experiment and choose colours that please you. The bright colours are useful because they attract the mind, and stimulate all the visual meridians.

So now you have a picture of what looks like the iris of the eye. Place it on a window at eye height, and get back far enough so you can still make out most of the lines with your glasses/contacts off.

Okay Look at the lines near the center. What do you notice? If you are astigmatic you will notice that some of the lines are darker in some directions than others. Get used to the wheel for a little while and experiment with it. Try tilting your head or looking at it sideways. Try looking around the inner or outer circle. Try just staring blankly past the wheel. Notice what happens in each case. Try blinking or yawning. Try palming for a minute or two. Try covering each eye with a hand quickly to see what the difference is between your eyes.

If you are a "typical" astigmatic, you may find the lines near the horizontal are clearer and darker than the lines vertically. You may also find the lines near the horizontal are spaced further apart and the vertical spaced closer together. You might also

find the inner circle in not quite round.

Try looking at it with your glasses on. If your glasses fully correct astigmatism, then *all* the lines should be the same darkness and distance apart. If your glasses do not correct the astigmatism properly than you will still see some lines darker than others.

[9.22] How do I use the astigmatic mirror to reduce astigmatism?

The astigmatic mirror gives you a direct and accurate record of your condition. You can use it as a direct feedback device, a mirror in which any changes you can make and learn to make will be instantly displayed.

Say you find the lines that are horizontal to be darker. Your aim is to make the vertical lines darker. So begin by removing any glasses/contacts, relaxing and taking a few deep breaths. Blinking naturally and breathing normaly, find the line which is the faintest, and move your eye slowly and deliberately up and down that line, imagining it to be getting darker and darker. Tell your self to relax, relax. And imagine that line to be getting darker and darker. The key is to relax your eye has much as you can. You may want to start by massaging around the eye, and maybe doing a couple of minutes of palming.

With a bit of practice you will be able to make the lines in any orientation darker than the rest, but your goal is to make them all equally dark.

If you are myopic its worthwhile to place your wheel on a window, as you get a lot of contrast between the black and fluoro colours of your wheel, and also you can check out the window to see what effect playing with the wheel is having on your vision.

Its also very worthwhile putting one up at work and at home and whenever you get a break you can play with it and see what happens.

The astigmatic mirror allows you to leverage your own visual distortion to work for your benefit.

=====

From owner-i_see@indiana.edu Mon May 22 20:27:51 EST 1995
Date: Mon, 22 May 1995 20:17:38 -0500 (EST)
From: Alex Eulenberg <aeulenze@indiana.edu>
Subject: Make your own eye chart!
Status: RO
X-Status:

For those enterprising souls out there who would like to laserprint or draw by hand their own eye chart, here are the specs:

Distance (feet)	70	60	50	40	30	20	15	10	7	4
letter ht (mm)	31	27	22	18	13	9	7	4	3	2
letter ht (pt)	88	76	63	50	38	25	19	13	9	5
font size (pt)	152	130	108	87	65	43	33	21	15	9

"Distance" is the distance a "normal" eye is able to read the letter. So

if, at 20 feet, you can read the letter of height 22 mm, this means you have 20/50 vision.

The font must be Courier (or Courier Bold) in order for the "font size" in points to correspond to the indicated letter height.

The I_SEE home page now contains an RTF version of this chart, which only works on Macintosh computers, I am told. There is interest in a postscript chart (and I'm sure a Windows compatible chart as well). Any volunteers?

--Alex

=====

From owner-i_see@indiana.edu Fri Sep 22 11:02:06 EST 1995
Date: Fri, 22 Sep 1995 10:10:34 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Eye Charts, eye charts!
Status: RO
X-Status:

On Fri, 22 Sep 1995, Abigail Fermo Abinoja wrote:

>Also, where can I purchase an eye chart?

You can get one FREE from

The American Association of Ophthalmology
1100 17th St., Washington, D.C. 20036

Or you can download one from the I_SEE home page, Macintosh RTF or PostScript.

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

Also, an eye chart or two usually comes with most of the vision improvement books listed in the bibliography at the above site. /Better Eyesight Without Glasses/ comes with a nice big fold-out chart.

Another great book with several eye charts (and lots of exercises) is /Total Health at the Computer/ put out by the Cambridge (Massachusetts) Institute for Better Vision. They incidentally sell a wide range of vision improvement tools. Their phone number is (508) 887-3883.

I SEE member Robert-Michael Kaplan, author of /Seeing Without Glasses/ (which also contains some eye charts), runs a company called "Beyond 20/20 Vision" which also has a catalog. Email: <Beyond_20/20@Sunshine.net>.

--Alex

=====

From aeulenbe@indiana.edu Ukn Feb 19 16:02:48 1995
Date: Fri, 17 Feb 1995 12:57:47 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Pinhole glasses
Status: RO
X-Status:

>From the misc.health.alternative newsgroup:

>From: hutchens@clark.net (Michael P. Hutchens)
>Newsgroups: misc.health.alternative
>Subject: Re: Eye Exercise Glasses?
>Date: Thu, 16 Feb 1995 17:29:35 -0500

In article <3hulh3\$5lp@news.tamu.edu>, leslies@tam2000.tamu.edu (Leslie Rena Sims) wrote:

> Hi has anyone heard of eye exercise glasses? They are plastic black opaque
> glasses with tiny pin holes cut out. You wear them and your eyes have
> to focus
> thru the holes.. They are used to strengthen the eye muscles. If you
> know where
> I can find them, please e-mail me. Thanks,
>
> Leslie
> leslies@tamu.edu

Leslie, I've used pinhole glasses, and also had a hard time finding them. I finally found them in two places: cheaper ones with bigger holes at a local health food store, and expensive ones with smaller holes from a catalogue (1-800-634-9057). I decided to stick with the larger holes because they let in more light and can be used in darker situations, such as indoors. The smaller holes focused my vision more dramatically, but I could really only use them in brightly lit situations. They really help you focus, and I find that they make my eyes feel really good and relaxed, but my partner says they give him a headache, so I guess you'll have to see for yourself. Good luck.

--Alison

--
"Two roads diverged in a wood
and I took both."
-- Robert Frost

Hutchens@clark.net

-----BEGIN PGP PUBLIC KEY BLOCK-----
Version: 2.6

mQBPAy8uU0IAAAECAOnospom98WySdqTNkw2Z//4PMnjxv9E/diIp71Xivitx68B
k4B6V2cUfXm/A0dK1eLAz444vCJddP8AhlDKr6EAEQEAAAbQoTWljaGFlbCBQLiBI
dXRjaGVucyA8aHV0Y2h1bnNAY2xhcmsubmV0Pg==
=CcXA

-----END PGP PUBLIC KEY BLOCK-----

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From aeulenbe@indiana.edu Ukn Feb 19 16:59:25 1995
Date: Sun, 19 Feb 1995 16:34:23 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Pinhole Glasses update

Status: RO
X-Status:

I just called the supplier of pinhole glasses mentioned in the previous post (Pacific Spirit 1-800-634-9057). The saleswoman, "Shannon", said they were discontinued because "the state" wouldn't let the maker sell the glasses with a full moneyback guarantee. Of course, the manufacturer wouldn't be able to sell them at all without the guarantee, seeing that they shouldn't work according to any mainstream theory of vision.

Sounds like good evidence that pinhole glasses do work, despite current theories, and some opto-organization put some pressure on some legislators to stop them from being distributed.

By the way, you can make your own pinhole glasses by looking through a comb.

--Alex

=====

From owner-i_see@indiana.edu Sun Nov 19 16:34:26 EST 1995
Date: Sun, 19 Nov 95 13:14 PST
From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
Subject: Pinhole Glasses
Status: RO
X-Status:

On November 7th, 1995 Larry Kline wrote:

<I wondered if any one has any experience with <pinhole glasses. Have they used them, how effective <did they seem, where can I purchase some, are there <different kinds?

Larry:
I have written a paper on improving vision with pinholes, and have been using them myself for years. For someone wearing a strong refractive lens prescription, the pinholes affords one the opportunity to rest the eyes and mind while still maintaining a relative high level of visual acuity. I use them to train my near vision and perception. I find if I practise zooming my focus near and far and then trace a path around the little holes, when I take them off my near vision is significantly clearer. In this way I avoid the trap of becoming addicted to plus lenses for reading. My natural vision fitness stays very sharp, unless I eat foods that I am allergic to (not aspartame), or I lack sleep or become overly stressed.
The pinholes, like the headpiece you described, can be a good way for you to check your visual posture. I describe a similar technique I learnt from a Bates teacher, I call fencing, in my book Seeing Without Glasses, where you can observe the height of the two wires while looking past them. I find the little holes in the pinholes do the same thing for me. Any more thoughts, let me know.

Robert-Michael Kaplan. O.D., M.Ed., FCOVD

Beyond_20/20@sunshine.net

"Our commitment is to produce the highest quality vision fitness programs for helping your eyes...naturally!"
*****A portion of Beyond 20/20 Vision profits are used to provide full-spectrum lighting for children's classrooms in schools*****

Snail Mail Beyond 20/20 Vision=81
 RR#5 Site 26, Comp. 39,
 Gibsons, British Columbia.
 V0N 1V0 Canada
Voice (604) 885-7118
=46ax (604) 885-0608 =20

=====

From owner-i_see@indiana.edu Sat Dec 9 11:48:10 EST 1995
From: Vic - Deus Ex Machina <root@spook.cia.com.au>
Subject: Re: Pinholes
Date: Sun, 10 Dec 1995 03:32:22 +1100 (EST)
Status: RO
X-Status:

>_From: William Stacy
>
> To the list people:
> Sorry about that message duplication that I caused inadvertently.
> Here's what I meant to send:
>
> Chen Hanwen wrote:
> >
> > Hi! More questions about the pinholes here.
> >
> > What is the effect of wearing pinholes on the brain and eyes? Does
> > it
> > actively promote the reduction of myopia, or does it help only by
> > lessening
> > the need to wear glasses?
> >
> > It's just an optical trick. Increases your depth of focus by stopping
<snip>
> > Please answer this seriously as I feel that the pinholes is one of
> > the
> > more viable alternatives for me. Thanks!
> >
> > It may make you feel better, but it's just an (old) optical trick.

this has not been a very helpful post, I am afraid.

pinholes are useful! if you need to see for extended periods of time
then pin holes will allow you to do so without straining.

If you are like me and your eyes hurt after using a computer all day, then
pinhole are a viable alternative.

pinholes may help any tension problems you do have, by teaching your brain
to relax and not squeeze your eyes.

my behavioral optometrist highly recommends them.

Vic

=====

From owner-i_see@indiana.edu Sat Dec 9 13:50:28 EST 1995
Date: Sat, 9 Dec 1995 13:42:24 -0500 (EST)
From: Alex Eulenberg <aeulenze@indiana.edu>
Subject: Re: Pinholes
Status: RO
X-Status:

> Chen Hanwen wrote:

> Hi! More questions about the pinholes here.

Bill Stacy:

> It's just an optical trick. Increases your depth of focus by stopping
> down (just like a camera f-stop) the system and eliminating the out of
> focus rays. Using the same principle you can make a camera out of a
> shoe box and a pinhole at one end. Both are interesting quirks,
> neither are very useful in real life.

Pinhole glasses, however, consist of many many holes. A perforated opaque lens, if you will. It is not the same thing as the "lens" of a pinhole camera. The result of looking through it with an improperly focused eye is not one clear image, but a kaleidoscope. (Why this is, I don't know. You can get the same effect by looking through a comb.) Learning to focus correctly reduces the multiple images.

Some myopia researchers have proposed that myopia is caused by the eye elongating "in response to blur" although the mechanism for this is unclear. Many people have noted, however, that people tend to focus for near (optically equivalent to elongating) as a reflex whenever they see anything blurry, even a distant blur. If this is true, by eliminating blur, and replacing it with a kaleidoscope, it might encourage more appropriate focusing behavior. That's just my guess. I've never heard anybody else explain it this way.

--Alex

=====

From owner-i_see@indiana.edu Sat Dec 9 13:56:08 EST 1995
Date: Sat, 9 Dec 1995 10:41:53 -0800
From: dennis@netcom.com (Dennis Yelle)
Subject: Re: Pinholes
Status: RO
X-Status:

Bill writes about pinholes:

>They reduce the incoming light by
>over 95% so you're operating in a pretty dim, though clearer,
>environment. Plus you have to keep trying to line up a little hole with
>what you're trying to see. Probably hard on your neck muscles, too.

Well, I suppose there may be more than one product that is sold as "pinhole glasses" but the ones I have seen have many pinholes (at least 50) in front of each eye. This would remove the problem of "trying to line up a little hole with what you're trying to see".

Maybe the original poster would let us know if in fact the glasses he/she was talking about have only one pinhole in front of each eye.

Dennis

=====

From ws@ix.netcom.com Sat Dec 9 13:58:03 EST 1995
Date: Sat, 9 Dec 1995 10:56:39 -0800
From: ws@ix.netcom.com (William Stacy)
Subject: Re: Pinholes
Status: RO
X-Status:

You wrote:

>Pinhole glasses, however, consist of many many holes. A perforated opaque
>lens, if you will. It is not the same thing as the "lens" of a pinhole
>camera. The result of looking through it with an improperly focused eye is

>not one clear image, but a kaleidoscope. (Why this is, I don't know. You
>can get the same effect by looking through a comb.) Learning to focus
>correctly reduces the multiple images.

Sorry, Alex, but it IS the same as the pinhole camera. You can get a fine
photo using a shoebox with one pinhole or multiple pinholes. Not a
kaleidoscopic image at all. It's simple geometry.

And the comb is analogous, using multiple steopaic slits. Same thing.
When I look thru a comb, uncorrected, at a tree, I see one tree. No
kaleidoscopic multiplicity.

When you look thru your pinhole glasses, you see one tree also.

>Some myopia researchers have proposed that myopia is caused by the eye
>elongating "in response to blur" although the mechanism for this is
>unclear. Many people have noted, however, that people tend to focus for
>near (optically equivalent to elongating) as a reflex whenever they see
>anything blurry, even a distant blur. If this is true, by eliminating
>blur, and replacing it with a kaleidoscope, it might encourage more
>appropriate focusing behavior. That's just my guess. I've never heard
>anybody else explain it this way.

I don't think so. I think a lens which places the object at your far point
is more effective in eliminating accommodative effort.

Bill

=====

From owner-i_see@indiana.edu Sat Dec 9 10:43:46 EST 1995
Date: Sat, 9 Dec 1995 07:27:15 -0800
From: ws@ix.netcom.com (William Stacy)
Subject: Pinholes
Status: RO
X-Status:

To the list people:

Sorry about that message duplication that I caused inadvertently.

Here's what I meant to send:

Chen Hanwen wrote:

>
> Hi! More questions about the pinholes here.
>

> What is the effect of wearing pinholes on the brain and eyes? Does it
>actively promote the reduction of myopia, or does it help only by lessening
>the need to wear glasses?

It's just an optical trick. Increases your depth of focus by stopping down (just like a camera f-stop) the system and eliminating the out of focus rays. Using the same principle you can make a camera out of a shoe box and a pinhole at one end. Both are interesting quirks, neither are very useful in real life.

I asked this because the brochure that comes with
>my pinholes says that they promote blood circulation and exercise the eyes.

That claim is fairly preposterous on its face.

>My eyes certainly feel tired and "exercised" after a while. Yet none of this
>is mentioned in the posts so far.

Haven't seen the others; just joined this list. You may be getting some asthenopia from straining to see. They reduce the incoming light by over 95% so you're operating in a pretty dim, though clearer, environment. Plus you have to keep trying to line up a little hole with what you're trying to see. Probably hard on your neck muscles, too.

>
> The instructions also warned against use of pinholes in dark conditions.

>How dark is too dark?

Less than 5% of dark is REALLY dark.

Is it okay to watch TV at night with ordinary room
>lighting? I certainly hope I am not damaging my eyes by doing so, as I

use
>my T-glasses most often during TV,

No harm done, except to your ego when anyone who sees you doing this starts laughing.

>
> There is a significance in degree between my eyes. The FAQ said to use
>patching, but I find it cumbersome and uncomfortable.

Patching won't help unless you've got amblyopia (lazy eye), a condition which only occurs when one is turned (crossed, e.g.) or when the refractive errors are much different (anisometropia).

Do pinholes help? One
>might think so since the images received by both eyes are now equally clear,
>the brain won't favour one eye over the other.

Not in the case of amblyopia. The brain would still favor the non-amblyopic eye.

>

> Please answer this seriously as I feel that the pinholes is one of the
> more viable alternatives for me. Thanks!

It may make you feel better, but it's just an (old) optical trick.
>
Bill

=====

From owner-i_see@indiana.edu Sat Dec 9 12:08:44 EST 1995
Date: Sat, 9 Dec 1995 08:50:58 -0800
From: ws@ix.netcom.com (William Stacy)
Subject: Pinholes
Status: RO
X-Status:

To be more 'serious', I would say that there might be a protective feature in the pinhole glasses, especially when viewing a nearby electromagnetic emitter such as a computer screen. This could be easily studied.

Also, I believe that pinholes may actually *increase* accommodative effort, another thing that could be easily studied and measured. The human vision system accommodates to blur and certainly the image thru pinholes is blurred, although of course less blurred than without, in the case of ametropia.

Bill

=====

From owner-i_see@indiana.edu Tue Dec 12 23:40:23 EST 1995
Date: Tue, 12 Dec 95 22:29 EST
From: John Richter <0007249877@mcimail.com>
Subject: Re: 10 messages on pinhole glasses!
Status: RO
X-Status:

> Bill writes about pinholes:

> Sorry, Alex, but it IS the same as the pinhole camera. You can get a fine
> photo using a shoebox with one pinhole or multiple pinholes. Not a
> kaleidoscopic image at all. It's simple geometry.

I've never been a much of a photographer (the Kodac "point and shoot" cameras work best for me!) and Geometry is not one of my favorite subjects. My uncorrected vision is around -6.0 in each eye. I get the "kaleidoscope" effect that Alex mentioned when I use my pinhole glasses without corrective lenses. Even with this effect I have about the same amount of correction as with my 20/80 reading/computer glasses. Of course, they work much better outside on a sunny day. They are not as effective inside or with dim lighting.

John

=====

From owner-i_see@indiana.edu Wed Mar 22 00:48:59 EST 1995
From: Grant Sayer <grants@research.canon.oz.au>
Subject: Re: Total Ignoramus Here! (Re: Reply to this message!)
Date: Wed, 22 Mar 1995 15:42:41 +1000 (EST)
Status: RO
X-Status:

Hi,

Just a few corrections.

>
> >Here's my question:
> >
> >My soft extended-wear contact lenses start wearing out about 9 months
>
> extended wear lenses are not very good for the eyes, and you should
> have frequent check ups. common problems include veins growing
> accross the retina, due to oxygen deprivation. build ups, infections etc.

Veins don't grow as a result of lens wear. The only place that there
is any change is in the cornea, and typically there is an
inducement to capillary formation (neovascularisation) from
induced hypoxia.

Other major complications include;
- increased threshold corneal thickness
- changes in the corneal endothelium
- greater risk of corneal ulcer(s)

>
> as far as vision is concerned, contacts dont correct astigmatism
> very well, cause they tend to rotate around on some people. so
> you may find glasses give clearer vision. its not really know
> just what this poor correction of astigmatism does.

soft contact lenses may not fully correct the astigmatism if
there is rotation. RGP lenses do a better job provided that the
astigmatism is corneal and not lenticular.

>
> If you want to improve you should give yourself as many "lens-free"
> days as you can manage. You may even be better off getting normal
> daily lenses and wearing them only while at work and using glasses
> for things like driving.

If the script is very high then contact lenses give better image
formation owing to the back vertex power of the lens being closer
to the nodal point of the eye.

>
> >My eyes don't really get irritated, except in summer when I am subjected
> >to blasts of dry air-conditioned air and my eyes get stuck in the open
> >position with the lenses cemented firmly to them, or in conditions where
> >even normal-sighted people would have problems.

air conditioning affects contact lenses due to the low humidity of
air conditioners causing higher surface evaporation on the lens.

=====

From owner-i_see@indiana.edu Fri Aug 25 14:19:01 EST 1995
Date: Fri, 25 Aug 1995 13:43:39 +0100
From: Rob Barnett <rbarnett@wspl.wspice.com>
Subject: Re: PCM
Status: RO
X-Status:

On Thu, 3 Aug 1995, Glenn Turner wrote:
> My name is Glenn Turner. I just happen to have exactly the same
> prescriptions as you had prior to treatment. I have never heard of precise
> corneal molding before, but it sure sounds a lot more attractive than
> surgery. Do you have more detailed information or know of where I can get
> more detailed information on the subject. In particular, I would like to
> see some info on long term effects, cost, and side effects (ie, does the
> treatment affect peripheral vision). Any help would be greatly appreciated.
> Thank you and congratulations on your incredible improvements.

Hello Glenn,

Sorry about the delay, I have been on vacation.

I am glad to see some interest in PCM. I have posted to some news groups but have not gotten any responses. I seem to be a lone duck here with any PCM experience. Since I am a patient, and I only see the doctor once a month, my answers will be slow if they are too specific.

I started Jan 15, 1995 with -5.0 and -4.75. My last exam was -1.25 and -1.75. Some mornings when I wake up and take off my molds, I can see the leaves in the trees and notice the sun splarking off a spider web (which is just outside my bedroom window) from across the room. I was excited the first time I noticed this difference. :-)

My astigmatism was gone the first week. Peripheral vision is unaffected as far as I can tell. I believe there is a success rate of 97% (3% is the drop out rate). It is not a fast eye sight correction method, but I think it is faster than the Bates method (which might have an even higher drop out rate). It is also not cheap. The program starts at \$1900 with each mold at \$80. The prices could be higher or lower depending on where you are located and the degree of correction needed.

The following is from a pamphlet I got at the doctor's office:

Page 1
Precise Corneal Molding(tm) - PCM(tm)

Safe
Affordable
Gentle
Non-Surgical

Visual Freedom from glasses.

Mid-South PCM(tm) Group, P.C.
J. Mason Hurt, O.D.
2865 Summer Oaks Drive
Bartlett, TN 38134
901/382-7803
800/947-4257

Page 2 thru 4
What is PCM(tm)?
Image being able to easily read an alarm clock without your glasses, see

street signs clearly, or participate in sports without lenses of any kind ... These are just a few of the freedoms people are enjoying through Precise Corneal Molding(tm) PCM(tm).

PCM(tm) is a safe, gentle, affordable, and non-surgical procedure that dramatically improves natural vision by reshaping the front of the eye, the cornea, with scientifically shaped molds. Because the procedure is non-invasive, PCM(tm) has provided thousands of patients with better vision without the risks or complications of surgery.

Nearsightedness, farsightedness and astigmatism occur when light rays [A entering the eye through the cornea focus incorrectly. PCM(tm) utilizes a series of prescription eye molds to reshape the cornea much like orthodontists use braces to straighten teeth. The result is a gradual correction of vision, enabling patients to see clearly throughout the procedure.

The PCM(tm) procedure involves a series of thorough examinations by Dr. J. Mason Hurt, recognized in the medical community as an expert in PCM(tm), and a series of mold modifications. The benefits are realized[A in weeks or months, depending on the severity of vision problems. Retainer molds will be used on a limited basis to maintain the new shape of the cornea.

Since 1962, PCM(tm) and its predecessor, Orthokeratology, have been used to help pilots, athletes and others requiring unaided vision. Now, new research developments such as computerized corneal topography and new mold designs and materials have established PCM(tm) as the eye care trend of the future.

The Safest Option

In contrast to Radial Keratotomy and laser surgery, PCM(tm) does not require injury to the eye, resulting in glare-inducing scars. There is also no disruption of vision as eyesight improves.

PCM(tm) for Children

One of the most exciting uses for PCM(tm) is controlling nearsightedness in children. Unfortunately, nearsightedness is a progressive condition, which is why 75% of patients who are nearsighted must periodically increase their prescription. For example, only 4% of 8-year-olds are nearsighted, while over 30% of the general population is nearsighted.[A PCM(tm) prevents deteriorating vision and even reverses it.

Proven Safe Results

PCM(tm) is highly effective in correcting nearsightedness, farsightedness and astigmatism. Even severe cases find great benefit from PCM(tm).

University research studies have shown corneal molding to be safe and effective. These studies include the: University of Houston College of Optometry (5 years), University of California at San Diego Medical School (7 years), University of California at Berkeley College of Optometry (3 years), and Pacific University College of Optometry (5 years).

Page 5

Patients See The Difference

"I shifted from soft contact lenses to PCM(tm) and I can see 20/20 when I take them off!" -- T.K.

"I have been through the program and I am very happy with the results. I'm taking my daughter in for Precise Corneal Molding(tm), too!" -- A.S.

"I am very happy with PCM(tm) and would recommend it with no reservation." -- D.M.

"I never realized how precious the gift of sight was until I underwent the PCM(tm) procedure." -- A.S.

Compare!

PCM(tm) is a safe, gentle, affordable, non-surgical alternative for wearers of glasses.

	<u>_Surgery</u>	<u>PCM(tm)_</u>
Age as a limiting factor	Yes	No
Reversibility	No	Yes
Loss of work time	Yes	No
Worsening of night vision	Yes	No
FAA and military approval	No	Yes

Page 6

Find Out If PCM(tm) Is Right For You

Call for a free PCM(tm) consultation. Come in and view an informational video to help determine if you are a candidate for this procedure.

If PCM(tm) is determined to be an option for you, you too may be one of the many who are no longer dependent on glasses.

Thanks,
RobJB

=====

From owner-aeulenbe_i_see_digest@indiana.edu Mon Oct 30 10:58:19 EST 1995
Date: Mon, 30 Oct 1995 10:50:16 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: corneal molding
Status: RO
X-Status:

----- Forwarded message -----
Date: Fri, 27 Oct 1995 17:01:27 +0100
From: Rob Barnett <rbarnett@wspl.wspice.com>
To: i_see <i_see@indiana.edu>
Subject: PCM

PCM - Precise Corneal Molding

For those who are interested in my progress:

I saw Dr. Hurt yesterday. This is how the office visit went.

I am taken into an examination room. Patti asks if I am still wearing the molds 18-20 hours a day. I say no, I am only wearing it about 12 hours and I am not sleeping in them. She turns out the lights and asks that I look at the wall chart. I can not see the 20/20 line, just the line above it. (I have my molds in while this exam is taking place.) I now cover my left eye. I can only see the 2nd line from the top. (The wall chart is projected onto the wall.) I now cover my right eye. I can see 20/20 with my left eye.

Note: When the molds are off, I can see better with my right eye than my

left eye. When the molds are on, it is the opposite.

I then go and take the molds off. I enter the next examination room. I do not know what the machines are, so I will describe the procedure instead.

1) I look into this machine (with my eyes closed at first because it has a bright light). I open my eyes and blink once. (Each eye is done individually.) Patti then puts a yellow dye into my eye and I do the same procedure as above. The computer monitor now has four eye images.

2) The next machine has a small cone that I look into. (This machine replaces another that has a large cone.) A map is taken of each eye.

Note: Patti is very impressed with the results from the previous visit. She shows me the maps and there is a significant difference.

3) The next machine I look into has a picture of a Hot Air Balloon in it. The picture comes into and out of focus.

I now go into the doctor's examination room. He looks at the computer monitor with the images of my eyes. He uses this to make sure that the molds are moving and sitting correctly on my cornea. I then look at the wall chart thru some device that he adjusts. Then he look at the maps of my eyes and seems to be impressed by them. He basicly says that next month I will be going on some kind of wearing schedule different than what I am currently on. I think this is a positive sign since he usually says that I am improving and to see him in a month.

Conclusion:

Since some members of this group mentioned bilberry, I started taking it with Super Blue Green(tm) algae. The bilberry should help my eyes and the algae should help my health.

I have been doing PCM since 15 Jan 1995. I had significant improvement the first week I was in the program. I could not tell the improvement since I still could not see without my contacts. Over the summer improvements came slow even though I changed molds at least three to four times. I do not know if I can credit the bilberry for the latest improvements, but I sure am not going to discount the fact that I have been using it and results have happened.

As far as the algae is concerned, I have fewer sinus problems. I can now sleep at night without waking up sneezing at 2am. I am the kind of person that will suffer before I take any kind of manufactured chemical.

Aspartame Section:

I have also eliminated aspartame (Equal(tm)) from my diet. I usually don't drink diet drinks, but when I need something cool to drink I would pick up a diet drink if nothing else was available. I no longer do that. I also suggested to my wife that she quit drinking diet drinks. She did and noticed that her joints no longer gave her pain. She is a doctor and has to travel to about 3 hospitals and round on her patients. She has to do a lot of walking.

She also bought some vitamins for our children the other day. I looked at the label and discovered that the number one ingredient was aspartame! We did *not* give this to our children. If you are trying to eliminate aspartame from your diet beware of anything labeled sugar free. I have found it in gum, jelly, and cough drops.

Your for better health,

RobJB

----- Forwarded message -----

Date: Sun, 29 Oct 1995 11:05:22 -0500
From: JimDayOD@aol.com
To: quarn@u.washington.edu
Cc: I_see@indiana.edu
Subject: Re: Ortho-K, Dammit!

If you are with the FDA it is a custom, theraputic or corrective, Contact lens. The use of the designs described was an undocumented application of rigid contacts which was taught and scientifically studied prior to 1962. (In fact 1880's was first reported in France)

The reverse aspheric back surface design is very different than a Contact Lens.

Almost all US contact lens designs are based on following exactly the surface contou of the eye with a spherical shape back surface contact. In fact the surface of the eye is not spherical but multiaspheric. So the doctors must bridge over the central area to get a "lens" to center. A corneal mold uses the fluid forces to reshape the central cornea. The same shape change from RK, PRK, Corneal Molding, ALK, or Corneal Rings will improve vision.

A -1.00 Dioptor eye needs a "shape" change of 0.20 mm. A very small amount produced a significant visual handicap for the patient. Night wear of a corneal mold will easily produce up to 0.40 mm change. Gentle, safe, reversable, effective correction of a vision handicap.

The new corneal molds use a CNC lathe to put multiaspheric curves on the back surface of the molds. Several computer designs are custom applied to each patients needs. They are made out of FDA approved materials and methods. All night wear molds are "extended wear" rigid materials.

I find the best case has 2 hours a week wear, the worse case only gets functional vision for 6 hours after removeal of the molds. The patient can drop out and have "surgery" at any time. After all refractive surgery, Corneal Molding can be applied to "tune up" and smoothe irregular astigmatism, nearsighted, or farsighted vision. After 10 years all "surgery" patients may require a "tune up" due to the fact that the original cause for surgery, myopia, will get worse. The Orthokeratology molds cause myopia to stop progressing. Now out 20 to 30 years, these patients only replace molds due to material failure.

Thanks for the question.

Jim H Day, Jr OD, FIOS
Fellow International Orthokeratology Section
Call1800-621-2258 for the practioner near you that offers Orthokeratology
Corneal Molding.

=====

From owner-i_see@indiana.edu Thu Nov 30 16:41:51 EST 1995
Date: Thu, 30 Nov 1995 16:15:28 +0000
From: Rob Barnett <rbarnett@wspl.wspice.com>
Subject: PCM
Status: RO

X-Status:

30 Nov 1995 Checkup

Background:

PCM - Precise Corneal Molding (Corneal correction without surgery.)
Started Jan 15, 1995 with about -5.0 diopters

Current:

Wear schedule: 18 hours, I might sleep in them once a week.
Right mold sticks to eye at the end of the wear schedule, possibly because eye has taken on too much of the shape of the mold.
Decreased sight in both eyes while wearing the molds since I first started wearing this set of molds.

Checkup:

Nothing new, molds are continuing to shape my corneal. The top part of my cornea is flattening out and moving toward the center. I was told to think of the cornea as a balloon. When you flatten the top part the bottom part bulges. This bulge is moved to the lower part of the cornea, out of my line of sight and the flatten area moves into view. The checkup went as described in the last report. At the conclusion of my checkup, I tried to put my molds back on. But, I broke my right mold.

Mold Replacement:

This will be the second time I have had to replace the molds thru a mishap. The first time I dropped it in the sink and it went down the drain. I now have a pancake sized strainer that goes into my sink. I only replaced the lost mold, not the set, which I discovered was a mistake. My eyes no longer focused correctly together. I tried to live with it for a week, but had headaches. I went back and asked to have the left mold changed. Another week went by before I received the left mold. I was not happy for those three weeks. Whenever a mold is replaced, it is updated. This time I insisted that both molds be replaced. In the mean time, I was given a mold that I had previously used in my left eye (it was close to what I needed). Actually, I can see better with it than the right mold it is replacing. I also can see better in my right eye than my left eye with both molds on.

Helpful stuff:

Bilberry - keep eyes healthy which helps tear formation. This keeps the molds moving and working so that the end result is faster.
Super Bluegreen Algae - cuts down on allergies, keeps sinus open, general health promoter.
Calcium - Cold killer.
Aspartame (Equal(tm)) - Don't even think about it!

Patient Interviews (brief encounters):

1) Female, in her 20's, another doctor recommend she try PCM. Started about two months ago at -2.75 diopters. Astigmatism gone the first two weeks. She became allergic to contacts. She has noticed a good improvement in her vision. She doesn't like it when a speck of dust gets behind the mold. She must take the mold out to get rid of it. I also have experienced the same problem.

2) Female, in her 20's. She said that if she must wear contacts, she might as well have them do something. She said once you have surgery, you can't wear contact (mmm.., don't know about that). Her brother has had eye surgery three times to try and correct his eyesight. He still wears glasses.

3) Female, in her 30's, she has been wearing the molds for about one and

a half years. She started at -7.0 diopters. She has gone through lots of molds.

4) Male, in his 30's, he gave up on the program and is wearing glasses full time.

Disclaimer:

I am not a doctor or a reporter. The interviews were obtained through casual conversation and observation.

My next appointment is in two months. I will be picking up my new set of molds on Monday.

Have a happy holiday,
RobJB

From owner-i_see@indiana.edu Fri Oct 6 12:37:13 EST 1995
Date: Fri, 6 Oct 1995 09:46:59 -0700 (PDT)
From: Steven Finkelman <slfink@netcom.com>
Subject: Re: Full spectrum lighting
Status: RO
X-Status:

vita lite makes 40 watt flourecent tubed. They are very good for winter blues or seasonal depression. For that application, use at least 6 tubes and sit within 3 feet of them, in the morning usially works best.

I have an alarm clock(timer which is set to the sunrise of the days before the blues hit. Within a week I feel better.

Vitalite also makes a 400 watt incandescent flood, which can e used for 'sunning' you only need one bulb for this. I recieved this from a bates teacher.

Also there is a specific machine that Jacob Leiberman has which projects specific colors for healing.

BTW, I have been doing a strong course of kundalini yoga for about 2 and 1/2 years and no longer need the lights.

HTH,
slf

Steven Finkelman		FoxPro developer and designer
DATA/Message		of strategic tools
slfink@netcom.com		

Looking for resources and info on the EO slate
and anything relating to Functional Programming.

On Fri, 6 Oct 1995, Glenn R. Turner wrote:

>
> I have read quite a bit of information on the benefits of using full
> spectrum lighting. Where can you buy full spectrum lights? Do they come
> in the form of light bulbs or tubes similar to fluorescents? What levels
> of full spectrum lighting should be used (ie, wattage, lumens, etc.)?
>
> Any other information anyone can provide would be greatly appreciated.
>
> Thank You,
>
> Glenn
>

=====

From owner-i_see@indiana.edu Sat Oct 7 14:30:15 EST 1995
Date: Sat, 7 Oct 1995 13:07:39 GMT
From: Sid Gudes <cougar@roadrunner.com>
Subject: Re: Full spectrum lighting
Status: RO
X-Status:

At 10:15 AM 10/6/95 -0500, you wrote:
>

>I have read quite a bit of information on the benefits of using full
>spectrum lighting. Where can you buy full spectrum lights? Do they come
>in the form of light bulbs or tubes similar to fluorescents? What levels
>of full spectrum lighting should be used (ie, wattage, lumens, etc.)?
>
>Any other information anyone can provide would be greatly appreciated.

Chromalux bulbs, which are screw-in replacements for regular incandescent bulbs, are available at many health food stores (at least in San Francisco and Santa Fe) and from several health-food mail order companies.

These are incandescent bulbs that use a light-blue coating on the outer glass and a mix of rare metals in the filament to produce a full-spectrum output. The advantage they have over fluorescents is that they work in any incandescent fixture; the disadvantage is that they can't generate UV (or so I've been told), so they're not as "full-spectrum" as the fluorescents. They come in 60, 100, and 150 watts, but they don't produce as many lumens as regular bulbs, so you should go up one size to keep light output constant (eg. replace a 60-watt regular bulb with a 100-watt Chromalux).

They cost about \$7 each, but claim to last four times longer than ordinary bulbs, so the price isn't too out of line. I've been using them for over 2 years. I'm not sure about any therapeutic benefit, but the light looks better (ordinary bulbs now look disgustingly yellow to me); my wife, who has a poetic bent, says the light from them is like moonlight.

Sid Gudes
Santa Fe & Vallecitos, New Mexico

=====

From owner-i_see@indiana.edu Sat Oct 7 15:22:35 EST 1995
Date: Sat, 7 Oct 1995 14:59:14 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: Full spectrum lighting
Status: RO
X-Status:

My favorite source of full (or at least full-er) spectrum lighting is halogen lamps. One of them can light up a whole room very well. You can dim them without causing annoying flicker. They cost about US\$50 at discount department stores. The light is very "white" and uses less energy than incandescent. It gets my vote as the best artificial light source.

--Alex

=====

From owner-i_see@indiana.edu Fri Dec 1 12:36:03 EST 1995
From: "Sid Gudes" <cougar@roadrunner.com>
Date: Fri, 1 Dec 1995 09:54:42 +0000
Subject: Re: Full Spect. Lights.
Status: RO
X-Status:

> Hi People.
> Rumor has it that the company that I work for *might* purchase some
> full spectrum lighting for us. Any ideas were we could find lamps/
> lightbulbs? Prices? Etc.?

If you're in a large city, you should be able to find the Chromalux

incandescents at health food stores, and the Ott (or similar) fluorescents at health food stores or electric supply or lighting stores. Also Ott has an 800 number for orders, don't have it offhand but 800-555-1212 should be able to tell you (they're somewhere in Florida).

Chromalux bulbs cost about \$7.00 each, although you can probably get a deal if you buy a bunch. They do last about 4 times longer than regular incandescents, so the price isn't as bad as it first seems. They don't produce as much light as regular incandescents, so you need to get slightly higher wattage for equivalent lumen output.

I don't know how much the Ott tubes cost, but the bulbs that screw in to an incandescent fixture cost about \$33, vs. about \$25 for the non-full spectrum. As I recall (I could be wrong, ask them) the smaller screw-ins don't provide the UV that the tubes do, so they're not entirely full-spectrum.

BTW 1: The quality of the light produced by Chromalux vs. Ott vs. other full-spectrum fluorescents is different. You might want to get some samples to try before you commit to a large order.

BTW 2: GE claims to have a full-spectrum incandescent, but it looks like all they did was put a blue coating on a regular bulb to cut down the yellow. Chromalux does this too, but also adds neodymium (sp?) to the filament to change its light output spectrum.

BTW 3: Something better than full-spectrum, if possible in your situation, is skylights. Not only are they better than full spectrum in matching natural sunlight :-), but they don't require electricity so there's a cost saving over time. There are skylights available now that use some sort of a lens system, so they can bring in a huge amount of light through a small hole in the roof.

HTH,
Sid Gudes
Vallecitos & Santa Fe, New Mexico

=====

From aeulenbe@indiana.edu Thu Dec 4 10:03:59 1995
From: ccaruso@sas.upenn.edu (Christopher G Caruso)
Subject: Full Spect. Lights.
Date: Mon, 4 Dec 1995 09:33:35 -0500 (EST)
Status: RO
X-Status:

Marco A. Terry wrote:

>
> Hi People.
> Rumor has it that the company that I work for *might* purchase some
> full spectrum lighting for us. Any ideas were we could find lamps/
> lightbulbs? Prices? Etc.?
>
> Cheers!
>
>

I've ordered my full spectrum bulbs from the following company:

Simmons Company
P.O. Box 3193

Chattanooga, TN 37404
800/533-6779

Chris Caruso
ccaruso@sas.upenn.edu
Philadelphia, PA USA

=====

From owner-i_see@indiana.edu Fri Jun 30 16:33:58 EST 1995
Date: Fri, 30 Jun 95 14:28 PDT
From: Robert_Michael_Kaplan@Sunshine.net (Robert-Michael Kaplan)
Subject: Re: vol.accomodation
Status: RO
X-Status:

>Voluntary accommodation.

Hello Vic and I_SEE group:

I was happy to read of your discoveries of voluntary accommodation. My findings are very similar. I have a neat gadget called a contactscope - a device that allows you to see your own iris and pupil of one eye at a time, under great magnification. I have my patients look at their pupil and this sets in motion the accommodative response, and they get feedback by seeing the pupil getting smaller. They then have to relax and watch their pupil becoming larger. This becomes a fun game and it gives them the feedback you described in your article. If any of you would like this device (costs around \$20) , it is part of our catalogue products and can be obtained from us. There is a \$5 shipping and handling fee to post the catalogue.

Just reading an interesting account of a French Canadian Behavioural Optometrist viewpoint of myopia.

A few juicy quotes:

Myopia has become a social curse....The Optometrist may be the instigating trigger of a crippling process...It is not because of one's eye that one becomes a myope. It is because of one's brain....Convex lenses at least retard the process of myopia.

Armand R.Bastien, O.D. from a compedium of papers on Myopia, published as Curriculum 2 Vol., 59, No 1 October, 1986 by the Optometric Extension Program.

All the best, Robert-Michael.

"Products and programs for helping your eyes...naturally!"
Beyond_20/20@sunshine.net [Robert_Michael_Kaplan O.D., M.Ed., FCOVD]

Snail Mail RR#2 S26 C39
 Gibsons, British Columbia.
 VON 1VO Canada
Voice (604) 885-7118
Fax (604) 885-0608

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From owner-i_see@indiana.edu Mon Apr 10 01:07:11 EST 1995
Date: Sun, 9 Apr 1995 23:06:00 -0700 (PDT)
From: Deryck S Schnee <derycks@clark.edu>
Subject: Re: Vision Freedom
Status: RO
X-Status:

On Sat, 8 Apr 1995, Mark Jensen wrote:

> I recently saw an ad for Vision Freedom-corrective vision through exercise
> and would like any info that I_SEE might have about this outfit. It is the
> work of Brian Severson, who claims to have been an airline pilot who

> corrected his vision to 20/20 in order to fly. He sells a program for \$100,
> which consists of three pairs of glasses and instructions to restore vision
> for myopia, hyperopia, presbyopia and astigmatism. My guess is that it is a
> reduced prescription approach, but It is obvious that there are no three
> prescriptions that would help my farsightedness (I have tried +1, +2, +3.
> They all make my eyes more blurry. Is there something here, or is this
> snake oil?
>
> Mark Jensen-Double J Apiaries mjensen@crl.com
...snip...

I have ordered this system and it comes with a very informative booklet and three sets of glasses. You guessed it (+1.00, +2.00, & +3.00). The basic key to the whole program is to take your glasses off and hold some regular text (like a newspaper) at a distance so that it just SLIGHTLY blurs. After about two minutes when the text starts to clear up push it slightly out of focus again. The only purpose of the glasses is to bring the 'blur' zone to a convenient distance for reading starting with the +1.00 lens. I myself do not need the glasses yet because I cannot see the text at an arms length.

This program has worked a little for me so far. I used to hold text 8 inches from my eyes in order to see it in focus. Now I can hold the same text about 14 inches away and still see it as clear as ever! I have been doing these exercises for about a month. The only real side effect of the program is that I had a few headaches (eyeaches) the first week, but I do not get them anymore. The book suggests practicing for 30 minutes to 2 hours a day while reading a book or similar using a 10 minute practice/10 minute rest cycle. It also recommends not wearing your regular prescription glasses when at all possible, except when safety requires it. It is a reduced correction system, but you have to buy the new glasses from your eye-doctor as your eyes improve.

As you can see there is not much to the 'system' itself, and one could actually have some success just following what I've said above, however, I am not an eye-doctor, so if it would make you more comfortable having all the information on-hand, then I suggest purchasing the kit.

Deryck S. Schnee -- derycks@clark.edu

P.S. Does anyone know where minus glasses can be purchased aside from the optometrist? (I realize it may be illegal, so... that brings me to question #2) Anybody know of an eye-doctor in the Portland,OR area that supports vision therapy type practices?

=====

From owner-i_see@indiana.edu Thu Jul 6 17:11:12 EST 1995
Date: Thu, 6 Jul 95 15:03 PDT
From: Robert_Michael_Kaplan@Sunshine.net (Robert-Michael Kaplan)
Subject: Training to improve your vision.
Status: RO
X-Status:

Greetings from sunny British Columbia. I have checked with Alex regarding posting information about some training programs I 'll be offering this summer and he said: *>Post away! If you want to talk about some of your products, that's OK too!*

Because of your keen interest in improving your vision and helping others to see more clearly, I'm extending a personal invitation for you to come and spend a week with me this summer. You will learn the basic program of Integrated Vision Therapy in order to heal your own eyesight and assist others as well. This special training is being held from August 21st to 27th, 1995.

Whether your interest is purely to improve your own vision, help others, add to your existing career or start a new one, this one-week intensive program is a wonderful opportunity to deepen your self-healing journey.

The training is being held at my INN-SIGHT, Centre for Wellness and Vision on the Sunshine Coast (1-1/2 hours from downtown Vancouver in B.C. Western Canada). The program is set-up in such a way that we meet for 3-4 one and a half hour teaching modules per day and then you have the time to review and practice new ways of seeing on your own in a natural woodland setting or at the ocean nearby. Gourmet vegetarian food and comfortable shared accommodation in our bed and breakfast facility at INN-SIGHT is provided. If you wish to talk in more detail about the upcoming training, please e-mail and I will behappy to give you more details.

A report I just received may be of interest to you.

Researchers at the UK Bristol Eye Hospital have developed a computer system that uses eyes "as a guide to the physical and mental condition of patients." Dr. Demetrious Papakostopoulos and Dr. Christopher Dean Hart say they have the tools to probe the brain's mechanism. The computer system is called the pupillometer, which digests an infra-red videw of a patient's eyes, rendering rates of pupil expansion and contraction into a graph while lights are being turned on and off. "There is no systemic disease known to man that does not show some manifestation in the eye.", Dr. Hart said this month. "The eye takes light's physical energy and transforms it to a currency the nervous system understands", Dr. P said.

All the best, Robert-Michael Kaplan. O.D., M.Ed., FCOVD.

P.S. A little bit about myself.

I am a doctor trained in optometry, visual science, education and psychology. I was a professor of optometry for ten years doing research on vision therapy. Due to my frustration with conventional vision care, I developed a consumer oriented program of improving vision fitness, which is in my book Seeing Without Glasses and my new book The Power Behind Your Eyes. I am a photographic artist a father of a 5 year old, live in paradise, fish, love to share my wisdom, and am becoming a net lover.

=====
From aeulenbe@indiana.edu Fri Nov 7 16:29:00 1995
From: "Larry Kline" <lkline@igc.apc.org>
Date: Tue, 7 Nov 1995 12:02:10 +0000
Subject: Pinhole glasses
Status: RO
X-Status:

I wondered if anyone has any experience with pinhole glasses. Have they used them, how effective did they seem, where can I purchase some, are there different kinds?

I currently use a headpiece when working at the computer as a visual clue to keep my head aligned with where I am looking. I can definitely notice the difference when I use this versus not. My vision is less blurry when I finish the computer work than it would be normally. The headpiece looks weird though so I only use it at home, not at work.

I was thinking that pinhole glasses might offer some of the same benefits.

Larry Kline
lkline@igc.apc.org

=====

From owner-i_see@indiana.edu Thu Nov 9 23:31:17 EST 1995
From: "Larry Kline" <lkline@igc.apc.org>
Date: Thu, 9 Nov 1995 19:44:40 +0000
Subject: Re: Vision-saving computer headpiece
Status: RO
X-Status:

The headpiece I use at the computer is actually quite simple. It is a piece of thick wire -- about clothes hanger thickness -- that is bent into a circle about the circumference of one's head. Then from the front of this circle bend the wire so a piece comes down straight perpendicular to the circle. Put the wire on your head and align the straight piece so it comes down directly in front of your nose.

I hope that description is understandable. It's sort of like wearing a miner's or spelunker's head lamp without the lamp. And from where the lamp would be a piece of wire extends down about 10 inches directly in front of your nose.

You can check the alignment by closing first one eye and then the other and making sure the images from each eye of the piece of wire hanging down are equidistant from the tip of your nose.

What you must try to do then is to only look at things that are between the two images of that piece of wire. This is obviously not as focused as pinhole glasses but it does seem to help.

I can't take credit for this invention. I got it from Tom Quackenbush who runs eye improvement seminars in San Francisco.

His organization is called the Natural Vision Center.
P.O. Box 16403
San Francisco, CA.
415-665-2010

If anyone can't figure out what the headpiece looks like let me know and I'll try to explain it better or upload a picture (if I can figure out how to do that).

Larry Kline
lkline@igc.apc.org

=====

From owner-i_see@indiana.edu Sat Dec 2 13:05:25 EST 1995
Date: Sat, 2 Dec 1995 09:56:39 -0800 (PST)
From: Robert Kaplan <robkapl@nueva.pvt.k12.ca.us>

Subject: book by dr leslie salov
Status: RO
X-Status:

I got a piece of direct mail pushing a book called Hidden Secrets for better Vision by Dr. Leslie Salov. The marketing material promises help for all kinds of eye problems from conjunctivitis to macular degeneration. Has anyone heard of this guy or this book? Is there any value to it (besides the \$30 the publisher gets)?

=====

From lmarran@mindseye.berkeley.edu Ukn Feb 19 15:52:55 1995
Date: Tue, 14 Feb 1995 13:22:24 -0800
From: lmarran@mindseye.berkeley.edu
Subject: Re: Can High Myopes Improve?
Status: RO
X-Status:

Hi Alex,

I'm back..had a wonderful time..lots of exercise and little reading and that only for pleasure. Happy for you to see so much enthusiasm/response for your isee net. Very busy now, catching up for missed days but I scan the letters and will respond when i can. On the long eye of myopia...it is almost always (99.9%+) due to a longer eye..this has been shown again and again since the advent of ultrasound..a tool not available to Bates, or to those who think its a stuck ciliary muscle...though in the early stages of myopia, it can begin as a stuck ciliary muscle..hence people should be cyclopleged to eliminate this variable especially before Bates training because noone would be impressed if Bates training just got the ciliary muscle to relax...because it can also occur by doing nothing!! The longer eye could still be due to the extraocular muscles placing tensile stress on the sclera (the outer coat of the eye that gives the eyeball its shape) which is then weakened and can result in the elongated eye typical of myopes.. Raised IOP, intraocular pressure, could also cause the eyeball to get bigger. Finally, something about the quality of near environments..the vergence of light perhaps..could cause the retina to signal to the sclera to grow...in chickens who have been experimentally made myopic by putting a pingpong ball device on their eyes..have shown increased production of proteoglycans..a growth protein molecule. In humans, in high myopia, the sclera actually thins..its called staphylomas when its gets bad..and this suggests that thinning is the cause.

For all of you interested in myopia development, I am a grad student at Berkeley and would love to make some important measures on people who are reducing their nearsightedness to put this therapy on the map and hopefully in the future make it available to kids in school, much like gym or advanced mathematics is available. Would be interested in hearing from you, especially if you live in California or plan a trip where I could spend a few hours making some measurements on you. Thanks!

Lynn

=====

From aeulenbe@indiana.edu Ukn Feb 19 18:01:20 1995
Date: Sun, 19 Feb 1995 17:48:16 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Myopia is NOT genetic!
Status: RO
X-Status:

Francis A. Young et al, "The Transmission of Refractive Errors within Eskimo Families," American Journal of Optometry and Archives of the American Academy of Optometry 46, no. 9 (September, 1969).

Donald S. Rehm, in /The Myopia Myth/, summarizes:

:The Eskimo population was a unique group to study in that the older
:generation was essentially illiterate and had never gone to school, while
:the younger generation was required to attend school.
:[...]
:Of 130 parents, only two showed any myopia. One had 0.25 diopters and one

:had 1.5 diopters. All the rest had refractive errors between 0 and +3
:diopters. In other words they were somewhat farsighted, which can be
:considered normal.

:
:Regarding the children of these nonmyopic parents, a totally different
:picture was found. Fully sixty percent of the school children examined
:showed measurable amounts of myopia. Of the fifty-three individuals who
:were between twenty-one and twenty-five years old, eighty-eight percent
:were myopic. There was a beginning of myopia at about age ten, with a
:steady increase in the proportion of the children showing myopia up to
:ages twenty-one to twenty-five years.

A little comment: look at the title of the article. I imagine he couldn't
have published this study if he called it "Evidence for school-induced
myopia in modern Eskimos," which it really should have been called.

--Alex

=====
From VOORHIS@brandonu.ca Ukn Feb 21 18:10:45 1995
From: VOORHIS@brandonu.ca
Date: Tue, 21 Feb 1995 10:38:45 -0600 (CST)
Subject: Re: Myopia is NOT genetic!
Status: RO
X-Status:

That's interesting, but I'm not convinced that myopia is not genetic. In
literate societies, not everyone who goes to school and/or reads a lot becomes
nearsighted. Those Eskimos in the 1969 study might have inherited a tendency
toward myopia that did not manifest until schoolwork put a strain on their
eyes.

And...please explain what you mean by nearsightedness and personality.

R. Voorhis...

=====
From aeulenbe@indiana.edu Ukn Feb 24 13:43:28 1995
Date: Fri, 24 Feb 1995 13:12:23 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Leber's Myopia Reduction Training Software
Status: RO
X-Status:

I quote from the conclusion of...

Leber, Leray (PhD), and Thomas A. Wilson (OD). 1993. Myopia reduction
training with a computer-based behavioral technique: a preliminary
report. Journal of Behavioral Optometry 4(4), 87-92.

:Since this training was started at the Academy, dozens of cadets have
:approached Dr. Leber with desires to participate. he has given and will
:continue to give cadets who inquire about the training a copy of the
:software. If he cannot have time to personally train them, three pages
:explaining how to conduct the training themselves is provided. Dr. leber
:has formed a company and markets the software commercially at \$59 a copy
:through Acuity Performance Training Company, Box 1318, Monument, CO
:80132. The software has already been purchased by prospective pilot
:training candidates and airline pilot applicants.

:The small but consistent improvement displayed by the seven participants
:in this pilot project suggests that a computer-based behavioral technique
:may be a viable training technique for improving unaided distant acuity
:performance. This software may be a good tool for optometrists who
:provide myopia reduction training and who wish to provide patients with
:an inexpensive home training device. In addition, amblyopic patients may
:benefit from this technique. This study suggests that training can
:improve distant acuity performance and produce slight refractive error
:reduction.

=====

From owner-i_see@indiana.edu Tue Apr 4 01:36:23 EST 1995
Date: Tue, 4 Apr 1995 02:25:20 -0400
From: JimDayOD@aol.com
Subject: Re: Myopia
Status: RO
X-Status:

Hello Rene

Keep me posted on your studies. I feel your common interest in
physiological optics downunder to be very encouraging.

To all I_See members. Dr Thomas Norton of the University of Alabama
presented a public lecture on laboratory studies in myopic development. He
concludes that for his model an active emmetropization or "normalization"
occurs. He was able to create myopia, hyperopia and normal in genetically
equal subjects.

The hyperopia present at birth causes the eye to grow longer until a "normal"
length is reached. If hyperopic glasses are worn the eye prematurely stops
the growth. Thus remaining shorter and more farsighted into adulthood. If
myopic lenses are worn which are stronger than needed for vision, the eye
contiunes to grow to the point of becoming longer than normal. The
dependence to glasses is shown to occur in these animals. He can also deprive
the animal of normal peripheral vision to develop myopia on the side which
did not have normal stimulation.

Dr Rene > Feels that we must caution that the subjects were not human and the
myopia corrections were much stronger than would be prescribed.
The lecture was attended by the senior faculty at UAB. It does represent a
change in the core thinking of Optometry that myopia is not a 100% genetic
disease. Several new drugs were discused that were recently patented in the
US for myopia prevention. No specific treatment options were presented.

I have requested a transcription and will post it on I_See when received.

Jim H Day, Jr OD, FIOS
Member National Eye Research Foundation

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From owner-i_see@indiana.edu Tue Apr 4 04:54:21 EST 1995
Date: Tue, 04 Apr 1995 19:50:43 +1000
From: r.malingre@qut.edu.au (Rene Malingre)
Subject: Re: Myopia
Status: RO
X-Status:

Apologies about the length of this post.

>Hello Rene

>

>Keep me posted on your studies. I feel your common interest in
>physiological optics downunder to be very encouraging.

>To all I_See members. Dr Thomas Norton of the University of Alabama
>presented a public lecture on laboratory studies in myopic development. He
>concludes that for his model an active emmetropization or "normalization"
>occurs. He was able to create myopia, hyperopia and normal in genetically
>equal subjects.

Dr Norton has done a lot of work with tree shrews, and chicks, I believe. In these animals, there is a critical period where these animals can be made myopic or hyperopic by modifying their environment (eg with translucent occluders or spectacle lenses). This is in the animal's very early life, while the eye is still developing its structure. It is truly fascinating work, and it should have benefits to us all. However, to extend these theories to humans, particularly adults, must be done with caution. It is difficult to get reliable results with higher primates, for example. In addition, even a very small period of "normal" vision in these animals will prevent the ocular changes from occurring. In fact, chicks only need 30 minutes to maintain the normal emmetropic condition. There is quite a body of evidence that form deprivation conditions may cause myopia in young humans as well, for example in medical conditions or injury which fog the image on the retina, or even retinal diseases which means that the eye is unable to process the image falling on the retina.

Here's a little review I am in the process of writing, fyi.

Evidence of form deprivation myopia in humans.

copyright where appropriate, Rene Malingre 1994

There is little doubt that there is a system that monitors the quality of the retinal image in humans, as evidenced by the formation of amblyopia in the eyes of young children who have experienced unusual visual stimulation. Amblyopia may be caused by optical blur, as in anisometropic amblyopia, or by occlusion or distortion (partial or complete), of the retinal image by factors such as congenital cataracts, corneal opacities, or even prolonged occlusion of the previously normal eye in amblyopia therapy. A decent retinal image is vital for the development of normal retinal (especially central) anatomy and function, and for the formation of appropriate higher neural connections. Evidence from animal and human studies have shown that the quality or clarity of the retinal image also adjusts the growth of the eye, and is therefore at least partially responsible for the formation of refractive errors.

Degradation of the retinal image has been found to cause myopia in a variety of experimental animals, since Wiesel and Hubel(1) introduced the monocular form deprivation paradigm in monkeys in 1977. Studies in chickens,(2-4) cats,(5) tree shrews,(6) marmosets,(7) and monkeys(1, 8, 9) have supported the view that the functional impairments resulting from monocular deprivation of form vision in the early stages of life in animals can lead to extreme axial elongation and growth. Interesting, total deprivation of form does not appear to cause the same ocular changes; altered retinal input is needed to cause the ocular changes, rather than total lack of stimulation.(10-12) There is a substantial body of evidence suggesting that local mechanisms play the primary role in mediating axial elongation under form deprivation conditions. Perhaps the most startling evidence comes from Wallman et al.,(3) who found that when white translucent occluders were applied to either the nasal or temporal side of developing chicks' eyes,

only the deprived section of the eyes became myopic. Optic nerve sectioning,(13) ciliary ganglion removal,(14, 15) destruction of the retinal ganglion cell layer,(16) and removal of the striate cortex, does not prevent lid suture myopia, although greater variability in refraction occurs under these conditions. Schaeffel et al.(17) demonstrated that optical blur will cause refractive error in developing chicks. Chicks are able to detect and respond to both the sign and magnitude of defocus by increasing or decreasing the growth rate of the vitreous chamber so that the retinal blur is reduced. All of these effects can occur if the optic nerve is cut, although not as consistently, implying that there may be higher order neural input to the process. Negative lenses will cause myopia, and positive lenses will cause hyperopia such that the eye-lens combination tends to bring distant objects to a focus on the retina. Wildsoet et al.(18) have shown that atropine reduces both form deprivation induced- and lens induced myopia in chicks, suggesting a similar mechanism underlies both processes, with atropine acting via a non-accommodative mechanism.(19)

Case reports of ocular conditions causing a reduction in form vision in neonatal humans support the hypothesis that form deprivation in humans can result in axial elongation and myopia. These include monocular conditions such as retrolentia fibroplasia, persistent pupillary membrane, vitreous debris, ptosis,(20)(21-24) cataract and trauma, which are associated with a consistent, significant myopic shift in the affected eye when compared to the fellow eye, and binocular visual anomalies, such as retrolentia fibroplasia, optic atrophy, macular dystrophy, and congenital cataract in which the eyes are significantly more myopic than eyes from normal controls. The major difficulty in interpreting these data is the fact that the cases are uncontrolled, and case selection may be biased. The ocular conditions may in themselves cause or be associated with axial elongation, through non-visual mechanisms.

In conditions where there is a fixing eye and a non-fixing eye, there tends to be a shift towards myopia in the fixing eye in a large number of circumstances. These include monocular corneal scarring, where the scarred eye does not undergo the same myopic shift as the affected eye, whereas if both eyes are scarred, both eyes tend towards myopia.(25, 26) Congenitally ptotic eyes often show a significant increase in myopia in the affected eye,(27, 28) yet normal binocular vision and acuity still develops in a large proportion of cases.(27) This may mean that the system mediating correct ocular growth is very sensitive, perhaps more sensitive to deprivation of form than the system mediating correct neural development and acuity. O'Leary and Millodot(27) hypothesised that eyelid closure per se caused myopia, rather than degradation of form vision, and in a survey of two samples of myopes, myopes reported sleeping more than the non-myopes they lived with. A number of studies have investigated the relative change in refraction of fixing and amblyopic eyes of strabismics.(29-31) These studies have found that the fixing eye tends to show a myopic shift in refraction (similar to normal eyes), while the non-fixing, amblyopic eye tends to have a fairly static refraction. Almeder et al.(32) found that most cases of early childhood anisometropia disappeared later in childhood, leaving a very low incidence of persistent anisometropia in children. The authors proposed that adult anisometropia is the result of, rather than the cause of, amblyopia. While the fixing eye in constant strabismics undergoes emmetropisation or myopisation, it has been found that there is little relative change in refraction between eyes in alternating strabismics.(33, 34) A Russian study has a high incidence of unilateral myopia in a population of industrial monocular microscope users.(35)

The evidence presented so far applies to young, developing humans and animals. The fixing versus non-fixing eye studies suggest that myopia occurs when the visual system is actively trying to obtain useful

information from a form deprived eye, whereas refraction remains static when information is not being sought from a form deprived eye. This hypothesis requires higher order neural input to myopigenesis. It appears that lowered and altered retinal activity is related to form deprivation myopia.

The conditions under which form deprivation myopia is apparently produced in humans are quite extreme. Whether form deprivation conditions can produce myopia in otherwise healthy eyes in childhood and adulthood remains unanswered. What conditions could cause form deprivation in adults?

Many studies have shown a correlation between educational level or amount of reading and fine near work and myopia.(36-47) Josh Wallman et al.(3) hypothesised that printed text may represent a form deprivation condition in humans. Printed text may provide adequate stimulation for the central retina, but an impoverished stimulus condition for the rest of the retina. This is because printed text contains mainly high spatial frequencies, which are unresolvable by the peripheral retina. If form deprivation myopia is mediated by retinal activity, the lack of stimulation of the peripheral retina may induce ocular growth. Wallman extends this further by pointing out that printed text has a much smaller range of luminances than a typical scene, and it is achromatic. Both factors would further reduce the degree of retinal activity, including the central retina. As form deprivation in experimental animals appears to be spatial frequency dependent,(48) it may be that even the central retina does not receive adequate stimulation by printed text.

David Goss in 1988(49) suggested that a greater than usual lag of accommodation would degrade the retinal image during near-work activity such as reading, and may lead to form deprivation myopia. This hypothesis has some supporting evidence, with the finding that both early-onset myopes and late-onset myopes have a greater lag of accommodation, or have a reduced accommodative response to blur.(50, 51) Juvenile myopes with a nearpoint esophoria progress at a faster rate than those with orthophoria,(52, 53) although the difference in rates is as small as 0.07 D/year.(52) Goss(54) found that juvenile emmetropes who became myopic before the age of 15 were relatively more esophoric and had a lower positive relative accommodation before they became myopic than emmetropes of the same age that remained emmetropic. While it may be argued that the accommodative insufficiency and esophoria found in myopes and pre-myopes may be due to an alteration of the accommodation-convergence relationship because of a change in refraction, Goss'(49) hypothesis can explain the limited success of efforts to control myopia through the use of bifocals.(52, 55-58) Goss and Grosvenor(59) reanalysed previous bifocal studies(52, 57, 58) and discovered that bifocals appeared to be effective only in those subjects who had a near point esophoria through their distance refraction. Near esophores may reduce their accommodative response, thereby having a greater lag of accommodation, in an effort to reduce their convergence and improve their ocular comfort. When the accommodative demand is reduced with a near addition, the esophoria is reduced, and the subject's accommodative response may be more accurate, thereby eliminating the form deprivation condition of blur.

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>The hyperopia present at birth causes the eye to grow longer until a="normal" length is reached. If hyperopic glasses are worn the eye prematurely stops the growth. Thus remaining shorter and more farsighted into adulthood. If myopic lenses are worn which are stronger than needed for vision, the eye continues to grow to the point of becoming longer than normal.

When normal vision returns, the changes also tend to reverse, if the eye is still developing.

The

>dependence to glasses is shown to occur in these animals. He can also deprive the animal of normal peripheral vision to develop myopia on the side which did not have normal stimulation. Dr Rene > Feels that we must caution that the subjects were not human and the myopia corrections were much stronger than would be prescribed.

My biggest caution is that the experimental animals are very young. If a child of mine was quite hypermetropic, and needed spectacles for an accommodative strabismus, I wouldn't want to fully correct the hyperopia until he or she were five or so, after any emmetropisation mechanism had time to work. Of course, if a full correction were needed to keep the eyes straight, I would prefer my child to have normal binocular vision, even if it meant that he or she remained fairly hyperopic. We just don't know what, or if, emmetropisation mechanisms occur in humans. Many people have argued persuasively that the large percentage of emmetropes we have as a population is purely a consequence of normal growth of ocular components, without any need for a coordinating mechanism. My gut feeling, however, says that there is a mechanism. However, I do not believe that an eye that is already myopic can be pushed back to emmetropia, purely because of the nature of the changes that cause myopia, and the changes that would have to take place to get rid of it.=20

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>The lecture was attended by the senior faculty at UAB. It does represent a change in the core thinking of Optometry that myopia is not a 100% genetic disease. Several new drugs were discussed that were recently patented in the US for myopia prevention. No specific treatment options were presented.

I doubt whether any optometrist I know believes that myopia is 100% genetically determined. It does play the biggest role, however.

The drugs are probably muscarinic antagonists, drugs which block specific types of neural, or neuromuscular transmitters. For many years, atropine (a non-specific anti-muscarinic drug) has been used in an attempt to halt or prevent myopia, with some arguable success. The paradigm stated that excessive accommodation causes myopia. Atropine causes long-lasting cycloplegia - the eye cannot focus no matter how hard it tries. Recent animal studies have shown that atropine can prevent the form deprivation and lens-induced myopia. However, in chicks at least, this is NOT due to its action of cycloplegia, because chicken ciliary muscles are striated muscles, and have different neuromuscular transmitters. In other words, chicks treated with atropine accommodate normally. There are a number of types of muscarinic receptors, however. Some are in the retina. It has been postulated that atropine, and other more specific anti-muscarinics, prevent the release of scleral growth factors, thereby

stopping the eye from becoming myopic. However, even more recently, it has been considered that the doses of the drugs used to prevent the myopia might be high enough to be toxic, and prevent the growth through a poisoning of the cells responsible for scleral remodelling. Only time will tell. In countries with few restrictions on medical experimentation, some limited trials have begun on the use of some of these specific anti-muscarinic drugs, which affect the retinal receptors, but do not cause cycloplegia.

>
>I have requested a transcription and will post it on I_See when received.

>
>
>Jim H Day, Jr OD, FIOS
>Member National Eye Research Foundation
>=20

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Rene
(_____)-----| \ -----(_____)
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| / | R.Malingre@qut.edu.au _.--._/ Qld Uni of Technology | \ |=20
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(_____)-----| \ -----(_____)

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From owner-i_see@indiana.edu Tue Apr 4 18:57:59 EST 1995
Date: Wed, 05 Apr 1995 09:31:05 +1000
From: r.malingre@qut.edu.au (Rene Malingre)
Subject: Oooh, conspiracy theory! Look behind you, everyone!
Status: RO
X-Status:

Quite honestly, I don't know why I am responding. Consprincy theorists are generally unreasonable, and impossible to have a normal dispassionate discussion with.

Alex said:

>What I think the cautious thing for lens manufacturers to do at this point
>would be to put warning labels on distance glasses along the lines of "Use
>of these lenses may be hazardous to your eyesight. Distance lenses have
>been proven to increase myopia in laboratory animals." A similar warning
>could be devised for tinted lenses, which create an impoverished visual
>environment.

Distance lenses hazardous to your eyesight?? They make you SEE, Alex!
One point you have missed is that the lenses overcorrect the animals;
the eyes of these very young animals compensate for the overcorrection;
they don't keep going past the point of compensation! So, your argument
is flawed.

Also, cautious optometrists should make their patients -- especially the
young ones -- aware of these laboratory studies. This could help them
if one of their patients ever decides to sue for not warning of the
possible side-effects of the treatment -- standard practice in all
other areas of medicine.

I do not consider the prescription of spectacles for myopia treatment.

They are simply a visual aid. They certainly do not "treat" myopia, they simply enable the wearer to see distant objects clearly. There is no evidence they make matters worse, either, in humans.

See, for example:

1. Goss D. Overcorrection as a means of slowing myopic progression. American Journal of Optometry and Physiological Optics 1984;61(2):85.

>It seems to me that the laboratory studies were designed specifically to
>be inconclusive.

Get a life, Alex! Your conspiracy theories reflect very poorly on you. Alex, the world ISN'T flat, and credit card companies aren't conspiring to rid the world of real money in order to fulfill a bible prophesy.

>In spite of this, and in spite of the ho-hum reaction by
>optometrists to the studies,

I would hazard a guess that most optometrists haven't made themselves aware of the studies. It's pretty recent work, and only applies to neonatal animals at this stage.

>the studies are entirely consistent with the
>hypothesis that refractive error in otherwise healthy eyes is 100%
>controllable by manipulating visual stimulus.

Another Alex sweeping generalisation. The results aren't as clear cut as you would obviously like to believe. See the following article for evidence for inherited characteristics, for example:

Zadnik K, Satariano WA, Mutti DO, Sholtz RI, Adams AJ. The effect of parental history of myopia on children's eye size. Journal of the American Medical Association 1994;271(17):1323.

However, the results of the studies are fascinating. I am sure they will have application to humans. However, just because something works in one animal doesn't mean it will work in another.

Alex, think a little kinder towards your fellow human. There are no world-wide conspiracies in physiological optics. Science doesn't work that way.

Rene

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From owner-i_see@indiana.edu Wed Apr 5 09:13:33 EST 1995
Date: Wed, 5 Apr 1995 09:02:19 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Why blame glasses if people go myopic anyway?
Status: RO
X-Status:

On Wed, 5 Apr 1995, Rene Malingre wrote:

> "Every child who wears glasses for myopia gets worse." Think about that
> one for a while. The kid wasn't always myopic. The axial length grew to
> a point where the image of a distant object fell in front of the retina.

Now right there that's an assumption that may or may not be true. One theory of myopia development is that myopia always starts with "pseudo-myopia", that is, a temporary over-contraction in the focusing

muscle brought on by stress, illness, too much reading, or what have you. That is, things are out of focus not because the eye is too long, but because the focusing mechanism is out of control.

> Don't you think the same process that caused
> the myopia in the first place would continue anyway? As I said, glasses
> are not a treatment!

Not necessarily. It may or it may not. According to one interpretation of the data from laboratory animal studies, here's what happens.

1. The kid's lifestyle does not change, in which case the eye is still picking up blurry images. This causes "form-deprivation-induced" elongation.
2. The kid puts on glasses, in which case things clear up, but the eye, being at first of normal size, now adapts to the minus-lens, becoming longer in order to make close work easier with glasses on -- "lens-modified emmetropization".
3. The kid starts walking straight, looking at the treetops, getting lots of fresh air and sunshine, and watching the clouds go by. Those pseudomyopic eyes spring back into life.

Now I know what you're going to say. You're going to say that eye doctors use special drops during an eye exam, which eliminate functional myopia. In response, I say that these drops may reduce, but often enough do not completely eliminate functional myopia. Complete elimination of pseudomyopia takes several days of atropine.

What I'm getting at is this: with constant wear of distance lenses, myopia doesn't have a chance in the world of improving, because the eye has absolutely no stimulus to do so. Myopia is actually stimulated to get worse, because the demand to focus INCREASES AT EVERY DISTANCE. If you don't wear glasses, you have a chance of improving your myopia, although it may continue to get worse if you don't learn how to use your eyes correctly. But without glasses, myopia never gets as bad as it does with glasses.

Incidentally, just because a "critical growth period" has been passed does NOT mean it's too late for you to develop towards normal vision. Exercise produces organic changes in the heart, lungs, and muscles, for example, at any age. Glands in the body are known to grow and shrink through life. There is no reason to assume that changes are impossible in the eye. In fact we know it can get worse -- why can't it get better, too? Just give your eyes a chance!

--Alex

PS I would really like to go on and on about the doublespeak involved with the official definitions of words like "acuity" and "correction" but I understand most people find such discussions tiring, so I won't.

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From owner-i_see@indiana.edu Tue Apr 4 08:46:47 EST 1995
Date: Tue, 4 Apr 1995 08:35:20 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Interpreting laboratory studies
Status: RO
X-Status:

I wish to thank I_SEE subscribers Jim Day and Rene Malingre for their reviews of recent studies on laboratory animals who became dependent on the lenses they were given, and who developed myopia in an impoverished visual environment.

We are told to interpret these studies "with caution" although I'm not sure what is meant by "caution".

What I think the cautious thing for lens manufacturers to do at this point would be to put warning labels on distance glasses along the lines of "Use of these lenses may be hazardous to your eyesight. Distance lenses have been proven to increase myopia in laboratory animals." A similar warning could be devised for tinted lenses, which create an impoverished visual environment.

Also, cautious optometrists should make their patients -- especially the young ones -- aware of these laboratory studies. This could help them if one of their patients ever decides to sue for not warning of the possible side-effects of the treatment -- standard practice in all other areas of medicine.

It seems to me that the laboratory studies were designed specifically to be inconclusive. In spite of this, and in spite of the ho-hum reaction by optometrists to the studies, the studies are entirely consistent with the hypothesis that refractive error in otherwise healthy eyes is 100% controllable by manipulating visual stimulus.

I believe it is only a matter of time before a conclusive study is run, proving that glasses reinforce the defect that they compensate for, and those who treat refractive errors with compensating lenses will be forced to change their ways or go out of business.

--Alex

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From owner-i_see@indiana.edu Tue Apr 4 20:10:02 EST 1995
Date: Tue, 4 Apr 1995 19:57:38 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Oh, no! Now a Meta-conspiracy theory!
Status: RO
X-Status:

On Wed, 5 Apr 1995, Rene Malingre wrote:

> Quite honestly, I don't know why I am responding. Conspriacy theorists
> are generally unreasonable, and impossible to have a normal dispassionate
> discussion with.

Quite honestly, I don't know why >I< am responding. Meta-conspiracy theorists are generally unreasonable, and impossible to have a normal dispassionate discussion with. I wish people would stop accusing me of conspiring against some kind of conspiracy.

[...]

> I do not consider the prescription of spectacles for myopia treatment.
> They are simply a visual aid. They certainly do not "treat" myopia,
> they simply enable the wearer to see distant objects clearly.

Hooray for you! Unfortunately, many docs I've corresponded with seem unable to tell the difference. Many of them call distance lenses for

myopia "standard treatment" and attach no consequence to the fact that someone's acuity is only their "corrected" acuity. Many times when I say that conventional eye science offers no treatment for myopia, doctors say, "whaddaya mean, we prescribe lenses!" When I say there should be studies that examine the difference between the advance in myopia among those with and without glasses, they say "what? And deny children treatment?"

> There
> is no evidence they make matters worse, either, in humans.

There is plenty of evidence. Every child who wears glasses for myopia gets worse. More than once, I've heard of a kid who wears glasses and whose brother or sister -- with the same degree of myopia -- refused. The eyesight of the sibling who chose to wear glasses got much worse. In addition, there are books by retired (of course) optometrists (Joseph Kennebeck, Jacob Raphaelson) who, against their professional training, and after years of prescribing distance lenses for myopia, came upon ways to treat myopia successfully. I will reprint from them at a future date. Needless to say, their reports are not to be found in any of the mainstream journals.

> >It seems to me that the laboratory studies were designed specifically to
> >be inconclusive.
>
> Get a life, Alex! Your conspiracy theories reflect very poorly on you.
> Alex, the world ISN'T flat, and credit card companies aren't conspiring
> to rid the world of real money in order to fulfill a bible prophesy.

First of all, I love credit cards. Secondly, who's living in an ivory tower here? Would you be able to count on funding from Bausche and Lomb etc. if you planned a study that might prove that their product was harmful? Would you be able to remain on friendly terms with your optometric society buddies if you came out and said, "you guys are crippling children with your so-called treatment!" It's not a conspiracy, it's just the politics of the game of science. I've talked with an author of an article on myopia training who said he had to tone down his claims before they would publish his successful experiment results; he also had trouble getting the optometrists and even the military (who want to remain selective) to cooperate in setting up the experiment -- he had to compromise his experimental design. And this report was published in a behavioral optometry journal! Even behavioral optometrists are under enormous pressure not to rock the boat, since they depend on referrals from ophthalmologists.

> I would hazard a guess that most optometrists haven't made themselves
> aware of the studies. It's pretty recent work, and only applies to
> neonatal animals at this stage.

You're right there. But they should know about it. Meanwhile, let's push for better studies!

>
> >the studies are entirely consistent with the
> >hypothesis that refractive error in otherwise healthy eyes is 100%
> >controllable by manipulating visual stimulus.
>
> Another Alex sweeping generalisation. The results aren't as clear
> cut as you would obviously like to believe.

You're right. The studies don't imply with certainty that my position is correct, but then again, that's not what I said. I said they are CONSISTENT WITH and are thus EVIDENCE FOR my position.

See the following article

> for evidence for inherited characteristics, for example:

>

> Zadnik K, Satariano WA, Mutti DO, Sholtz RI, Adams AJ. The effect of
> parental history of myopia on children's eye size. Journal of the American
> Medical Association 1994;271(17):1323.

There is no question that myopia runs in families. The question is, is myopia more genetic or more, as they say in anthropology "culturally transmitted". Body tension, like all mannerisms, is easy for children to pick up. Myopes tend to be tense people. According to many theories of myopia, myopia is (or results from) ocular tension of a certain type.

> However, the results of the studies are fascinating. I am sure they will
> have application to humans. However, just because something works
> in one animal doesn't mean it will work in another.

True enough. But obviously these experiments were meant to say something about HUMANS. What I find especially relevant is the implications of prescribing distance lenses for preschoolers.

>

> Alex, think a little kinder towards your fellow human. There are no
> world-wide conspiracies in physiological optics. Science doesn't work
> that way.

Rene, think a little kinder towards your colleagues in vision science. They are not accusing anyone of conspiring. They're more concerned with building a coherent theory of vision development than staging a witch-hunt.

--Alex

=====

From owner-i_see@indiana.edu Tue Apr 4 21:19:31 EST 1995
Date: Wed, 05 Apr 1995 11:58:47 +1000
From: r.malingre@qut.edu.au (Rene Malingre)
Subject: Oh, no! Now a meta-meta-conspiracy theory!
Status: RO
X-Status:

On Wed, 5 Apr 1995, A E wrote:

>Quite honestly, I don't know why >I< am responding. Meta-conspiracy
>theorists are generally unreasonable, and impossible to have a normal
>dispassionate discussion with. I wish people would stop accusing me of
>conspiring against some kind of conspiracy.

>

Whoa, there! I don't share your linguistics training! I don't quite understand what you mean. I thought I said that you thought that there was a conspiracy in vision research. I cannot read your initial statement any other way. I didn't say that you were conspiring.

>> I do not consider the prescription of spectacles for myopia treatment.
>> They are simply a visual aid. They certainly do not "treat" myopia,
>> they simply enable the wearer to see distant objects clearly.

>

>Hooray for you! Unfortunately, many docs I've corresponded with seem
>unable to tell the difference. Many of them call distance lenses for
>myopia "standard treatment" and attach no consequence to the fact that

>someone's acuity is only their "corrected" acuity.

In optometry, the word "acuity" means "corrected acuity." It is a measure of the best vision that that eye can obtain. "Vision" means uncorrected vision. "Vision with glasses" means vision through a persons spectacles. In an emmetrope, acuity = vision. For an uncorrected myope, vision <> acuity. For an undercorrected myope, vision with glasses <> acuity. Thus, "acuity" has a specific meaning.

>Many times when I say
>that conventional eye science offers no treatment for myopia, doctors
>say, "whaddaya mean, we prescribe lenses!" When I say there should be
>studies that examine the difference between the advance in myopia among
>those with and without glasses, they say "what? And deny children treatment?"

Yes, well, what is the linguistics term? Semantics? Different people attach different meanings to the same word. They mean, "What? Deny children the ability to see things further away than their nose?"

>
>> There
>> is no evidence they make matters worse, either, in humans.

>
>There is plenty of evidence. Every child who wears glasses for myopia gets
>worse. More than once, I've heard of a kid who wears glasses and whose
>brother or sister -- with the same degree of myopia -- refused. The
>eyesight of the sibling who chose to wear glasses got much worse. In
>addition, there are books by retired (of course) optometrists (Joseph
>Kennebeck, Jacob Raphaelson) who, against their professional training, and
>after years of prescribing distance lenses for myopia, came upon ways to
>treat myopia successfully. I will reprint from them at a future date.
>Needless to say, their reports are not to be found in any of the
>mainstream journals.

"Every child who wears glasses for myopia gets worse." Think about that one for a while. The kid wasn't always myopic. The axial length grew to a point where the image of a distant object fell in front of the retina. The child then had blurry vision, and was functionally better off wearing glasses. The axial length continued to grow. The image plane kept moving. Of course the myopia increased. You're implying that the myopia was made worse by the glasses. Don't you think the same process that caused the myopia in the first place would continue anyway? As I said, glasses are not a treatment!

>
>> >It seems to me that the laboratory studies were designed specifically to
>> >be inconclusive.

>>
>> Get a life, Alex! Your conspiracy theories reflect very poorly on you.
>> Alex, the world ISN'T flat, and credit card companies aren't conspiring
>> to rid the world of real money in order to fulfill a bible prophesy.

>
>First of all, I love credit cards.

Me too. That was just a gentle jibe, attempting to say that your little conspiracy theory was as ridiculous as some others.

Secondly, who's living in an ivory
>tower here? Would you be able to count on funding from Bausche and Lomb
>etc. if you planned a study that might prove that their product was
>harmful?

No! However, I could probably count on funding from the National Health and Medical Research Council!

Would you be able to remain on friendly terms with your >optometric society buddies if you came out and said, in effect, "you guys >are crippling children with your so-called treatment!"

Yes, if I had proof! Conventional optometry in Australia tolerates even the most controversial behavioural optometrists. In fact, a recent national president of the AOA is a prominent behavioural optometrist. We might snicker behind their backs about some of their theories, but we stand united as a profession.

It's not a >conspiracy, it's just the politics of the game of science. I've talked >with an author of an article on myopia training who said he had to tone >down his claims before they would publish his successful experiment >results; he also had trouble getting the optometrists and even the >military (who want to remain selective) to cooperate in setting up the >experiment -- he had to compromise his experimental design.

What, improve it? Have control studies? Have random selection of subjects? Use double-blind or other shielding procedures? Have objective rather than subjective measures? Fancy that!

And this >report was published in a behavioral optometry journal! Even behavioral >optometrists are under enormous pressure not to rock the boat, since they >depend on referrals from ophthalmologists.

Even behavioural optometrists are forced to back their claims with statistically significant evidence from sound experiments that are adequate to test their hypothesis.

>
>> I would hazard a guess that most optometrists haven't made themselves >> aware of the studies. It's pretty recent work, and only applies to >> neonatal animals at this stage.
>
>You're right there. But they should know about it. Meanwhile, let's push >for better studies!

>
>>
>> >the studies are entirely consistent with the >> >hypothesis that refractive error in otherwise healthy eyes is 100% >> >controllable by manipulating visual stimulus.
>>
>> Another Alex sweeping generalisation. The results aren't as clear >> cut as you would obviously like to believe.
>
>You're right. The studies don't imply with certainty that my position is >correct, but then again, that's not what I said. I said they are >CONSISTENT WITH and are thus EVIDENCE FOR my position.

The results support your hypothesis. But the results aren't as clear cut as you would obviously like to believe.

>
>See the following article
>> for evidence for inherited characteristics, for example:
>>
>> Zadnik K, Satariano WA, Mutti DO, Sholtz RI, Adams AJ. The effect of

>> parental history of myopia on children's eye size. Journal of the American
>> Medical Association 1994;271(17):1323.

>
>There is no question that myopia runs in families. The question is, is
>myopia more genetic or more, as they say in anthropology "culturally
>transmitted".

Yes, this question is valid. However, optical component measurements
strongly imply inheritance. See also twin studies (monozygotic vs
dizygotic).

Body tension, like all mannerisms, is easy for children to
>pick up. Myopes tend to be tense people. According to many theories of
>myopia, myopia is (or results from) ocular tension of a certain type.

>
>> However, the results of the studies are fascinating. I am sure they will
>> have application to humans. However, just because something works
>> in one animal doesn't mean it will work in another.

>
>True enough. But obviously these experiments were meant to say something
>about HUMANS. What I find especially relevant is the implications of
>prescribing distance lenses for preschoolers.

Yes, they are an attempt to find an animal model for human myopia,
just as preliminary drug research is done in animals. However,
some animal models are very successful in modelling humans response
to some pharmaceuticals, but hopeless to other pharmaceuticals.
Chickens are a long way genetically from humans!

>
>> Alex, think a little kinder towards your fellow human. There are no
>> world-wide conspiracies in physiological optics. Science doesn't work
>> that way.

>
>Rene, think a little kinder towards your colleagues in vision science.

Are you implying that you are in vision science?

>They are not accusing anyone of conspiring.

If you, Alex, are part of "they," then you are wrong; you DID
accuse vision researchers of deliberately crippling their experiments
so they got inconclusive results. Sounds like a conspiracy theory to me!

They're more concerned with
>building a coherent theory of vision development than staging a
>witch-hunt.

I am running a witch hunt?

Rene

=====

From owner-i_see@indiana.edu Sun Jun 4 19:13:50 EST 1995
Date: Sun, 4 Jun 1995 13:12:06 -0700
From: mccollim@ix.netcom.com (Richard Mccollim)
Subject: Do negative lenses make vision worse?
Status: RO
X-Status:

Alex has suggested that I submit the following to I_SEE for the

benefit of those who don't access the sci.med.vision forum. It was submitted on May 31.

A thread has been appearing off and on for the past several weeks on the general theme of "Do contact lenses make myopia worse?" and "The dangers of distance lenses". In general, the answers have been an emphatic NO:

"Contacts DO NOT make the eye dependent on them or worse" --
Richard Allen

"Wearing...minus lenses to optically correct myopia will not make your vision worse..." --John Warren

"Write on, proclaim yourself knowing more than all the good scientists who have come before you, more than all the practitioners of the art you have studied these many weeks. Write on, guess at topics in our field, confuse well intentioned bright folks. Knock yourself out. The professionals who have a real commitment to people, will be around to pick up the pieces." --David Granet

O.K. O.K. We can take a hint. Us dumb lay persons should just keep quiet and uncritically accept any and all pronouncements by the experts. The problem is that many of the "facts" of ophthalmology are merely opinion masquerading as fact (opposing evidence is usually just "swept under the rug"). Paul Harris is right (see below). Much of the practice of medicine is based simply on opinion, never having been subjected to rigorous investigation. The negative-lens question is a good example.

My contention is that negative lenses DO MAKE VISION WORSE. Not only that, but the evidence is so strong for this that IMHO the burden of proof is on the doubters.

So, HOW do negative lenses make vision worse? Simple. They force the lens to accommodate more than they would without lenses, or with weaker lenses. (In speaking of contacts, I'm referring to the negative aspect of the prescription; the question of the possible effects from the fact of their being in direct contact with the eyeball is another subject).

When an uncorrected myope looks at infinity, the image he sees is blurred, the source of the blur being the focal point situated in front of the retina. However, the accommodative mechanism can do nothing to correct this because it is already at the limit of its effective action, i.e. it is relaxed.

When a myope wearing the full correction looks at infinity (for practical purposes, any distance 20 feet or greater), he sees clearly and there is no need to accommodate. But, any time that he looks closer than 20 feet, the focal point of the rays entering the eye moves backwards, to a point virtually behind the retina, producing a blurred image. In order to clear up the blur, his crystalline lens will need to adjust for this closer distance by refocussing so as to move the focal point forward toward the retina, and of course this is accomplished by contraction of the ciliary muscle.

What this boils down to is that the crystalline lens of the fully corrected myope accommodates more (in the sense of more often) than that of the uncorrected myope. Those who believe that wearing negative lenses has no harmful effects on vision are also saying, in

effect, that frequent and/or long-term accommodation has no effect on vision, in other words, on the refractive power of the lens. This is demonstrably NOT true.

I'm just guessing here, but I suspect that most eyecare professionals believe that the power of the lens in the resting state is a fixed value. On the contrary, the resting state of the lens depends on what the lens was doing previously.

A study of accommodative hysteresis (1) shows a very marked effect on the resting level of accommodation, i.e. the power of the lens at rest. Hysteresis (from the Greek, "to lag") refers, in accommodation, to the delayed effect of a particular fixation of the lens. The experiment shows conclusively that even a relatively short period of accommodation has a subsequent effect on the resting level of accommodation.

The subjects of the experiment, with acuities of 20/15 to 20/25, fixed their eyes for a period of 8 minutes on a target placed at their near point (the closest point at which they could maintain clear vision). Subsequently, their acuity was tested 8 minutes later and 16 minutes later. The results showed a significant increase in their lens power, i.e. their resting level of accommodation had increased, by 0.3 negative diopters.

The same test was performed with the target placed at the subjects' far point. In this case, the resting level of accommodation at 8 and 16 minutes after the test showed a decrease in lens power, although this was very slight.

In regard to the "decay period" (the extent to which the lens returns to its original state), it is especially significant that there was a marked difference in the behavior of the lens after looking at the near point compared to looking at the far point.

After 16 minutes, the near-point increment only diminished to 88% of its initial value, whereas the far-point shift had dropped to 33% of its initial value. Assuming an exponential decay function that asymptotes in five time constants, the far-point effect would dissipate in 72 minutes, whereas the near-point effect would require 10.26 HOURS.

The accommodative mechanism is preeminently a system whose purpose is to adapt the eye to whatever viewing conditions are present, so, it is just doing its job. When negative lenses produce more blur at near distances, the lens accommodates accordingly.

Someone suggested some time ago that the forum periodically post a "quackery warning" to alert the unwary to postings about unscientific, unfounded, new-age type advice on vision (Batesian theories, etc.).

What would be even more useful is a warning to the effect that some of the pronouncements about vision by the MDs and ODs on the forum should be taken with a great deal of skepticism. This is more insidious because some people are more likely to be overly impressed by an MD or OD after a name.

This demonstration of the long-term effect of maintained accommodation is not at all new. (At the risk of boring some sci.med.visioners, I am repeating excerpts from some of my posts of Dec.-Feb.) Many years ago Lancaster (2) reported on this phenomenon:

He states that "...if the accommodation is maintained a few minutes at the maximum, the near point does get nearer and the eye may become accommodated 20% to 30% or more, nearer than at the first. If the near point at the start was 6 D. it may become 7, 8, or 9 D. This...is due to the viscosity of the lens substance. An immediate rapid (about one second) change takes place when the lens adjusts itself for a near object, but if a maximum effort of accommodation continues to be made, the lens slowly (5 to 10 minutes) goes on changing its shape and becoming more strongly refractive.

"Commonly, when the eye, after such an intense effort of accommodation, is shifted to a distant object, although the ciliary muscle may promptly relax, it takes time (a few seconds to a few minutes depending on how long the near effort was continued) for the lens to regain its normal shape adapted to a distance. This is due to the viscosity which makes a change in the shape slow."

Other investigators have also demonstrated the slowness of lens changes in experiments on lenses removed from the eye. According to Kikkawa and Sato (3) "Application of an external force to the lens caused a rapid deformation followed by a second phase of slow deformation. On removal of the force, a rapid partial reversal of the deformation occurred and was followed by a gradual restoration; complete recovery was not achieved."

Kabe (4) reported a similar result from his investigations. He showed that when accommodation is increasing, the change in the apparent curvature of the anterior surface of the lens is slow and continuous, but when accommodation is decreasing, there is a prompt, followed by a slow phase.

The slow recovery rate of the lens was shown dramatically in my own experiment in artificially-induced myopia (which produced an increase of 5 diopters). When the experiment was terminated (removal of the factors that had caused the 5 D. increase), the process began to reverse.

The significant point is the amount of time it took for the lens to return to its original refraction: several YEARS. This is not surprising, considering that my experiment involved several weeks of a situation which was, in effect, the equivalent of near-point fixation. Compare this with Ebenholtz's experiment, in which only 8 minutes of near-point fixation required 10.26 hours to reverse.

Ebenholtz drew the obvious conclusion by stating that "...the extraordinarily long decay time constants associated with near-point fixation suggest a potentially important role in the etiology of axial myopia." And "Since accommodative hysteresis implies a long lasting increase in ciliary muscle tonus, it is conceivable that the propensity toward hysteresis effects is related to the incidence of near-work induced myopia."

Logically, those who believe that excessive accommodation has nothing to do with myopia also believe that nearwork (usually in the form of reading) has nothing to do with myopia. If this post weren't already so long, I could list many dozens of studies that do show a relationship: submarine crews compared to National Guardsmen (significantly more myopia), Eskimo school-children compared with their parents who didn't go to school (far more myopia), university students compared with the general population, many studies by the Japanese. There are also studies that don't support the relationship, but so what? Which negates which? Although I haven't read all of

them, those that support the nearwork/myopia relation appear to be stronger and to outnumber those that don't.

In the face of all the evidence, it seems that only ophthalmologists and optometrists are stubborn enough to insist that negative lenses have no effect on vision and that nearwork has little or nothing to do with myopia.

Paul Harris, O D., in a recent post, quotes a study from the New England Journal of Medicine to the effect that "at least 85% of that which physicians do has NO BASIS whatsoever in having ever been studied at all. They just do it and it is the standard practice of care." This sounds like what the eyecare professionals do regarding full correction--they just do it, thereby perpetuating the same error year after year.

I'm not suggesting that they tell myopes to stop using their lenses (when I'm driving I don't want some uncorrected 20/400 myope coming in my direction!). But the least they could do would be to advise low-grade myopes to read without their correction if they are able to do so comfortably (the same if they use a computer or with other nearwork tasks).

This could very well produce a significant slowing in the progression of their myopia. Of course patients might return less often to change their Rx, ergo fewer lens sales. But, here's the good news (for the providers!)--simply tell patients that they need to buy TWO pairs of glasses, one with a slightly reduced Rx for general use and one with the full correction for more critical tasks such as driving, etc.

I don't think I am dogmatic about this. Give me a good, logical, scientific explanation of why long-term accommodation (caused either by negative lenses or nearwork) DOES NOT cause long-term changes in refraction and I'll issue a retraction.

Have an eyes day.

Rich

1. Sheldon Ebenholtz. Accommodative Hysteresis: A Precursor for Induced Myopia? , Investigative Ophthalmology & Visual Science, April 1983.
2. Lancaster W. Refraction and Motility. Springfield: Charles C. Thomas, 1952 (pp. 115-116)
3. Kikkawa Y. and Sato T. Elastic properties of the lens. Exp. Eye Res. 2: 210-215, 1963.
4. Kabe S. Dynamic aspects of accommodation. Rinsho Ganka (Jpn. J. Clin. Ophthalmol.) 21:341-352, 1967.

(The Japanese, who have a notoriously high incidence of myopia, have produced a very large body of work, much of it supporting the nearwork hypothesis. Unfortunately, it seems to have been largely ignored in the U.S., even though much of it is in English).

--

Richard McCollim

mccollim@ix.netcom.com

=====

From owner-i_see@indiana.edu Sun Aug 20 19:45:01 EST 1995
Date: Sun, 20 Aug 95 17:24 PDT
From: Beyond_20/20@Sunshine.net (Beyond 20/20 Vision)
Subject: Re: Causes for myopia
Status: RO
X-Status:

>Here is another thought. Does myopia correlate with shyness and/or
>introversion? Being told to "shut up and sit down" during the formative
>years may lead to an introspective personality. Myopia may be in part
>due to the attempt to turn the vision inward.
>Robert

Myopia is a reaction to the world being perceived as unsafe. If you would like to stir up a little discussion, my clinical research implicates difficulties with sexuality being connected to the myopia, more than 50 percent of the time. These are unresolved perceptions like the reprimand. The sexuality component is more true in the presence of astigmatism associated with myopia Even in cases where my patients are having consistent 20/20 flashes, without glasses, I need to coach them on their ever present myopic behaviour of inwardness and not seeing the forest from the trees. Robert-Michael Kaplan

Beyond_20/20@sunshine.net

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=====

From aeulenbe@indiana.edu Thu Nov 20 00:41:47 1995
Date: Mon, 20 Nov 1995 00:25:58 -0500
From: aeulenbe <aeulenbe@ezinfo.ucs.indiana.edu>
Subject: Alex's myopia experiment
Status: RO
X-Status:

On sci.med.vision ...

Alex:
>>>What we do need
>>>is some hard data on what happens to kids with LOW MYOPIA, ON AVERAGE
>>>when they are given glasses, as opposed to let alone.

John Warren, OD <warren@execpc.com> wrote:

>As stated previously, such studies might prove you right, or wrong.
>The problem is finding someone who sees their child as a lab animal
>and is willing to withhold accepted treatment "in the name of
>science." Design and implement a study if you really feel that you
>have a valid hypothesis.

Design I can do. Implement is another thing. For that I would need the help of an OD or Ophthalmologist.

All you'd have to do is each time there comes to your office a 9 to 14-year-old with a 1.0 diopters of myopia, and 20/40 vision, but who is doing fine in school, and who does not think they need glasses, and whose parents do not care one way or another whether the child gets glasses, flip a coin and do one of two things:

1) Tell them that their vision is poor now, but that if they are to get glasses at such a young age, there is a possibility that their vision will get worse than it would without the glasses. Tell them that this puts them at higher risk for retinal detachment. Tell them to sit closer to the chalkboard if it's hard to read, and use a pair of +1.00 D reading glasses for all close work, especially late night studying and written tests during school. Give them an eye chart so that they can monitor their own vision. Tell them to spend more time outside, and less time watching TV or playing video games. See them in a year.

2) Tell them that they need glasses. Tell them that by wearing the glasses they will be keeping their eyes healthy, and tell them to wear the glasses as much as possible, including when reading. Tell them that if they feel any discomfort, this is only a sign of adjustment and their vision is not getting worse. Tell them that they may think their vision is getting worse, but this is just an illusion. See them in a year.

Since such children are below the driving age, and their vision is 20/40, you cannot argue that they need glasses for driving. Since they are doing well in school, you cannot argue that they need glasses to read the chalkboard. Since such children do not particularly want to or feel the need to wear glasses, they will not consider themselves "guinea pigs". I know quite a few people who as children would have been more than willing to have had "accepted treatment[sic]" withheld from them -- that is, go for a year continuing to not wear glasses -- if they had been presented with the arguments for and against glasses. Probably far more than would ever willingly wear bifocals. And bifocal experiments are legion.

--Alex

=====

From owner-i_see@indiana.edu Thu Dec 14 18:40:52 EST 1995
Date: Thu, 14 Dec 1995 18:25:41 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: The Baltimore Project
Status: RO
X-Status:

> Thanks for responding to my post. I read a lot of the material
> on the web site and then went to the library to see what they had.
> It seems that there are very conflicting views on the effectiveness
> of the "Bates" method. I read in one of the books, that the Johns
> Hopkin's University Medical School had conducted extensive evaluations

> of this method in a controlled environment and had little success
> with it. As such, ophthalmologists do not seem to recommend it.

You are thinking of the Baltimore Myopia Project. First of all, it did not test the Bates method, but some unspecified exercises designed by optometrists. Significantly, the participants continued to wear their regular prescription glasses throughout the experiment. Second of all, it was a pilot study; it only lasted a few months. Thirdly, not all eye doctors who reviewed the study believed it produced negative results. Some said that the results, while modest, were significant.

There was an article written in the Journal of Behavioral Optometry 1992 (vol. 2, no. 2, p. 47), called "The Baltimore Myopia Study: 40 Years Later." Here is the abstract:

:The Baltimore Myopia Project (BMP) is one of the most frequently cited
:studies concerning the efficacy of vision training. As a result of the
:study two sets of publications appeared in the literature between 1946
:and 1947. One set was written by an ophthalmologist and the second set by
:optometrists. The ophthalmological articles stated that the results of
:the study showed that vision training was not efficacious in the
:treatment of myopia. The optometric articles reported results supporting
:efficacy of vision training in the treatment of myopia. After reviewing
:each of the articles in detail, the apparent contradiction became
:understandable: the two sets of articles did not utilize the same sets of
:data. We performed a post hoc analysis of the available data using modern
:statistical methods. Our conclusions are that there were statistically
:significant positive changes in visual acuity and that the
:ophthalmological opinion that the BMP indicates a lack of support for the
:efficacy of myopia reduction vision training is unfounded.

--Alex

=====

From owner-aeulenbe_i_see_digest@indiana.edu Mon Oct 30 10:58:26 EST 1995
Date: Sun, 29 Oct 1995 23:29:57 -0500
From: JimDayOD@aol.com
To: aeulenbe@indiana.edu
Subject: Re: Eye Pressure and Myopia

Alex,

The chick corneal response was greater distortion of the corneal shape with less intraocular pressure.

The older medical /optometric instrument was a Schiottz tonometer. It actually measured some of the corneal rigidity. The new puff and Goldmann tonometers minimise the rigidity component.

I find the less rigid the cornea the more myopia progression occurs. The animal studies here show that the eye changes rigidity with myopia progression. A softer sclera is found in the myopia group.

Jim

=====

From owner-i_see@indiana.edu Sat Dec 23 13:10:44 EST 1995
Date: Sat, 23 Dec 1995 12:59:29 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Myopia Prevention: theory and practice
Status: RO
X-Status:

The following letter was sent to me by Denis Alarie, from Ontario. He originally sent it to Howard Howland, a vision researcher at Cornell who has done work on chicks, inducing myopia by applying minus lenses to their eyes. Denis found the I SEE home page, and sent a copy of the letter to me. I now pass it on to I SEE...

Mr. Howard C. Howland
W201 Seeley G Mudd Hall
Cornell University
Ithaca NY 14853 USA
Via: Ethernet hch2@cornell.edu

Dear Sir :

About your ongoing research on the development of the eye.

It was with a great deal of interest that I read an article in Discover magazine in the October 1995 Issue concerning your ongoing work on the development of the eye and its relation to bio feedback.

I come from a family of 7 where both the parents are with normal vision and where all 5 of the children were nearsighted and read a lot. I graduated from Queen's University in 1977 with a first class degree in Civil engineering and also graduated with courses in Genetics. This interestingly enough, gave me a background in evolution, genetics, mechanics and physics.

I had believed since I was about 15 that there was a causal link between eye development and Myopia and indeed was immensely interested when I read an article supporting that position.

At first (around 1972) I had hopes that by carefully managing the use of my eyes I would be able to reverse the myopia about (- 1 dioptre). This I theorized would be done by using reading glasses to simulate an at rest condition. I experimented with various lenses used while reading and studying ranging from +1.5 dioptre to + 2.5 dioptre, all the while thinking of and studying the structure of the eye to see if I could gain a better understanding of the process.

Although my eyes never improved they did not get any worse from a refractory point of view. It was relatively easy to experiment since my eyes did not have any astigmatism. I could therefore purchase glasses at the drug store for reading . I also talked my eye doctor into prescribing glasses at -.75 dioptre that I would wear while attending classes. This did not do anything even though I played around with this concept for years. One thing that it did do was make me more aware of the minor changes which seemed to occur with my eyes due to atmospheric pressure, influence of alcohol and marijuana use, reading, driving, smoking.

After I graduated 1977, I married in 1978 and had a family. My wife was a graduate nurse at University of Toronto and was mildly myopic with -.50 in the right eye and -.75 in the left eye. She did not wear her glasses which probably helped to prevent her vision from changing further.

We have two daughters aged 15 and 11 both of whom have eyes that are almost perfect as far as spherical corrections are concerned they are both at 0 dioptre +/- .25. From the time that they were young I have encouraged good eye habits in both of them, ie don't sit too close to the TV , Head up when they walk Etc. When we moved to Timmins in 1987 we went to see an eye doctor by the name of Al MacIvor. He was talked into prescribing reading glasses for both of the kids . My reasoning was that since my eyes had stabilized at about -1.00 to -1.25 dioptre that reading glasses of +1.25 dioptre would probably be about the right level for them.

A l said that both of the girls had very little reserve in their eyes and would both be myopic by the time they were 15. He looked at me with a bit of a glazed look in his eyes when I started talking to him about my ideas and probably thought I was talking about pyramid glasses etc. I insisted that the prescription not contain any cylindrical corrections.

This now 1995 and the girls are fine. Their eyes basically have not changed in 8 years. They both are avid readers and computer users and they both wear their reading glasses.

In a further elaboration to the above I have noticed that in the workplace where I work there is a very high incidence of occupational myopia in office workers. Truck drivers never develop myopia . Similar to your observations about the pilots who have good vision prior to their studies and poor vision after.

I am not looking for anything from this. Just trying to help where I can and enjoying the chance to finally be able to transmit my information to someone who takes it seriously and has the professional credentials and interest in pursuing it further .

I attach a brief synopsis of my ideas to you:

A THEORY ABOUT EYE DEVELOPMENT

When a child is born his eyes are not fully developed. In a complex interaction between the ocular structures the child inherited and the environment the eyes develop over time.

At this point we may well ask ourselves why nature would not see fit to endow a child with a perfect eye . Would it not be easier to create a perfect eye and not one that requires and goes through all kinds of changes in refractive powers as it develops. The answer is not at all obvious but may be deduced using plain common sense combined with a bit of basic knowledge about biology, genetics and engineering. It is not clear that in an evolutionary sense it is important to have good vision either.

According to biological laws a child inherits all of his physical traits from his parents. In the case of the eye these traits could be for instance lens power, eyeball size, elasticity and tendencies towards certain patterns of eye development which we will get into later. One can see that for instance the inherited/genetic coupling of a small eye with a large eye (a genetic simplification) could lead to problems in the sense that a lens adapted to a small eye would focus improperly when placed in a large eye.

However nature in her wisdom has evolved an eye that usually develops

normally unless of course the usual pattern of development is interfered with as we shall see later.

The easiest way for this mechanism to work would be to have the eye interact with the environment into which it sees. By a simple bio-feed back mechanism(which by the way does not always work perfectly) the eye strives to adjust its accommodative/resolving/brain matching powers to develop a normal seeing ability.

In order to act properly this feedback system has to act slowly in order not to overreact to short-term situations. It acts in such a fashion as to create a normal eye not in our modern environment but in an environment as it existed years ago before the advent of modern television, newspapers, and the avalanche of printed materials which are before us to-day. The importance of good vision was a powerful evolutionary force in the days before corrective measures were common or even invented. Such a powerful force would have evolved systems which in some cases are not that beneficial in the different modern visual environment. And yet it is true that in many situations then as well as now it is a handicap in the Darwinian sense to be endowed with good vision.

The biofeedback system would act more rapidly at birth and gradually slows down in later years. In fact if this feedback developmental system is so important to the proper development of the eye that should the eye not interact properly with its environment before the age of six adequate development may never occur. This is the predominant reason why eye specialists recommend patching the strong eye in cases of lazy eye- to force the lazy eye to interact with its environment.

How does this interaction with the environment take place ? The answer relates to many things - nerves , receptors at the back of the eye, eye drainage/ elasticity/accommodative powers/size etc. We are concentrating this discussion on the aspect of development which relates to physical eye development in terms of focusing ability and size. Research needs to be done in order to quantitatively pin down all of the relevant parameters.

One of the first thing the brain trains the eye to do after birth is to focus on things such that a clear image is developed by a proper focus on the retina. Basically when the eye sees something it tries to focus on it. If the object is out of range of the eyes focusing/acuity ability makes the person see only a blur as the brain can only make limited sense out of the nervous impulses sent back to the brain. In the normal eye the focusing muscles which act on the lens are at rest when the eye is focused on objects at infinity. Any objects which are looked at any closer than 20' involve the use of these focusing muscles and objects which are very close to the eye involve a greater use of these muscles.

The physical act of focusing causes a change in the eye's internal drainage system. This is the system which balances incoming fluid with outgoing fluid. The greater the strain on the focusing muscles of the eye the greater the constriction on the canals of Schlemm which are located at the juncture of the iris and cornea. It is not clear if the constriction amount is related to the degree of focus required or in genral terms to the use or non use of the focusing muscles. It may take quite a period of time for pressure to build up or decrease. As the pressure builds up in an eye the natural elasticity of the eye allows the eye to stretch and actually expand like a balloon but on a small scale. Over time and with this constant interaction between internal eye pressure and elasticity of the eye the eye may/will undergo a permanent minute change in size and shape which is enough to alter the refraction distance from the retina to the lens.

The eye can be compared to a kitchen sink : There is a faucet to allow water to run in and a drain to let the water run out. Unlike a sink there

is no overflow and excessive pressures in the eye can build up.

These effects are very gradual and are usually overlooked. In adults the effects are minimal because the eye loses its elasticity as we get older and because the demands of adult life may require a different useage pattern. In a young child the changes can be most pronounced. Some children are born with one normal eye and one eye in which the drainage system is blocked. In the abnormal eye extreme nearsightedness and blindness eventually result combined with an abnormal increase in eye size.

Nature has created this system of natural feedback to allow the eye to develop normally in response to an environment. After children are born , over time their eyes develop normal vision. The responses to the natural feedback are slow in occurring and each person's response would vary minutely from everyone else's. In a normal eye, at rest the light rays would be focused perfectly at the retina when the light rays are coming in from a distance of over 20 feet. The important thing to note is that it does occur and the effects can best be understood by examining the two extreme scenarios which might develop. These scenarios would of course be important in the case of Spherical aberrations only. When a person starts to look at astigmatism and all of the complications that might occur from such a consideration the situation becomes much more complex.

Scenario #1: A person's eye is always gazing off into the distance. Nature's feedback system will work towards the eye muscles being completely relaxed when the eye is looking off in the distance. In order to see close the eye will have to actively focus.

Scenario # 2 A person's eye is always looking at a book 14 inches away . Nature's feedback system will work towards the eye muscles being completely relaxed when the eye is looking at a book 14 inches away. This will occur through actual structural changes of the eye. When the person involved tries to look farther away things will seem blurry. In young children some of these effects are temporary but as the children get older the effects become more and more permanent. Once the effects become more permanent the eyes will have to wear corrective lenses for myopia since the muscles would already be completely relaxed.

A complete understanding of the biofeedback system as it applies to the focusing power of the eye and its variations among individual's would allow trained individuals to interfere with the process and steer the eye's development so that the focusing muscles are at rest when the eye is looking at something far away. The biofeedback system is most active in the young and has a minimal effect after the early twenties.

It is not meant as a criticism but the present state of the art in eye care does not recognize this biofeedback mechanism and in instances creates a spiralling biofeedback effect leading to extremes in eye development. Nature's biofeedback system does not respond to corrective lenses it responds to the accommodative responses required to focus.

Suppose a child likes to play Nintendo and holds his face away from the screen about two feet away. Say that child's eye has responded to this environment and developed a need for a corrective lenses of -1.00 Dioptres. The eye doctor comes along and prescribes a lens of -1.00 Dioptres. The child may goes back to this environment. . If the child plays nintendo but does not wear his glasses then no further harm may result. If the child however wears his glasses to play nintendo then Lo and behold the first thing you know the child's eye develops a need for another - 1 Dioptres in addition to his initial 1 Dioptres lenses and so the cycle continues. This cycle is slow and eventually may stop once the child gets a little older. Sometimes to halt this process doctors (without any real concept of the

underlying mechanism)prescribe bifocal lenses to ensure that when the eye is engaged in close activities the eye is at rest. This may apply particularly when the child does a lot of reading. This bypasses the biofeedback system and slows or prevents further adverse changes.

Nature has evolved unorthodox ways ways to prevent the biofeedback system from running amuck in young children. Some of these are as follows: Short attention span, eyes get tired quickly, minor astigmatism, dyslexia or inability to read. All of these prevent children from becoming completely absorbed in activities which involve considerable focusing on close objects. The most dangerous activities for children are computer terminals, books, and watching TV from a close distance. These activities all have several things in common: They involve a good deal of strong focusing over extended periods of time and they are all relatively new activities in the evolutionary time scale. In other words eye development has evolved in response to a different set of environmental parameters.

It would seem entirely reasonable that proper eye care should recognize nature's Biofeedback system and act accordingly to ensure proper eye development.

Articles have been written to indicate that there is strong correlation between Intelligence and nearsightedness. It would be interesting to see what correlation there is between eye habits and nearsightedness taking into account the imposed environmental stresses. It is noted of course that persons with High IQ may have very different eye habits than people with low IQ. In fact the very environments themselves that contribute to high IQ may also contribute to nearsightedness.

Such a study would filter out such important factors as:

- 1)Description of activity.
- 2) The intensity and duration of the activity.
- 3) The level of refractive accommodation required by the eye to focus on the surface.
- 4) The type of rest period and the duration of the rest periods for the eyes.
- 5) The time of day various activities are engaged in and what releases might occur.
- 6) Initial state of the eye.
- 7) Age.
- 8) The distance from the eye to the surface being focused on.

Example # 1 Reading:

Scenario #1:

- 1)Description of activity.

Reading

- 2) The intensity and duration of the activity. 1/2 hour at a time
- 3) The level of accommodation required +1.25 Dioptres
- 4) The type of rest period and the duration. 10 hours of sleep
- 5) The time of day . before bed
- 6) Initial state of the eye. normal 0 Dioptres correction Left and right
- 7) Age. Ten years old
- 8) The distance from the eye to the surface. 14 inches.

Scenario #2:

- 1)Description of activity.

Reading

- 2) The intensity and duration of the activity. 1/2 hour at a time
- 3) The level of accommodation required 0 Dioptres no glasses
- 4) The type of rest period and the duration. 10 hours of sleep
- 5) The time of day . before bed
- 6) Initial state of the eye. nearsighted -1.25 Dioptres correction Left

and right

7) Age. Ten years old

8) The distance from the eye to the surface. 14 inches.

Note the difference in the two scenarios. In the first example the eye is normal. In the second example the eye is nearsighted but the child does not wear corrective lenses and so his eyes do not need to engage in any refractive corrections.

Example # 2 watching TV:

Scenario #1:

1)Description of activity.

Watching TV

2) The intensity and duration of the activity. 2 hours at a time

3) The level of accommodation required +.10 Dioptres

4) The type of rest period and the duration. 10 hours of sleep

5) The time of day . before bed

6) Initial state of the eye. normal 0 Dioptres correction Left and right

7) Age. Ten years old

8) The distance from the eye to the surface. 16 feet.

Scenario #2:

1)Description of activity.

Watching TV

2) The intensity and duration of the activity. 2 hours at a time

3) The level of accommodation required +1.00 Dioptres

4) The type of rest period and the duration. 10 hours of sleep

5) The time of day . before bed

6) Initial state of the eye. normal 0 Dioptres correction Left and right

7) Age. Ten years old

8) The distance from the eye to the surface. 3 feet.

Not the distinct difference in the refractive accommodation required between the two scenarios. In Scenario # 2 the child is more likely to develop nearsightedness than in scenario # 1.

Example # 3 walking :

Scenario #1:

1)Description of activity.

Walking- eyes looking in the distance

2) The intensity and duration of the activity. 1 hours at a time

3) The level of accommodation required +0 Dioptres

4) The type of rest period and the duration. no rest period required eye is at rest

5) The time of day . evening

6) Initial state of the eye. normal 0 Dioptres correction Left and right

7) Age. Ten years old

8) The distance from the eye to the surface. 20+

Scenario #2:

1)Description of activity.

Walking- eyes looking at the ground

2) The intensity and duration of the activity. 1 hours at a time

3) The level of accommodation required +.75 Dioptres

4) The type of rest period and the duration. brief rest periods upwards glances

5) The time of day . evening

6) Initial state of the eye. normal 0 Dioptres correction Left and right

7) Age. Ten years old

8) The distance from the eye to the surface. 4 to 5 feet

Not the distinct difference in the refractive accommodation required between the two scenarios. In Scenario # 2 the child is more likely to develop nearsightedness than in scenario # 1.

Exercise:

Many practitioners believe that a person should exercise their eyes periodically to reduce the incidence of eye deterioration and so on that develops. I have never seen a mechanism explained for why this exercise may be beneficial. The Elasticity, fluid balance ideas would suggest that so called exercise of the eye would be important since it would prevent the fluid balances in the eye from being out of balance for extended periods of time. So would an attention deficit disorder be beneficial in the young to prevent the eye focusing too long at close things and adversely triggering the biofeedback mechanisms.

Your patience in reading the above is appreciated. Should you wish to confirm receipt of this letter I would appreciate it .

Sincerely Yours

Denis Alarie , P. Eng.
229 Rosemary Crescent
Timmins Ontario
Canada, P4P-7C2
djalalie@vianet.on.ca

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From owner-i_see@indiana.edu Wed May 10 09:12:59 EST 1995
Date: Wed, 10 May 1995 09:00:58 -0500 (EST)
From: Ari Solovyova <asolovyo@indiana.edu>
Subject: Re: Eye exercises vs. reading glasses
Status: RO
X-Status:

My mother (she's in her mid 40's, too) is keeping her eyes from getting worse by palming, shifting, and just physical exercise for the eyes (rotate them, look up-down-right-left, etc.). She was in bad shape last year and started wearing glasses; but now that she's doing those exercises, she doesn't need them anymore.

Yours,
Ari Solovyova

On Tue, 9 May 1995, Felix Kramer wrote:

> I've read the Natural Vision FAQ and talked to one behavioral optometrist.
>
> After all that, I'd be interested in hearing any anecdotal reports about
> peoples' success in avoiding using reading glasses through exercises.
>
> I've needed reading glases for the past 4 years; now (in my mid-40's) I
> find that an eye test shows I'm supposed to go to a greater magnification
> (from 1.75 to 2.25 or 2.75). Apparently once you go up, there's no going
> back. I'd just as soon find alternatives.
>
> >From the FAQ I hear on the one hand that it's a matter of lots of
> time-consuming relaxation and other exercises (extending well beyond the
> eyes to a more holistic approach to your entire life, reducing stress,
> etc); on the other that it's more a matter of retraining how you use your
> eyes; from the optometrist I hear that most people end up using glasses
> anyway.
>
> What are peoples' experiences?
>
> (I know I'm getting older, and this is supposed to be an inevitable part
> of it, but still...)
>
>
>
> * * * * *
> Felix Kramer/Kramer Communications
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> * * * * *
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From owner-i_see@indiana.edu Mon Dec 11 18:32:43 EST 1995
Date: Mon, 11 Dec 1995 17:55:08 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: amblyopia
Status: RO
X-Status:

On Mon, 11 Dec 1995, Jeff Sanders wrote:

> Does anyone know if it is possible to cure amblyopia
> or lazy eye?

Yes, yes, yes, amblyopia can be cured, and contrary to popular belief:

- 1) you don't have to wear a patch all day,
- 2) there are lots of things you can do to improve vision in the "lazy" eye on top of the patching,
- 3) there is no age limit for improvement!

One of the most important aspects of amblyopia is training the eye to USE THE FOVEA, or central part of the eye, for detail viewing. This is called "central fixation" Many persons with amblyopia -- for whatever reason -- repress foveal vision. That is, they use a less sensitive part of the retina in order to see things. This is called "eccentric fixation". Just wearing a patch won't necessarily get you to use the most efficient part of your retina, and just forcing yourself to "try to see" while still engaged in the old habit of seeing with the wrong part of the eye, will only cause eyestrain.

Your best bet is to see a licensed eyecare practitioner who can help you "find your fovea", and who can prescribe various activities to get you to use it correctly. To find one (the practitioner, not the fovea!) in your area, please see under "finding help" at

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

In addition, William Bates's book "Better Eyesight Without Glasses" gives lots of tips on how to acquire central fixation. In fact, the book was originally published by the author's so-called "Central Fixation Publishing" company. According to Bates, lack of central fixation underlies all vision problems, and achieving central fixation will cure all errors of refraction (i.e. eliminate the need for glasses). Bates evidently had stricter standards for "central fixation" than what is used today, since most modern practitioners do not find eccentric fixation in the majority of people whom they feel need glasses, and they also find many amblyopes with what they define as central fixation. But in any case, if central fixation is what you need, the Bates system of perceptual and memory training is one tool with which you can acquire it.

--Alex

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From owner-i_see@indiana.edu Tue Dec 12 11:05:48 EST 1995
Date: Tue, 12 Dec 1995 10:04:34 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: optometric amblyopia treatment
Status: RO
X-Status:

Optometrist Merrill Allen, Professor Emeritus at Indiana University, has developed a flash-therapy treatment with a device known as the "Translid Binocular Interactor". It is used by many optometrists across the US for

the cure of amblyopia and strabismus. Dr. Allen writes in one article (in /Frontiers in Visual Science/, Springer-Verlag, 1977), referring to its use in treating amblyopia...

:The success rate of [patching the better eye] is only about 50% with the younger patients being more responsive. In fact, an often repeated clinical statement is that anyone older than eight years cannot be treated if they have amblyopia. Another clinic "rule" is that corrected acuities poorer than 20/200 are probably organic, and, therefore, cannot be treated.

:Fortunately, treatments that are more aggressive than the occluder [patch] are available, and the eight year rule and the 20/200 rule appear to be myths. For example, Fig. 1 [curve decreasing logarithmically from 20/2600 at 0 hours to 20/250 at 57 hours] shows the recovery curve for a nine-year-old female having an initial corrected acuity of 20/2600 who was treated with flash therapy applied in the macular region of the amblyopic eye. Similar recoveries have been observed for patients in their 30s and with acuity of light perception only. Older patients have not been available for treatment. My oldest patient for the successful treatment of lifetime strabismus was 58 years of age.

:The shape of this visual acuity recovery curve seems to be typical based on clinical experience and may be used for prediction purposes. All patients do not respond at the same rate, either due to treatment differences, to depth of the anomaly or to age, but the curve shape seems to be similar for all. Thus if it took 45 hours to attain 20/200, 20/100 will take approximately 90 hours, 20/50 approximately 180 hours and 20/25 approximately 360 hours of treatment. At the rate of one hour per day, 20/25 would thus be expected in one year starting at 20/2600 in this nine year old's case, assuming the same intensity of therapy continued throughout.

Here's an abstract of an article appearing in the official journal of the American Academy of Optometry:

* * *

"Anisometropic amblyopia: is the patient ever too old to treat?"

By Bruce Wick, Michael Wingard, Susan Cotter, and Mitchell Scheiman
/Optometry and Vision Science/, vol 69, no. 11 (Nov 1992), pp. 866-78

ABSTRACT:

:Amblyopia is an example of abnormal visual development that is clinically defined as a reduction of best corrected Snellen acuity to less than 6/9 (20/30) in one eye or a two-line difference between the two eyes, with no visible signs of eye disease. We describe a sequential management program for anisometropic amblyopia that consists of four steps: (1) the full refractive correction, (2) added lenses or prism when needed to improve alignment of the visual axes, (3) 2 to 5 h/day of direct occlusion, and (4) active vision therapy to develop monocular acuity and improve binocular visual function. We examined records of 19 patients over 6 years of age who had been treated using this sequential management philosophy. After 15.2 (+/- 7.7) weeks of treatment the Amblyopia Success Index (ASI) documented an average improvement in visual acuity of 92.1% +/- 8.1 with a range from a low of 75% by a 49-year-old patient to a maximum of 100% achieved by 42.1% of the patients (8 of 19). Patients who had completed therapy 1 or more years ago (N = 4) maintained their acuity improvement. From these results we conclude that following a sequential management plan for treatment of anisometropic amblyopia can yield substantial

:long-lasting improvement in visual acuity and binocular function for
:patients of any age.

Bruce Wick and Michael Wingard may be reached at the College of
Optometry, University of Houston.... (713) 743-2053
Susan Cotter's number in Olympia Fields, Illinois is (312) 481 5600
Mitchell Scheiman's number in Philadelphia is (215) 276 6057

* * *

Another outspoken researcher in the field of amblyopia therapy is

Arnie Sherman, OD, of Merrick, New York (516) 868 2266

Dr. Sherman, taking an issue with one of the assumptions of the
abovementioned study, argues that full correction of refractive error in
amblyopia is counterproductive. Writes Dr. Sherman ("Alternative Treatment
for Anisometropic Amblyopic Patients: A Case Report", Journal of
Optometric Vision Development 1993, vol. 24, pp. 25-27):

:Correcting the full refractive error is often counterproductive and may
:cause the patient to readapt once more and create a larger refractive
:error in order to maintain functioning in every day tasks. This phenomenon
:typically occurs with hyperopic strabismic amblyopes who continue to
:increase in hyperopia even after the full Rx found under cycloplegia is
:worn for a short period of time.

The same view with regard to full correction is held by Dr. Allen. See
"How to Eliminate Hyperopia" on the I_SEE page.

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

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From owner-i_see@indiana.edu Wed Dec 13 10:16:07 EST 1995
Date: Wed, 13 Dec 1995 09:58:29 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Translid Binocular Interactor
Status: RO
X-Status:

On Tue, 12 Dec 1995, William Stacy wrote:

>Alex: Are you sure that 'many' optometrists are still using that
>instrument?

Dr. Allen says 1 out of 5 "Vision Training" optometrists use it. I called
one optometrist in Ohio (Drusilla Grant) and she says she uses it.

> Has ANYONE studied it??? (besides Allen)

Definitely not, which irks Allen. Not even the typical "we tried your new
technique and it didn't work, so there" study. However, somebody did go
ahead early on and steal Allen's patent (which has now expired) and
marketed an identical device.

For what it's worth, the TBI is described (neutrally) in Schapero's 1971
amblyopia text, along with other inventions of Dr. Allen (such as the
sectorized rotating disk, which produces the same effect). Ciuffreda et
al's 1991 amblyopia textbook, however, does not mention the device at all,
or Allen.

>>Thank you,

>>

>>Jeffrey Alan Sanders

>>

>>

>

>

>Biofeedback Vision Retraining has been used successfully with lazy eye.

>Peter Behel in the San Francisco Bay area was doing the work a while back.

I would imagine that biofeedback could be helpful, but to answer Jeffrey, yes patching the good eye forces the lazy eye toward better, more central fixation, since the root cause of amblyopia is that the brain has never really learned how to 'aim' the eye well.

You can easily see how this works if you direct your gaze to any edge of your computer monitor and realize that you can't read anything on the

screen except very large letters. Amblyopia is like not being able to aim the eye closer to the letters you want to read.

As to how long, patching works best in small children where I've seen dramatic improvements after a month or 2 of continuous patching. With older kids it takes longer and with adults it can really be tough mostly due to the inconvenience of walking around all day with the good eye patched.

The time is also related to the depth of the amblyopia. 20/400 takes a LOT longer than say 20/40.

Bill

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From owner-i_see@indiana.edu Thu Sep 7 09:47:07 EST 1995
Date: Thu, 7 Sep 1995 09:03:35 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Avoiding cataracts
Status: RO
X-Status:

On Thu, 7 Sep 1995, Kellie Elizabeth Cass wrote:

> Can anyone please recommend how to avoid cataracts?
> Both my mom and dad got them.
> Thankyou so much.

The best advice I know of is to have a healthy diet, full of all the vitamins and minerals you need.

Brigitte Mars, in an anthology /American Herbalism/, writes: "The lenses of our eyes contain more Vitamin C than any other body part, except some endocrine glands. Vitamin C and E may both help prevent cataract formation by preventing oxidative damage. In cases of cataracts, vitamin C is usually deficient."

Anything that improves circulation -- the inflow of nutrients to the eye, and the outflow of toxins from the eye. Bilberry (aka Huckleberry) extract, rich in anthocyanosides, has been shown to improve circulation by strenghtening capillaries. Says Heinerman's /Encyclopedia of Healing Juices/: "The huckleberry juice compounds may also offer significant protection against the development of retinal (macular) degeneration and cataracts, particularly diabetic retinopathy and cataracts."

--Alex

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From owner-i_see@indiana.edu Thu Sep 7 10:14:38 EST 1995
Date: Thu, 7 Sep 1995 09:34:03 -0500 (EST)
From: Ari Solovyova <asolovyo@indiana.edu>
Subject: Re: cataracts
Status: RO
X-Status:

On Thu, 7 Sep 1995, Kellie Elizabeth Cass wrote:

> Can anyone please recommend how to avoid cataracts?
> Both my mom and dad got them.
> Thankyou so much.
>

J.F. Balch, "Prescription for nutritional healing", p.173:

"This form of cataracts [i.e., in older people] is often caused by free radical damage. Exposure to ultraviolet rays and low-level radiation from x-rays leads to the formation of reactive chemical fragments in the eye. These free radicals attack the structural proteins, enzymes, and cell membranes of the lens.

NUTRIENTS

Copper, manganese, selenium and zinc (3 mg copper and 50 mg zinc daily) Important for proper healing and for retarding the growth of cataracts

L-Lysine (amino acid)

Important in collagen formation, which is necessary for lens repair. Also neutralizes viruses implicated in lens damage

Pantothenic acid (B5) 500 mg daily

An antistress vitamin

Thiamine (B1) and Riboflavin (B2) 50 mg each daily taken with the B complex
Important for intracellular eye metabolism. Riboflavin deficiency has been linked to cataracts.

Vitamin A 25000-50000 IU daily

Vital for normal visual function.

Vitamin C 3000 mg daily in divided doses

Free radical destroyer. Lowers intraocular pressure.

Vitamin E 400 IU daily

Free radical destroyer.

Also: avoid antihistamines. Bilberry contains bioflavonoids, the removal of chemicals from the retina of the eye."

You can consult Earl Mindell's "Vitamin Bible" for a list of food that contain those important nutrients. A bit of personal advice: large doses of Vitamin C should be taken as ascorbates, and not as ascorbic acid, to avoid stomach distress. I found calcium ascorbate powder with bioflavonoids in my health food store, which tastes nice, doesn't trouble my sensitive stomach, and seems to help. :-)

Good luck,

Ari

=====

From owner-i_see@indiana.edu Fri Sep 8 00:03:20 EST 1995

From: JimDayOD@aol.com

Date: Fri, 8 Sep 1995 00:34:29 -0400

Subject: Re: cataracts

Status: RO

X-Status:

At present, accepted prevention methods for Cataracts are few.

1 Avoid trauma

2 Avoid Electric shock

3 Avoid use of steroids, (they also cause increased eye pressure, glaucoma)

4 Avoid UV radiation exposure, (wear a hat with a brim, sunglasses)

5 Avoid Infrared Radiation, (hobbies like blowing glass, metal work, heat lamps)

6 Take an Asprin Daily (this is also good for your cardiovascular system)

Since they upset my stomach, I take a chewable "Adult" baby asprin. Tylenol, Ibuprofen, or Aleve will not substitute.

7 Don't get diabetes

8 Don't get any inflammation of the eyes from any cause. (Sarcoid, Iritis, Uveitis) If you have any eye that is red and sensitive to light, see your eye doctor ASAP.

9 Don't worry be HAPPY: Cataracts can be easily removed with an accurate implant and no stitches are needed. Most of my patients only need reading glasses after cataracts.

10 Cataracts are a blessing: If you are +1 or -1 or greater, your implant lens will be more accurate than your prior natural lens for your optical needs: Your glasses will not be as strong, you will not be as dependent on eyewear. Why worry about RK, Laser, or VT if you will get cataract surgery to correct your myopia as a Bonus!

11 Several amino acids are used to prevent cataracts. None are accepted in

the US.

12 Anti-free radical vitamins are likewise recommended around the world, but the lack of evidence leaves me skeptical.

13 The truth is that as all of us live longer we will all increase our age related risk of cataracts.

Jim H Day, Jr OD
Member National Eye Research Foundation

=====

From owner-i_see@indiana.edu Fri Sep 8 10:44:05 EST 1995

Date: Fri, 8 Sep 1995 09:32:35 -0500 (EST)

From: Alex Eulenberg <aeulenbe@indiana.edu>

Subject: Re: cataracts

Status: RO

X-Status:

Some comments

On Fri, 8 Sep 1995 JimDayOD@aol.com wrote:

> At present, accepted prevention methods for Cataracts are few.

[...]

> 6 Take an Asprin Daily (this is also good for your cardiovascular system)

What's the justification for this? What study proved heavy aspirin users get fewer cataracts?

> 8 Don't get any inflammation of the eyes from any cause. (Sarcoid, Iritis, Uveitis) If you have any eye that is red and sensitive to light, see your eye doctor ASAP.

What's the connection? By the way, I've read in several sources that SUNGLASSES INCREASE susceptibility to eye inflammations, and of course make you more light-sensitive.

> 10 Cataracts are a blessing: If you are +1 or -1 or greater, your implant lens will be more accurate than your prior natural lens for your optical needs: Your glasses will not be as strong, you will not be as dependent on eyewear. Why worry about RK, Laser, or VT if you will get cataract surgery to correct your myopia as a Bonus!

Come on, now, let's not forget the risks of cataract surgery, AND the increased risk of macular problems. Without the lens, you'll diminish your ability to accommodate.

> 11 Several amino acids are used to prevent cataracts. None are accepted in the US.

I guess it would deprive too many cataract patients the "blessing" of surgery.

> 12 Anti-free radical vitamins are likewise recommended around the world, but the lack of evidence leaves me skeptical.

Is there any more evidence for aspirin?

> 13 The truth is that as all of us live longer we will all increase our age
> related risk of cataracts.

The truth is that older people have had more chance to accumulate toxins in
the body and have poorer circulation.

=====

From owner-i_see@indiana.edu Sun Oct 1 11:55:52 EST 1995
Date: Sun, 1 Oct 1995 11:35:14 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: sunglasses or not?
Status: RO
X-Status:

On Sat, 16 Sep 1995, Sally Cooper wrote:

> I'm confused. We are told that natural sunlight is a good thing for
> eyes. "Sunning" is, I believe, part of the Bates method.

The latest version of the Bates method recommends "sunning" to be done
with the eyes closed. That is, let the sun shine directly on your
CLOSED eyelids as you move your head back and forth.

> Then we are told that we must wear sunglasses at all times to prevent
> cataracts.

I think various studies show that people who spend all their day outside
in the bright sunshine have a greater risk of getting cataracts. Robert
Roosen referred to one of these. In this study, the people were all
fishermen, who receive lots of sunlight reflected onto their eyes from
the water.

I do not believe there has been one study that shows that people in
typical urban environments who regularly wear sunglasses have a lower risk
of getting cataracts than those in the same environment who don't. I don't
even know if there has been a study that shows people who work in the sun
and wear sunglasses have less a chance of getting cataracts than those who
work in the sun and wear no sunglasses.

Common sense would say our eyes evolved to tolerate sunlight. However,
there's that "ozone depletion" factor, too. I don't know how significant
it really is. The development of cataracts does appear to be quickened by
a life in the sun, but there are other more important factors, such as
nutrition. For example, it could be that vitamins (anti-oxidants) can
repair damage done by light before that damage evolves into a cataract.
Also, the act of focusing near-far-near forces circulation of the eye
fluids. This has been thought to prevent cataracts. Thus, it is said that
people with little or no power of accommodation (presbyopes) are more
prone to cataracts.

>What to do?

Wearing tinted sunglasses reduces your ability to see well in bright light
without them. Most regular glasses block the ultraviolet rays credited
with increasing risk of cataract development anyway. So you wear glasses
of any kind, they're probably filtering out the "bad rays". Even those
without "UV block" still filter out a lot of UV light. There was a
discussion of this on sci.med.vision recently. Several optometrists were
of the opinion that most ordinary, clear glasses provide sufficient
protection.

And remember, it has still not been established how much protection is really necessary in the first place, if any. Some have argued that UV light in small doses is actually good for the eyes, and the experiments showing that you need to wear sunglasses at all times are hopelessly inconclusive. One is optometrist Jacob Liberman, who wrote /Light, Medicine of the Future: How We Can Use It to Heal Ourselves Now/ (1991). He recommends that people chose glasses that TRANSMIT UV to the eyes.

I personally find dark glasses inhuman, and I am not convinced they will reduce my chance of developing cataracts. Ultraviolet light has valuable antiseptic properties, preventing bacterial infection of the eyes and inflammation. I think it is more likely that cataracts can be prevented through good diet than by avoiding UV radiation from the sun.

As Mark Goodes has just recently posted, there's something very nourishing that one feels in the eyes when one is outside. I think part of that feeling of nourishment comes from the effect of full-spectrum -- including UV -- light on the eyes.

--Alex

=====

From aeulenbe@indiana.edu Ukn Feb 7 09:55:41 1995
Date: Tue, 7 Feb 1995 09:20:19 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: Astigmatism
Status: RO
X-Status:

Marco asks:

> Does anyone know the medical explanation/definition of astigmatism?

According to my Mirriam-Webster's 9th, astigmatism is when "rays from a point fail to meet in a focal point resulting in a blurred and imperfect image." This would make it sound like near- and farsightedness are just special cases of astigmatism.

As the word is most commonly understood, though, astigmatism is the condition where the lens or the cornea (more often the cornea) is warped so that depending on what the angle is, a line will be more or less out of focus. So, for example, a vertical line could be clear, while one at a 15 degree angle could be fuzzy.

Can astigmatism be cured using home therapy? I think so. At least part of what causes astigmatism is the same thing that causes nearsightedness -- strained muscles pulling improperly on the lens or on eyeball as a whole (which may particularly affect the cornea). Also, if you improve your ability to accommodate (adjust for distance) -- the astigmatism will diminish somewhat. I quote from the sci.med.vision FAQ:

:Astigmatism causes images to be out of focus no matter what the distance.
:It is possible for an astigmatic eye to minimise the blur by accommodating,
:or focusing to bring the "circle of least confusion" onto the retina.

--Alex Eulenberg

=====

From r.malingre@qut.edu.au Ukn Feb 8 09:50:29 1995
Date: Wed, 08 Feb 1995 15:54:48 +1000
From: r.malingre@qut.edu.au (Rene Malingre)
Subject: Re: Astigmatism
Status: RO
X-Status:

>Marco asks:

>
>> Does anyone know the medical explanation/definition of astigmatism?

>
>>According to my Mirriam-Webster's 9th, astigmatism is when "rays from a point fail to meet in a focal point resulting in a blurred and imperfect image." This would make it sound like near- and farsightedness are just special cases of astigmatism.

>
>>As the word is most commonly understood, though, astigmatism is the condition where the lens or the cornea (more often the cornea) is warped so that depending on what the angle is, a line will be more or less out of focus. So, for example, a vertical line could be clear, while one at a 15 degree angle could be fuzzy.

>
 >Can astigmatism be cured using home therapy? I think so. At least part of
 >what causes astigmatism is the same thing that causes nearsightedness --
 >strained muscles pulling improperly on the lens or on eyeball as a whole
 >(which may particularly affect the cornea). Also, if you improve your
 >ability to accommodate (adjust for distance) -- the astigmatism will
 >diminish somewhat. I quote from the sci.med.vision FAQ:

This is not true... Looks like you will have to look further in to what astigmatism is. If you are a hyperopic astigmat, both line foci fall behind your retina. The circle of least confusion, of course, lies between these two line foci. If a hyperopic astigmat (or a mixed astigmat) accommodates to bring the circle of least confusion on to the retina, his vision will be best overall. However, if horizontal lines were previously clear, they would now be blurry; vertical lines would also be blurry, but equally with the horizontal lines, not blurrier as when the horizontal focus was on the retina. The dioptric distance between the two line foci will remain the same (in the vast majority of cases - I am an exception, which I will get to shortly), no matter where the circle of least confusion is. The measure of astigmatism is defined as the dioptral difference between the two line foci. Accommodation will not reduce the astigmatism, it will just minimize the blur, and only if you are a hyperopic astigmat, or a lucky mixed astigmat. Accommodation in a myopic astigmat, will of course increase the blur, just like accommodation in a myope will increase distance blur.

Now, why am I an exception? When my right eye accommodates 8 dioptres, I gain 0.50 D of astigmatism. This is meridional lenticular astigmatism, caused by uneven contraction of the ciliary muscle, or uneven tension on the lens capsule by the zonule of Zinn. My left eye does't change.

>
 >:Astigmatism causes images to be out of focus no matter what the distance.
 >:It is possible for an astigmatic eye to minimise the blur by accommodating,
 >:or focusing to bring the "circle of least confusion" onto the retina.

>
 >
 >--Alex Eulenberg
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|      Rene Malingre      |
|  R.Malingre@qut.edu.au  |
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      ooO Ooo

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 From ddawson@magnus.acs.ohio-state.edu Ukn Feb 9 09:07:45 1995
 From: David J Dawson <ddawson@magnus.acs.ohio-state.edu>
 Subject: Re: Astigmatism

Date: Wed, 8 Feb 1995 19:11:19 -0500 (EST)

Status: RO

X-Status:

(again i apologize for my computer difficuloties, your letter of regard follows my reply)

in regards to reducing astigmatic blur with respect to accommodating, the answer is not necessarily so, in fact it is OFTEN not so...

the img progression that i described can be thought of as a fixed piece, the extremes being the two line foci with a circle (the COLC) at the dioptric midpoint (not the linear midpoint) between the two line foci... ina perfect system, the point object produces a point img. that falls on the retina...if you are nearsighted (with no astig) the point img is formed too quickly and falls in front of the retina...further addition of power by the lens only serves to focus light EVEN SOONER and hence place the img even MORE in front of the retina...with farsightedness (no astig) the eye does not have enough converging power, and the point img is formed after the light has reached the retina, forming a point img behind the retina...in this case, power can be added by the lens (accommodation) in order to place the focal point ON the retina assuming you have enough accommodative ability...

having said that, with astigmatism, that focal "unit" can ALSO fall at any of these three scenarios...COMPLETELY in front of the retina (if the patient is myopic in all meridians, ie: both numbers on your astig.prescription are negative--for an optometrist's prescption), OR the unit may fall completely behind the retina for a hyperope in all meridians (both numbers of the prescription positive) OR the "unit" --which is called the interval of sturm, by the way--can straddle the retina...note that in this condition, the COLC can fall infront of, behind, or ON the retina... accommodation can only place the COLC on the retina WHEN IT IS BEHIND THE RETINA AND THERE IS ENOUGH ACCOMMODATIVE ABILITY TO FOCUS IT ON THE RETINA...therefore, myopes--and that is most of your target audience, i would think, CANNOT reduce astigmatic blur by accommodating! ...which was my point about your characterization being a bit oversimplified...

as for the corneal change with accommodation...as i am unfamiliar with the specific article in question, i can only make educated guesses, BUT here goes...accommodtion, presumably is not designed to slter power by it's effects on the cornea, anychanges are like on a micrometer type scale...likely the effect is NOT significant with respect to changing the power of the eye...BUT if it DID in fact change the power sugnificantly, i would wager that b/c the accommodative muscles are in the form of annulus, the changes would be even across the cornea making a spherical change in the lens...spherical changes DO NOT alter the astigmatic need for correction...if you change the greatest power meridian and the lesser power meridian by the same value, the net difference between the two is still identical, and the difference in powers between the meridians is what is DEFINED as astigmatism...

i don't mean to rant and rave, so i apologize if this seems a bit confrontational...i just want to make sure that misconceptions are corrected and not disseminated...thanks for your response...

dave.

> That's all I think I said.

>

> Plus, I heard that the cornea acutally does change shape as a function of
> pressure from the extraocular muslces (discovery by Roscoe of Accomotrac
> fame).

>

> --Alex

>

=====

From BABO@ix.netcom.com Ukn Feb 9 09:07:48 1995
Date: Wed, 8 Feb 1995 18:09:34 -0800
From: BABO@ix.netcom.com (Paul Harris)
Subject: Re: Astigmatism
Status: RO
X-Status:

Marco,

You wrote:

>
>Good Morrow fellow people...
>Does anyone know the medical explanation/definition of astigmatism?
>
>Yes.... In fact I have published a paper on the topic. What would you
like to know. It's actually a VERY complicated subject which far too
often is trivialized as an irregular shaped cornea or misaligned optics.

Small amounts of astigmatism are secondary symptoms of visual stress.
When the minus cylinder axis is at 90 degrees the primary problem is an
accommodative disorder. When the minus cylinder axis is at 180 degree
the primary problem is an eye teaming problem. This would be for
amounts less than 1 diopter.

For greater amounts the astigmatism relates to posture. The basic
concept is that sustained assymetries will cause asymmetric development
in the visual system.

Our dictum in behavioral optometry is: Function alters structure.

Hope this helps.

Paul Harris, O.D., F.C.O.V.D., F.A.C.B.O.

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 9 09:19:55 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Re: Astigmatism (fwd)
Date: Thu, 9 Feb 1995 13:24:41 +1100 (EST)
Status: RO
X-Status:

hi,

>>Good Morrow fellow people...
>>Does anyone know the medical explanation/definition of astigmatism?
>>
>Yes.... In fact I have published a paper on the topic. What would you
>like to know. It's actually a VERY complicated subject which far too
>often is trivialized as an irregular shaped cornea or misaligned optics.
>
>Small amounts of astigmatism are secondary symptoms of visual stress.
>When the minus cylinder axis is at 90 degrees the primary problem is an
>accommodative disorder. When the minus cylinder axis is at 180 degree
>the primary problem is an eye teaming problem. This would be for
>amounts less than 1 diopter.

what is teaming? I am slowly compiling a glossary of big opto words, and plan to buy some books when I get paid again.

>For greater amounts the astigmatism relates to posture. The basic
>concept is that sustained assymetries will cause asymmetric development
>in the visual system.

This makes sense.

I have astigmatism of, from memory -0.75×178 -1.0×175 , and I find posture plays a role in my double images.

Vic

=====

From ddawson@magnus.acs.ohio-state.edu Ukn Feb 9 09:48:42 1995
From: David J Dawson <ddawson@magnus.acs.ohio-state.edu>
Subject: Re: Astigmatism
Date: Wed, 8 Feb 1995 14:52:43 -0500 (EST)
Status: RO
X-Status:

alex,

[sorry i have not enclosed the appropriate clippings, but my computer is having difficulties]

you have made some erroneous assumptions with regards to whether or not astigmatism lends itself to correction via vision therapy... it is true that in some cases of astigmatism you can accommodate to put the COLC (circle of least confusion) on the retina (but not in all cases of astigmatism)...HOWEVER astigmatism is an error due to shape of structures in the eye, usually the cornea) accommodation does not change the shape of the cornea at all... astigmatism as you have pointed out was oversimplified in the webster's dictionary (nearsightedness and farsightedness ar not specialized forms of astigmatism, though they can be related) but furthermore, your characterization of astigmatism is an oversimplification of the true concept...corneal shape remains constant at all distances, which is why astigmatism persists at all distances...however, a point object will be focused as a progression from a line, through a series of ellipsoids, to a blur circle (COLC), through more ellipsoids, and finally to a straight line oriented 90 degrees to the first...THIS IS THE IMG FOR EVERY SINGLE POINT IN AN EXTENDED OBJECT! depending on the state of accommodation AND the refractive error present in the eye, someone MAY be able to focus the COLC on the retina, such that every object poit forms a blur circle on the retina...this is the clearest possible focus WITHOUT changing the cornea shape, or using corrective lenses...(if this made no sense whatsoever, i would be willing to discuss it further as time permits)...i hope this has been of interest

david.

=====

From r.malingre@qut.edu.au Ukn Feb 9 18:24:08 1995
Date: Fri, 10 Feb 1995 08:36:18 +1000
From: r.malingre@qut.edu.au (Rene Malingre)
Subject: Re: Astigmatism
Status: RO
X-Status:

>>
 >> This is not true... Looks like you will have to look further in to
 >> what astigmatism is.
 >
 >Thanks for your correction, but...
 >
 >it wasn't clear to me exactly WHAT was not true in what I said. Can you
 >point out to me exactly what parts of my original post were in error?
 >
 >--Alex

Hi,
 This is your statement:

Also, if you improve your
 ability to accommodate (adjust for distance) -- the astigmatism will
 diminish somewhat.

Hence my explanation.

In discussing patient's visual problems with them,
 astigmatism is one of the hardest concepts for patients to grasp. They
 almost always, in later discussions, talk of it as if it were some
 terrible condition, that their eye has "a stigmatism," and are always
 vague about what exactly a stigmatism is (such as if it is some
 communicable disease). Even a mild amount of astigmatism (especially
 if the axis is at ninety degrees (known as against-the-rule, because
 most is at 180 degrees, or with-the-rule) can cause asthenopia (eye
 strain symptoms), as the accommodation control system is a bit
 spun out by the two line foci, and doesn't know where to focus to.
 Printed text has a strong vertical bias, so it is not necessarily best
 to focus the circle of least confusion on the retina.

Cheers!

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|           Rene Malingre           |
|   R.Malingre@qut.edu.au   |
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From usenet.ucs.indiana.edu Sun Mar 19 08:12:19 1995
 From: Ted_Landis@BendNet.Com
 Newsgroups: sci.optics
 Subject: Astigmatism
 Date: 17 Mar 1995 17:40:48 GMT
 Organization: RGNet

I just got some new glasses and I'd like a second opinion.

My old glasses didn't have any correction for astigmatism.

The doctor now says that I have an astigmatism in both eyes, a little
 in the right and a lot in the left. I got my new glasses and now,
 while everything is very sharp, all rectangular objects look like
 sideways trapazoids! If I look at a rectangle on my computer screen,

the left side is about 10% longer than the right side, and the top and bottom lines flow up and down respectively.

The doctor says that this is something that I will get used to and that within a week or so, my brain will adjust the image so that I don't notice it anymore.

While my brain may be able to adjust, I don't know if I want it to. Is this really just a case of over correction of an astigmatism?

Anyone have an opinion?

BTW, the primary purpose of the glasses is to correct my nearsightedness.

Thanks for any help,

Ted

=====

From owner-i_see@indiana.edu Mon Jul 10 14:45:32 EST 1995
Date: Mon, 10 Jul 95 12:41 PDT
From: Robert_Michael_Kaplan@Sunshine.net (Robert-Michael Kaplan)
Subject: Re: Decreasing prescription strength in Myopia
Status: RO
X-Status:

Alex at I_SEE wrote:

>And, while I'm here, I've got another question: can you explain your
>theory behind overcorrecting astigmatism? This strikes me as very weird,
>since all my favorite authors (Kennebeck, Raphaelson, Prentice, Simpkins)
>are adamantly opposed to cylinders.

This is a very difficult question to answer in a short form. I'll give a try, otherwise when we work together, I 'll teach you the mechanics. By definition, astigmatism means one area of space is more blurry than another. The seperation is usually by 90 degrees. In the simplest example, the vertical meridian of the cornea would show more myopia than its horizontal counterpoint. Here is the essence. The person's learning is to begin to see through the vertical meridian. This is the area of space that is the most blurry, and represents the most blurriness in their life. In later discussions, I 'll demonstrate that the vertical meridian has particular psycho-emotional correlates. If my hypothesis is correct, then the lens the person looks through, should accentuate light focusing more on the vertical meridian than the horizontal. The only way this can be accomplished is to increase the astigmatism for myopia, although we can reduce the astigmatism in farsightedness. If you just leave out the cylinder, then the person learns to see more clearly through the horizontal in this example. Granted their eyesight may improve, however, their discovery of the learning they need to get to the cause of the problem is never addressed. This is the distinction between integrated vision therapy and say regular vision therapy or even vision improvement. Phew, that does it for now. All the best, Robert-Michael.

=====

From roosen@cts.com Sat Aug 26 22:16:42 EST 1995
Date: Sat, 26 Aug 1995 20:16:36 -0700 (PDT)
From: Robert Roosen <roosen@cts.com>
Subject: Re: Astigmatism and head tilt
Status: RO

X-Status:

On Sat, 26 Aug 1995, Alex Eulenberg wrote:

> If you wear glasses for astigmatism, what happens when you tilt your
> head? Do things get more or less blurry, or do they stay the same?

I have pretty good astigmatism. When I tilt my head up wearing computer glasses the screen seems to become more out of focus. Tilting down does not go through as much of an angle, so will not comment on that.
Robert

=====

From asirohi@Glue.umd.edu Mon Aug 28 07:53:29 EST 1995

From: Ashuraj Sirohi <asirohi@Glue.umd.edu>

Date: Mon, 28 Aug 1995 08:53:24 -0400

Subject: Re: Astigmatism and head tilt

Status: RO

X-Status:

> Hi folks! I've started an uproar on sci.med.vision about astigmatism. I
> said that if you tilt your head wearing astigmatic glasses, the glasses
> no longer work the same, since your eyes rotate to keep straight-up.
>
> This statement was based on hearsay, things I read, and common sense. I
> never wore glasses for astigmatism. Can any people with astigmatism vouch
> for (or against?) me on this?
>
> If you wear glasses for astigmatism, what happens when you tilt your
> head? Do things get more or less blurry, or do they stay the same?

I have very low astigmatism (-0.5,-0.5, 100 axis in both eyes). If I stand straight and rotate the lenses in front of eyes i can see the letters get blurry on the eye chart, precisely the reason why I have 100 degree axis correction. Wearing the glasses and tilting my head on either side does not make any difference to me. Well! if that made objects blurry then why get astigmatic correction at all.

-ashu

=====

From JimDayOD@aol.com Sun Sep 3 23:31:16 EST 1995

From: JimDayOD@aol.com

Date: Mon, 4 Sep 1995 00:30:00 -0400

Subject: Re: Astigmatism and head tilt

Status: RO

X-Status:

Alex,

It is a FACT that your eyes rotate and it does change your vision thru glasses.

As my personal problem is hyperopic astigmatism. I can rotate my head and see a definite change. However, binocular fusion tends to correct for the error.

Untreated vertical deviations aggravate the problem since they tend to cause head tilt in many cases. Vertical deviations will can cause the neck strain you describe much more often. It can also cause slow reading, headaches, backache, motion sickness, and neck pain. They are a common problem. Since they cause slow reading and headaches looking at a computer, every patient should be carefully checked for vertical deviations, especially if head tilts

improve or blur vision.

Blur on head tilt is easy to demonstrate, cover one eye to break fusion, tilt your head until blur is noticed. Clinically, you will find more or less equal tilt right to left with each eye. Unequal tilt can be a sign of problems in the correction worn.

This effect is power related, large astigmatic cases or greater vertical hyperphoria will have more noticeable changes, tilts and errors.

The most accurate procedure, Binocular Fusion during refraction, is not common in OD's procedures. It is very rare, if ever, done in Ophthalmology practice.

Common methods to discuss with your eye care provider:

TIB, Turner Infinity Balance is used at UAB with mirrors, each eye sees half the chart. The American Optical Vectographic chart uses polarized, "3D", each eye can see every other letter. It is found at any office that provides binocular vision analysis.

I think its all the more reason to get an annual professional eye examination that includes binocular vision analysis.

Jim Day, Jr OD
Member National Eye Research Foundation

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From owner-i_see@indiana.edu Fri Dec 1 18:09:10 EST 1995
Date: Fri, 1 Dec 1995 17:54:35 -0500 (EST)
From: Alex Eulenberg <aeulenge@indiana.edu>
Subject: Re: Do I have myopia or stigmatism?
Status: RO
X-Status:

On Thu, 30 Nov 1995, Torres Mario wrote:

> How can I know which category does my poor eyesight belong
> in? myopia or stigmatic?

First of all, the word is "astigmatism", which comes from greek "a" without + "stigma" = point. So etymologically it just means "unfocused".

Now then. Myopia means that your eye is incapable of adjusting for faraway objects. The image is projected IN FRONT OF the retina (Hyperopia or presbyopia means that the image is projected in back of the retina for near objects. Yes it does sound counterintuitive, but that's just the laws of optics. With a lens of a given power, near objects are projected so that the screen should be further from the lens, and for farther objects, the screen should be nearer.) In other words, if your retina could be moved up closer to the lens, or if the object were moved closer, the image would be in focus.

Astigmatism means a slight "extra" curvature in the lens or cornea to make the refracting surface non-spherical. The result is that no matter where you move the retina (if you could), or no matter where you move the object, it will be out of focus. Another side effect of astigmatism is multiple images in one eye, especially from luminous objects like the moon. For many people, the effects of astigmatism are different at different distances.

It is possible to have both myopia and astigmatism.

It is also possible to reduce or cure both myopia and astigmatism, by putting your mind into a state of restful alertness, by relaxing the muscles of the eyes, face, and neck, and by keeping the mind, eye, and body mobile, as opposed to tense, strained, and worried. Body affects mind and mind body.

More specific suggestions as to how to do this coming up! Stay tuned! Or, if you have your own favorite mind and/or body relaxation techniques, please post them to I_SEE.

--Alex

=====

From aeulenbe@indiana.edu Thu Sep 25 10:38:30 1995
Date: Mon, 25 Sep 1995 09:50:15 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Floaters
Status: RO
X-Status:

> Can Bilberry Nectar of Bilberry extract for that matter also be used to
> get rid of "Eye Floaters"??

I don't know.

> I experience a lot of "Eye Floaters" from time to time. Sometimes they
> get bad.
>
> Overall, what is the best method to get rid of these pesky "Eye Floaters"??

People with high errors of refraction tend to get floaters. Supposedly this is from pieces of the tissues of the eye flaking off the coats of the eye, resulting from strain. Actually everybody notices floating bodies from time to time, especially when looking at a uniformly brightly lit surface. Have you ever asked your eye doctor about them? William Bates recommended relaxation as a way to get rid of the symptoms. He thought floating specks were completely imaginary, which I do not believe is true. So I would say, try palming and shifting (see "Bates Method in a Nutshell" on the I_SEE Home Page <http://silver.ucs.indiana.edu/~aeulenbe/i_see.html>) to get rid of your PERCEPTION of the floaters. They'll still be there. If you're concerned about medical implications, ask your doctor.

--Alex

=====

From owner-aeulenbe_i_see_digest@indiana.edu Mon Oct 30 10:58:26 EST 1995
Date: Sat, 28 Oct 1995 22:57:16 -0700
From: Tara Banfield <koneko@koneko.seanet.com>
To: i_see@indiana.edu
Subject: goofy eyeball
Status: 0
X-Status:

Okay -- I hope I'm e-mailing this properly....

Based on the following information, I'm hoping someone can either tell me what to start reading or the name of an informed (and obviously *good*) eye doctor somewhere in western Washington.

Several years ago, I went to my eye doctor for an exam. The young assistant seemed frustrated that she couldn't get the result she wanted for that "puff" test (what's that called?), and complained to the doctor "something's wrong!" (which is a really dumb thing to say in front of *any* patient), so the doctor had to come do it himself and reassured her that there was no problem.

I had noticed that my vision had deteriorated significantly in my left eye, which had always been my better eye (I'm nearsighted) and so this was interesting to me. I had also noticed a "stuffed-with-cotton" feeling all around my eye, which I STILL have, and the doctor said it was nothing. This annoys me, since it is sometimes accompanied by tenderness on the skin next to my eye on the inside. Recently (inspired by mildew?) I have had a sore spot on my forehead at the surface (which is really weird) but it appears to correspond with the frontal sinus. Does this sound likely? My upper teeth sometimes feel uncomfortable too on that side. I can't shake the feeling that I can *fix* this. By the way, I did NOT get that prescription filled (for the new glasses) and am still wearing my 1987 prescription (I'm 33). I can still pass the visual exam for a driver's license.

Does anyone know anything about how sinus pressure might affect the eyes and what to do about it? Or whether this might be something else? Thanks!

-Tara Banfield
koneko@koneko.seanet.com

From owner-aeulenbe_i_see_digest@indiana.edu Mon Oct 30 10:58:26 EST 1995
Date: Sun, 29 Oct 1995 10:25:50 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
To: I SEE <i_see@indiana.edu>
Subject: Eye Pressure and Myopia
Status: 0
X-Status:

A few quick notes on pressure, the eyeball, and eye problems.

One theory has it that myopia due to elongation of the eyeball is a result of an increase of pressure inside the eye.

This increased pressure has been thought, variously, to be a result of tension from the extraocular muscles, the ciliary muscles (inside the eye), or a disturbance in the salt-water balance. The latter theory was championed by Emanuel M. Josephson, MD in the 1930's. He actually believed that the difference between glaucoma, which is what is usually identified as "complications from high intraocular pressure", and myopia, is merely

in the tissues that are affected. In other words, the cause is the same, but the effect differs according to the physiology of the person. Young people are more likely to develop myopia from high internal pressure, and old presbyopic people are more likely to develop glaucoma.

One thing Josephson noticed was that myopes tend to have low blood pressure (a chief symptom of which is dizziness upon rising). He believed this was linked to the high eye pressure. For this, he recommended that myopes up their SODIUM intake. He had a plan for the treatment of myopia which included salt and Cortin (a blood salt-content regulating hormone). His treatment of glaucoma was essentially the same.

One criticism of Josephson's theory is that myopes aren't usually diagnosed with high intraocular pressure. Josephson replied that what is actually measured at an eye exam is not the intraocular pressure, but EXTRAocular TENSION. This is what is measured with the "puff" device, or tonometer. Josephson said that for glaucomics, the eye has a high amount of pressure near the cornea, while for most myopes, the increased pressure is further back and cannot be measured with the tonometer. Furthermore, the pressure is quickly relieved in myopes by the coats of the eyeball stretching in response.

Which reminds me. There are three little-known authors that have a lot to say about myopia, and whose names are easy to confuse. Emanuel Josephson, MD, is one of them. The other two are optometrists Joseph Kennebeck and Jacob Raphaelson.

Find their books in the bibliography of "Alternative Eye Science" at

http://silver.ucs.indiana.edu/~aeulenbe/i_see.html

If they're not at your library, order them by inter-library loan!

REFERENCES:

- . 1937. Glaucoma and its medical treatment with Cortin. New York: Chedney Press.
- Josephson, Emanuel M. 1939. Nearsightedness is Preventable. New York: Chedney Press

From owner-aeulenbe_i_see_digest@indiana.edu Mon Oct 30 10:58:26 EST 1995
Date: Sun, 29 Oct 1995 23:29:55 -0500
From: JimDayOD@aol.com
To: koneko@koneko.seanet.com
Cc: I_see@indiana.edu
Subject: Re: goofy eyeball? Patient?
Status: O
X-Status:

Tara

It would seem obvious to me you should get your eyes examined.

You must take some responsibility for your own health. You will go blind before the drivers license department will pull your license.

If you wait for symptoms of poor vision you will be in the end stages of Glaucoma before you go for a checkup. Glaucoma should be spelled "blindness".

Be careful to select an Optometrist or Ophthalmologist that will both listen

to your complaints and explain the results of an examination. Beware of bargains in eyecare and parachutes!

FYI Increased intraocular pressure is one sign of Glaucoma, your symptoms could also be related to sinusitis or thyroid (Graves) disease. Pain or discomfort with eye movement can be a sign of several other eye diseases which should prompt a medical eye work up.

On not wearing the most accurate prescription: I have had patients with undercorrected vision problems seek my attention and get an updated prescription to solve Headaches and other minor ocular discomforts like eyestrain. It was too bad they spent excess time and money to have a complete neurological work up. Not to mention the emotional stress of the CT scan. The most common conditions that cause head/eye aches are uncorrected hyperopia, astigmatism, hyperphoria, and suppression of normal binocular vision. Myopia rarely causes these problems, yet thats what the "screening" vision tests are best at detecting.

I ask each patient of mine to be part of the eye care team. They must protect their eyes with diligence 365 days a year. I get to see them only one day at a time and often only once a year. Goofy things should prompt at least a telephone call to your doctor. Early intervention is critical in all areas of medicine. Eyecare is no different.

Jim H Day, Jr OD, FIOS
Member National Eye Research Foundation

From owner-i_see@indiana.edu Tue May 23 20:33:24 EST 1995
Date: Tue, 23 May 95 20:25 EST
From: John Richter <0007249877@mcimail.com>
Subject: 20/40 vs. 20/20 While Driving
Status: RO
X-Status:

> I find 20/40 driving at night a tad dangerous.
> I wouldnt recomend this. stick to 20/20 correction for potentially dangerous
> activities like driving at night.
>
> 20/40 driving during the day is seems ok. the traffic authorities will
> give you a license if you are within 20/40.
>
> Vic

Vic,

You're absolutely right that for some people 20/40 could be very dangerous for driving at night. That really hasn't been a challenge for me. Since I've been "sunning" I've noticed that my night vision has improved dramatically. I used to regularly "flash" oncoming cars at night thinking they had their brights on - most of the time they didn't. Now, even if I know someone has their brights on it doesn't bother me a bit!

I've lived in the same town for all my life, so I'm very comfortable and familiar with everywhere that I drive. Normally, night or day 20/40 is easy for me. However, when I'm going out of town on business, or to a place I've never been before, I always wear 20/20 correction.

=====

From aeulenbe@indiana.edu Ukn Feb 16 17:30:43 1995
Date: Wed, 15 Feb 1995 11:00:11 -0400 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Vision and Sleep
Status: RO
X-Status:

Does sleep relax the eyes or not?

(from sci.med.vision newsgroup)

Walt Mayo (waltmayo@aol.com) wrote:

>: Also... it's been clearly shown that the vast majority of people do relax
>: both the EOMs* and the ciliary muscles during any closed eye activities...
>: take a look at Mohindra retinoscopy and phorias.... phorias are by
>: definition where the eye muscles move when fixation is no longer needed.

*Extraocular Muscles

Vic Cinc wrote:

>I have to agree with walt here. according to bates the tension
>is mental and then manifested physically. in other words what
>i think bates is saying is that a pattern of mental
>strain is applied unconsciously when trying to see an object.
>sleep generally does not reverse this mental pattern, even if it does
>give the EOMs and ciliary a rest.

I think Walt's estimates of eye-muscle relaxation during sleep are --
what shall I say -- strained?

This very morning I woke up before sunrise. I looked out the window and,
by the streetlamp light, things were very clear. I looked into the closet.
Things were very clear inside too. My eyes felt fresh and relaxed. Then I
went back to sleep. When I woke up again, the sun had risen, light was
pouring through the window, and my eyes were very cramped all over and
vision was blurry.

It seems sleeping in total darkness makes vision better when you wake
up while sleeping in bright light makes vision worse and even gives you
eye cramps. This is probably due to the iris responding to the light.

--Alex

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From owner-i_see@indiana.edu Thu May 25 14:29:15 EST 1995
Date: Thu, 25 May 1995 14:21:25 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Carrots and the eyes
Status: RO
X-Status:

Here three ways carrots are good for your eyes:

1. Vitamin A. Carrots contain beta carotene, which your body converts into Vitamin A. Vitamin A is a major component of the retinal "emulsion" known as visual purple, which picks up light. If you don't get enough vitamin A, your night vision suffers.
2. Potassium. Carrots contain lots of potassium, which is good for the muscles of the eyes. Lack of potassium leads to muscle cramps.
3. Crunchy! Eating raw carrots is good exercise for your jaws; it relieves facial tension and with it eye strain.

--Alex

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From owner-i_see@indiana.edu Tue May 30 09:44:16 EST 1995
Date: Tue, 30 May 1995 09:27:08 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Vegetables for the eyes
Status: RO
X-Status:

This news flash comes courtesy of the new
EyeCare Connection page <<http://www.pacrain.com/~eyecare>>, run by I_SEE
member Larry Bickford <eyecare@pacrain.com>.

EATING YOUR VEGETABLES MAY LOWER RISK OF AGE-RELATED MACULAR
DEGENERATION (ARMD)

Evidence continues to mount supporting the theory that at least two carotenoids, lutein and zeaxanthin play a key role in ARMD, a condition which causes decreased visual acuity and blindness in older adults. Researchers at Harvard Medical School compared the dietary habits of patients diagnosed with ARMD to those with other eye pathologies but without ARMD. They found a direct correlation with increased consumption of carotenoids and decreased risk of ARMD.

Science has long accepted the role of beta carotene's related compounds in retinal neurological processing, but recent studies indicate that some of the other carotenoids may have more profound effects on the aging eye. Along with the antioxidant minerals selenium, chromium and the polypeptide glutathione (and the related amino acid glutamine), these nutrients may provide the key to maintaining better visual function in later life.

Lutein, zeaxanthin, as well as beta carotene and xanthophylls are found in dark green leafy vegetables primarily in the cruciferous family. These include broccoli, cauliflower, cabbage, Brussels sprouts, kale, collard greens, mustard greens, and spinach. It appears that just two or three servings a week provides significant nutrient levels.

(Various journal articles, March & April 1995)

From owner-i_see@indiana.edu Fri Sep 8 10:17:40 EST 1995
Date: Fri, 8 Sep 1995 09:18:57 -0500 (EST)
From: Ari Solovyova <asolovyo@indiana.edu>
Subject: Re: Howdy!
Status: RO
X-Status:

Hey, why don't you look up some herb suppliers in "The Herb Book" by John Lust (every library and almost every bookstore has it)?

Tea is better, it's true -- and it tastes so good!

Try eyebright too. I've been reading about it in some Russian herbals lately. It's called "ochanka", and it has great many uses besides helping your vision (regulates the function of the digestive organs, in particular).

Ari Solovyova

On Thu, 7 Sep 1995, Kellie Elizabeth Cass wrote:

> N Does anyone know where can I purchase Bilbery? Does it come in a
> N tea? Jam? err?
>
> I keep hearing that bilberry leaf tea is great for eye care and
> the best form of bilberry. But no health food store I can find
> sells it! There are lots of pills and capsules but they are very
> expensive and I hear the tea is much better.
>
> . Kellie
>
> `[1;32;40mRainbow V 1.17.0 for Delphi - Registered
>

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From owner-i_see@indiana.edu Fri Sep 8 15:31:13 EST 1995
Date: Fri, 8 Sep 1995 12:32:54 -0700
From: kope@primenet.com (LeRoy Kopisch)
Subject: Re: Howdy!
Status: RO
X-Status:

At 10:41 9/7/95 -0400, Kellie Elizabeth Cass wrote:

> N Does anyone know where can I purchase Bilbery? Does it come in a
> N tea? Jam? err?
>
> I keep hearing that bilberry leaf tea is great for eye care and
> the best form of bilberry. But no health food store I can find
> sells it! There are lots of pills and capsules but they are very
> expensive and I hear the tea is much better.
>
> . Kellie
>
> `[1;32;40mRainbow V 1.17.0 for Delphi - Registered
>
> Your comments on bilberry tea intrigue me. I have never
considered the tea, probably because I have never seen it
advertised.. My wife and I are taking the 375 mg capsules,
which the bottle states may be opened into a glass of warm
water to make a tea. But the capsules are so easy to take,

why go to the trouble..From this labelling I assume I am taking the crushed leaf type.. I am checking around to see if I can find the extract type as it seems most of the medical research has been done using the extract. I am finding it very difficult to find out any trustworthy facts on the bilberry that is available. The recent report made available here, written by Paul Bergner, stated that one type of leaf had a detrimental effect on the liver. The type that I trust the herb sellers are putting out is the "Vaccinium Myrtillus" or more commonly referred to as V Myrtillus..This Type appears to be the only type that has been researched..

You are right that it is rather expensive, as the first bottle I bought at the local vitamin dispensary, that I am on the least precarious belief level with, cost me twenty dollars for 90 capsules. I have since found a catalog sales outfit that during a special sales period, allowed me to get them for ten dollars per 100 capsules. We started taking bilberry about two months ago with very satisfactory results..and now plan on giving it at least a 6 month trial. We started by taking 3 capsules a day for about a month, then noticed as researchers have noted that we were both feeling the diuretic effect of the bilberry so we have cut back to 2 a day and seem to be getting the effects we wanted on our eyesight..

As for concrete results; I had my regular eye exam about a month after we started the bilberry.I have an exam every four months because of a 15 year battle with glaucoma. I got the lowest pressure reading on both eyes, that I have recorded over the past 3 years.Not by much, but the lowest reading in three years and I was shocked because the only thing I was doing differently was the bilberry..I had the tech double check since I have had wrong results before, But he duplicated the first results so for the time being I have to assume they were accurate. The next check a couple of months from now will be the clincher, I hope. My wife who has no glaucoma problems went for her normal yearly checkup and asked for a new prescription so she could get her old glasses replaced.. When the the lady that was measuring up her eyes for a fit of the new glasses, looked at the data, she acted very surprised and blurted out "Your eyes have improved since the test you had 2 years ago". Eyes of people your age don't improve but deteriorate a little year to year. (Our age is a secret, but we did both retire a number of years ago.)

Our personal observations are; I am not wearing my glasses around the house, which I have had to do for many years. I use a set of reading glasses occasionally, but find some times I can read comfortably without them. This is a new and novel experience. I have set up an eye chart here in our computer room, which allows us to make random checks, and my wife has noticed that her eye that does not have an interoc in it, but does have a developing cataract, is reading the chart better..I don't know whether this can be ascribed to improvement in the cataract or to improvement in vision intensity..Time must pass before we know.. Hope this rather lengthy letter may allay some of your apprehension and prove to be of some help to you.

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From owner-i_see@indiana.edu Sat Sep 9 09:18:28 EST 1995
Date: Sat, 09 Sep 1995 09:59:06 -0400 (EDT)
From: Kellie Elizabeth Cass <KELLIECASS@delphi.com>
Subject: Bilberry tea
Status: RO
X-Status:

On 9-SEP-1995 03:16:35.5 vicc said
N my father actually is a herbalist distiler and makes
N bilbery among another 100 or so various other concotions.
N hmmm maybe thereis an export market for this stuff?

Dear Vic,

Considering how impossible it is to find this in the store, I
sure think so! I feel like I've been to every single health
store in NYC (and there are LOTS) but no one knew a thing about
the tea.

I hear that this is the best form of bilberry as well as the
cheapest. (Cheapest is fantastic but best is the most
important so since its the best I'd want it even if it was the
most expensive). It is also suppose to taste great.

Kellie

.[1;37;42mRainbow V 1.17.0 for Delphi - Registered

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From owner-i_see@indiana.edu Sat Sep 23 17:27:57 EST 1995
Date: Sat, 23 Sep 1995 17:01:27 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Bilberry nectar
Status: RO
X-Status:

Bilberry jam was said to improve the night vision of Royal Air Force
pilots in World War II -- that's what all the books say. Modern
experiments confirm the beneficial effects of bilberry extract on the
retinal capillaries. The extract also appears to help in cases of
glaucoma. Unfortunately, no one I ever talked to has ever been able to
find this jam in stores. At the health food stores, you can get pricey
bilberry extract pills, but there too, no jam.=20

Well, today I found something close... bilberry nectar! It sells for \$7.75
for for a 500ml (17 oz.) wine-style bottle at the local health food store.=
=20

It's imported from Switzerland. The ingredients are "Juice from
organically grown forest bilberries, spring water, fructose." It also=
says "Enjoy 1 glass of juice before each meal as a healthy addition to=
your diet."

I tried some. Not bad! Like grape juice. I doubt I'll be able to afford=20

one glass of it before each meal, though. A nice alternative to wine, though.

The company that imports it in the US is

Bioforce of America, Ltd.
Kinderhook, NY 12106

In Spain...

Bioforce Espa=Fla
Flor de Loto S.A.
E-08021 Barcelona

And here's what looks like the Swiss Address..

Biotta AG, CH-8274 T=E4gerwilen
R.S.I. 40.4044/CAT

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From owner-i_see@indiana.edu Fri Sep 29 15:09:33 EST 1995
Date: Sat, 16 Sep 1995 09:12:45 -0700
From: kope@primenet.com (LeRoy Kopisch)
Subject: Re: bilberry, vitamins and eyesight
Status: RO
X-Status:

At 07:42 9/15/95 +0200, ozden yumusak wrote:

>Hi,
>
>I have Retinitis Pigmentosa, this disease causes degeneration in retina=20
>by times, This, of course requires to protect eye more than normal eyes.=20
>I am now taking some vitamin supplements, but I started taking it=20
>recently. Only vit a, but 5000 IU daily.=20
>
>Is there a total vitamin supplement you take daily? What is its brand?=20
>Are the supplements you take have benefit for RP?
>

>Bye
>
>Ozden Yumusak
>
>yumusak@itu.ch
>
>

I wish I could give you some accurate answers, but I am neither a doctor nor a vitamin expert...My problems were not one of retinal disfunction so I have not done any vitamin research toward this problem. Having said that, I might generalize a bit...If I was to make one fairly sure suggestion it would be=7F to first try Vitamin "C" in dosage levels as high as you can stand with out stomach upset. I think Doctor Linus Pauling was right in his assessment of C..It is needed by every cell in the body in rather large amounts. I have never heard or read of any=7F bad side effects from large doses of this vitamin, except the problem of loose bowels when too much is taken.

There are vitamin mixtures in every vitamin store and from every

mail order supplier specifically for the eye..Each company has their own brand name..One calls it OcuVite, another refers to Eyetamins. I have looked at the makeup of these and they are all very similar, invariably containing Carotene, C and E plus several trace minerals. I have a friend who swears by these, as having helped his eyes, but I don't think he ever told me what his problem is..

I noticed you said you are taking 5,000 units of A...I personally prefer taking the Beta Carotene and let the body produce the A it needs from the carotene.. In substantial doses of 25 to 50,000 it is supposedly safer and with fewer side effects..

Right now I am investigating the eye benefitting effect of Bilberry.. The claims for this herb are interesting, but the claim that it strengthens the capillaries and improves the blood flow is the one that intrigues me the most.

The deterioration with age or disease of the capillaries in the retina with their vital enriched blood flow, worries me more than any other factor in protecting my eyesight...How will I know if it accomplishes this, is something I don't know at present. But If over a 6 month period I find that my vision is truly benefitting from the use of it, I will probably assume that it is the vital capillaries that have benefitted.

best regards:

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From aeulenbe@indiana.edu Thu Nov 13 20:23:45 1995
Date: Mon, 13 Nov 1995 20:09:08 -0500 (EST)
From: Betty Martini <betty@pd.org>
Subject: Bilberry Information Number
Status: RO
X-Status:

Over the past months there has been discussion and questions about bilberry. I became interested myself because with the volumes of mail I receive I sometimes have spent 12 hours at the computer. My vision became so blurred I had to use glasses to read, and only had used glasses for night driving.

Didn't know much about bilberry but picked up some at the health food store. Also put sea salt on my computer because a journalist told me it would cut down on the radiation and help.

Well its been about a month or so now and I notice my vision is no longer blurred when I read a book. Yesterday I finally saw an ad in the paper that gave a number where you can get information. It's 1 800 -818-9131. Perhaps they send out information.

It is interesting that what caught my eye in the ad was MACULAR DEGENERATION in large print. Then they showed some blurred tulips and said "Before it makes your world look like this... you should read this: Here's what the ad said:

"Today, 83% of eye care professionals recommend nutritional supplements like Bilberry 2020 for the eyes, even for patients concerned with macular degeneration and cataracts.

Providing specific nutritional support to the structure and function of

the eye, two Bilberry 2020 caplets a day can help strengthen capillaries and inhibit deterioration. In a recent pilot study of 100 people taking it as a supplement, 55% reported benefits after four weeks ... and 78% after eight weeks."

So for those looking for more information on Bilberry I hope this information number helps.

Regards

Betty Operation Mission Possible

P.S. I have been exceptionally pleased with its use.

Betty Martini

Domain: betty@pd.org

UUCP: ...!emory!pd.org!betty

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From owner-i_see@indiana.edu Tue May 9 14:45:38 EST 1995
Date: Tue, 9 May 1995 14:35:27 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Re: eyebright
Status: RO
X-Status:

On Tue, 9 May 1995, Pankaj Shah wrote:

> Hello, I have heard of something sold in health stores called eyebright.
> Could anyone tell me if this is useful. Does it reverse myopia?
> Is it just quakery?? Thanks for all responses.
> Pankaj Shah

I have used eyebright herb on several occasions as a tea and as an eyewash. It was particularly expensive -- over \$50 a pound (typical herbs are \$10-15/pound).

My most amazing experience in myopia reduction occurred after drinking eyebright tea once a day for I think two or three days. But at that time, I was also doing intensive patching therapy. I seem to recall a certain tingling sensation (different from the sensation sometimes that comes from practicing distance viewing) and a "strong" feeling in my eyes after taking the herb. This all wore off after several days. I also stopped doing the patching. As you can see, not a very controlled experiment!

Eyebright is supposed to relieve eyestrain, and to the extent that myopia is caused by eyestrain, eyebright will reduce myopia.

I think it's worth it, if your health food store sells it in bulk, to try say \$2.00 worth, which will yield a few cups of tea -- enough so that you can see if it does anything. You can also try it as an eyewash: make tea, let it cool off (!) and then put some in an eye cup (available at the pharmacy) and swish around. This may be even more effective than drinking it.

--Alex

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From owner-i_see@indiana.edu Sat Dec 16 03:58:56 EST 1995
Date: Fri, 15 Dec 1995 23:33:52 -0500
From: Alex Eulenberg <aeulenbe@ezinfo.ucs.indiana.edu>

Subject: Re: Vision Food Supplements

Status: RO

X-Status:

On sci.med.vision RMhound <rmhound@aol.com> wrote:

>Anyone have info on the food supplement 'Bright Eyes' and its value for
>treating eye problems? I believe the supplement 'Bright Eyes' is made
>from a plant called 'Bright Eyes'.

> Rich

That's eyebright. It's sold in capsules, but it tastes great as a tea,
too. There's an herbal tea blend called "Bright Eyes" that contains
eyebright, and the dried herb is also available in bulk at health
food stores.

The book /Prescription for Nutritional Healing/ by James F. Balch, MD,
and Phyllis A. Balch, C.N.C, (Avery, 1990) says that the entire
plant except the root has medicinal properties, and it contains
(quantities not given):

bitters	inositol	volatile oils
PABA	sulfur	tannins

Vitamins: A B3 B5 B12 C D E

As for actions and uses of eyebright, it says "Used as eyewash. Prevents
secretion of fluids and relieves discomfort from eyestrain or minor
irritation. Good for all eye disorders."

Don't ask me how the B12, which is only supposed to be in animal and protozoan
products, got into eyebright.

According to /The Herb Book/ by John Lust, eyebright is both an
astringent and a tonic.

I've never heard of a clinical study being done with eyebright.

--Alex
(not a licensed herbalist)

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From owner-i_see@indiana.edu Wed Dec 6 15:53:02 EST 1995
Date: Wed, 06 Dec 1995 14:17:06 -0600
From: stefansi@ctrvax.Vanderbilt.Edu (Stefan Ivanov Stefanov)
Subject: Exercising eye muscles
Status: RO
X-Status:

Has anybody thought more deeply about the effect of exercising the external eye muscles on the eye and its refractive state?

Certainly, the idea of having exercised, tonic, strong muscles appeals to everybody. But regular muscle training usually results in increase of their mass and volume. What effect could that have in the case of eye muscles on the eye?

Stefan Stefanov

=====

From owner-i_see@indiana.edu Wed Dec 6 17:01:40 EST 1995
Date: Wed, 06 Dec 1995 13:23:35 -1000
From: "Laszlo Nemes SMF(916)823-7174" <LASZLO_N1@sfovl.verifone.com>
Subject: Re: Exercising eye muscles
Status: RO
X-Status:

Muscles do not normally bulk up unless the training chosen is directed that way. To bulk up you typically do minimal repetitions with the maximum weight possible. As there is no way I know of to add weight to an eye exercise, I do not believe you need to worry about this. Consider also, the case of runners, swimmers, cyclists and other heavy-duty exercise athletes where continued use of the muscles rather than explosive use, as we associate with weight lifters, is used. The eye muscles are used continually, more along the lines of these athletes.

Another possibility though, is that muscles can become permeated with fat if they are not exercised. I don't know if this has ever been checked in the case of eye muscles.

Laszlo

From: IN%"stefansi@ctrvax.Vanderbilt.Edu" 6-DEC-1995 12:41:37.17
To: IN%"i_see@indiana.edu"
CC:
Subj: Exercising eye muscles

Has anybody thought more deeply about the effect of exercising the external eye muscles on the eye and its refractive state?

Certainly, the idea of having exercised, tonic, strong muscles appeals to everybody. But regular muscle training usually results in increase of their mass and volume. What effect could that have in the case of eye muscles on the eye?

Stefan Stefanov

=====

From owner-i_see@indiana.edu Fri Oct 6 09:06:45 EST 1995
From: mat@tekbases.metrica.com (Marco A. Terry)
Subject: Re: magnets
Date: Fri, 6 Oct 1995 09:16:58 -0400 (EDT)
Status: RO
X-Status:

One an inspired day Mark Jensen machine gunned this on my wall....

>
> There was a post on misc.health.alternatives recently that claimed lying
> down with circular magnets resting on your eyelids (time length not
> specified) was a great help with presbyopia. My other magnet experiences
> lead me to believe that this may be worth trying. Has anybody here had any
> experience along these lines?

Long back (way back when.....) there was thgis guy that did miracle cures
using magnets, later he realized that he could do them himself (he believed
to have absorbed some of the magnetic powers or something)...later he
was banned. What people believe now is that he cured a lot of people with
psychosomatic disiasse....I would not take magnetic cures to seriously...

>
> Mark Jensen mjensen@crl.com
>

Good luck!

--
Marco A. Terry
Metrica, Inc. "Overdrawn? But I still have checks left!..."
8 Winchester Place
Winchester, Ma 01890

=====

From owner-i_see@indiana.edu Fri Oct 6 08:37:21 EST 1995
From: MBerezetsk@aol.com
Date: Fri, 6 Oct 1995 09:07:39 -0400
Subject: Re: magnets
Status: RO
X-Status:

In a message dated 95-10-06 01:56:56 EDT, mjensen@crl.com (Mark Jensen)
writes:

>There was a post on misc.health.alternatives recently that claimed lying
>down with circular magnets resting on your eyelids (time length not
>specified) was a great help with presbyopia. My other magnet experiences
>lead me to believe that this may be worth trying. Has anybody here had any
>experience along these lines?

>
>Mark Jensen mjensen@crl.com
>

>
This reminds me of two things:
1. An ancient Chinese method to temporarily improve myopia: one goes to sleep
flat on his back, with heavy little bags filled with sand placed on his
closed eyelids. After several hours of sleep (provided you have whatever
training it takes to maintain this sleeping position), you wake up with
temporarily flattened corneas and improved vision.
2. In Eastern Europe, magnets for medical use were patented for several

conditions -- I forget which specifically, but I even own a pair of magnetic earrings which, on a number of occasions, have helped my eyestrain and related headaches. (After discovering palming I haven't used them because palming works better for this purpose.)

Elena

=====

From owner-i_see@indiana.edu Fri Oct 6 01:14:08 EST 1995
Date: Thu, 5 Oct 1995 22:48:39 -0800
From: mjensen@crl.com (Mark Jensen)
Subject: magnets
Status: RO
X-Status:

There was a post on misc.health.alternatives recently that claimed lying down with circular magnets resting on your eyelids (time length not specified) was a great help with presbyopia. My other magnet experiences lead me to believe that this may be worth trying. Has anybody here had any experience along these lines?

Mark Jensen mjensen@crl.com

=====

From mwe@unixfe.rl.ac.uk Fri Oct 6 07:08:50 EST 1995
Subject: Re: Feast for your eyes
Date: Fri, 6 Oct 1995 13:07:56 +0100 (BST)
From: "Mike Ellwood, CCLRC, Rutherford Appleton Laboratory, GB" <mwe@unixfe.rl.ac.uk>
Status: RO
X-Status:

> I posted:
> >I've noticed that whenever I prepare myself a salad with lots of color
> >contrast (white feta cheese, dark green spinach, bright red pepper), and
> >I look at it, my eyes seem to come alive. Has anyone ever noticed an
> >eye-enhancement effect from looking at their salad?
>
> Tara Banfield <koneko@koneko.seanet.com> replied to me (said I could
> forward it to the list)...
>
> >I *have* noticed that whenever
> >I see ANYTHING colorful (of the sort that I *want* to be seeing), or even
> >something less dazzling that is pleasing to look at, I relax all over
> >(endorphin flood?) and I imagine the response might enhance eyesight --
> >there is that wonderful combination of calm and stimulation that makes me
> >just plain FEEL better. In any case, I'm sure it's not imaginary!
>
> Hm... Something to keep in mind for those of us staring at black and
> white letters all day. Which reminds me, a certain optometrist
> William M. Updegrave wrote a book in 1936, called "The Seeing Eye", and
> each page was printed with a different colored ink on a different colored
> piece of paper. He requested that readers write him and tell him which
> ke> pages had the best effect on them.
>

Not sure if it's quite relevant, but I certainly know that inappropriate (for me) use of colour in printed material can make things very hard to read. Now that publishers and advertisers have the technical ability to mix colours to their hearts content, some of them seem to think they have to do so, regardless of its effect on readability. Things that I find next to impossible to read are:

Black print on dark red background
Black print on dark blue-purple background.

(there are probably others - those are the ones that come to mind)

"fade in colour" (or whatever the technical term is) just makes things worse, as your eye can't settle on what the contrast is supposed to be.

Labels on certain food and vitamin packaging are rather prone to this; irritating as the print is often small.

Mike Ellwood
speaking for himself, and not for:
CCLRC Rutherford Appleton Laboratory
Chilton, DIDCOT, Oxon
GB OX11 0QX

Mike.Ellwood@rl.ac.uk

Tel: 01235-446161 Fax:01235-446626

=====

From vicc@extro.ucc.su.OZ.AU Ukn Feb 14 13:04:24 1995
From: Vic Cinc <vicc@extro.ucc.su.OZ.AU>
Subject: Vision training tools? (fwd)
Date: Tue, 14 Feb 1995 17:57:30 +1100 (EST)
Status: RO
X-Status:

hi

>For the last 7-8 months I've used the computer many hours a day. My right
>eye, which was weaker to start with, has really gotten worse, to the
>extent that I am considering glasses. I've tried the pinholes, which help
>some, but don't feel like a good solution.

>Has anyone found a way to deal with this? I guess I would do exercises if
>I thought it would work. I'd love to try the Accomotrack, but there are
>none in my city (Albuquerque). I just read a patent on a prismatic pair
>of glasses that address the problem.
>
>Help!

I use a computer screen around 8-14 hours a day.
the things to take note are. sit near a window with a nice distant view.
try to spend more time looking out the window then your screen.

usually what happens when you stare at a computer screen is you develop
a good fixed stare. so you want to reverse this process and do things
like moving your eyes around the socket as often as possible.
also your eyes have a tendency to dry up when staring at a screen, and
posture caves in. so you want to remember to blink often, and get a decent
chair to sit in. I have a chiropractically approved chair I bought for
myself cause work didnt want to.

since you are catching this at an early stage all the standard bates
techniques have a very high chance of reversing your problem quickly.
eg palming, sunning. shifting. etc.

Vic

=====

From owner-i_see@indiana.edu Tue Nov 14 23:15:21 EST 1995
Date: Tue, 14 Nov 1995 22:55:46 -0500 (EST)
From: Alex Eulenberg <aeulenbe@indiana.edu>
Subject: Mark Gold's holistic eye health tips
Status: RO
X-Status:

The following query popped up on sci.med.vision. Mark Gold, one of
the Internet's more infamous Holistic Health Champions (see his web page,
given at the bottom of this document), has carbon-copied me his detailed,
informative response. Now, I forward it on to you, I_SEE readers!

--Alex

----- Forwarded message -----
Date: Tue, 14 Nov 1995 22:41:32 -0500 (EST)
From: Mark Gold <mgold@max.tiac.net>
To: bertlove@netrunner.net
Cc: aeulenbe@ezinfo.ucc.su.indiana.edu, mgold@tiac.net
Subject: Re: Trouble at the computer

>Date: Mon, 13 Nov 1995 18:39:52 -0500
>From: bertlove@netrunner.net
>Newgroups: sci.med.vision
>Subject: Trouble at the computer

>
>Hi, I am a computer professional who uses a computer
>extensively every day. Ever since the monitors have
>upgraded from mono (that's some time ago!), I've had brief
>>episodes of double vision, partial loss of vision in one
>eye, speech interference, nausea and difficulty doing manual
>operations. The symptoms are usually mild, but can be
>severe. I've attributed much of this to stress, but I think
>it might be vision related. I know fingerprints on my
>monitor will cause a headache in less than 15 minutes. It
>is possible that all these symptoms are due to some type of
>migraine headache which is vision induced.

>
>Does anyone know what this is and what can be done about
>it, or who I should see for further evaluation?

Bert,

Here are a few ideas to discuss with your healthcare practitioner when you visit him/her to diagnose the problem. Of course you don't want to try everything at once, but one or two of the ideas may prove useful in finding a solution to the problem.

1. Computer setup

- a. Ergonomics -- The setup of your workstation is very important. Even though the setup may not have changed for a long time, it could be a contributory factor to your problems. As a computer professional you know that one way to solve a problem is to logically, in a step-by-step fashion, go through each possible cause. So, **please** take a little bit time (and it doesn't take much) to check and adjust the height **and** position of the keyboard, monitor, chair, and mouse. If you need more information about the proper setup, please contact the occupational health department in your company or email me and I can provide the information I have.
- b. Lighting -- The can be another contributory factor to health problems which develop with computer use. Once again, even if you have had the same lighting for years, it can still be a contributory factor. If you are using typical fluorescent lighting, for an 8-hour+ day, I cannot too strongly recommend getting different lighting. The spectrum from fluorescent lighting is quite a bit different than natural sunlight and is not only bad for the eyes, but bad for health in general **if** one spends a considerable length of time in that lighting.

I recommend going with natural spectrum light bulbs such as Vita-lite. The natural spectrum fluorescent bulbs tend not to be as bright as many typical fluorescent bulbs, so you may have to supplement it with an incandescent bulbs. Even if you have to just use incandescent bulbs, it's better than fluorescent lighting as long as you use enough lighting so as not to be in the dark. Another light to consider is an Ott Light which is about as close to natural sunlight as you can get because it is full spectrum and includes an ultraviolet light. Just be sure that it isn't too dark, i.e., programming by computer light.

Below are some lighting companies. Also, I recommend contacting the OTT-Light company and asking for information about research by John Ott. He performed decades of research on the health effects of different lighting and computer monitors on plants and animals.

Vitality Concepts, Inc.
Full Spectrum Lighting Specialists
1406 W. Summerdale Ave.
Chicago, IL 60640-2116
(312) 275-1443
(800) 252-0220
FAX (312) 275-7997

OTT-Light
Environmental Lighting Concepts, Inc.
3923 Coconut Palm Drive #101
Tampa, FL 33619
(813) 621-0058
FAX (813) 626-8790

Hughes Lighting Technologies
34 Yacht Club Drive
Lake Hopatcong, NJ 07849
(800) 544-4825
(201) 663-1214

Duro-Test
9 Law Dr.
Fairfield, NJ 07007
(800) BUY0DURO
(201) 808-6622
Sells Vita-lite. Call and ask for local retailer.

The SunBox Company (has a dawn simulator \$219 among others)
19217 Orbit Dr.
Gaithersburg, MD 20879
(800) 548-3968
(301) 869-5980

Apollo Light Systems, Inc.
352 West 1060 South
Orem, UT 84058
(800) 545-9667
(801) 226-2370

Bio-Brite, Inc. (light visor mfg.)
7315 Wisconsin Ave. #1300 W
Bethesda, MD 20814-3202
(800) 621-5483
(301) 961-8557

- c. Computer Monitor -- Color monitors tend to have a much stronger electric field in front of the monitor than a monochrome monitor. Your computer monitor should meet the Swedish standards for magnetic and electric fields. Check with the manufacturer and/or your occupational health department (which can sometimes perform on-site measurements). You can also purchase a measuring device from Safe Technologies (see below) and do the measurement yourself.

The old Mac RGB monitors used to have an extremely high magnetic

field in front of the monitor. Their newer RGB monitors (since a few years ago), meets the Swedish standards. There are alot of subtle changes that occur from exposure to EMF (e.g., changes in blood-brain barrier permiability), such that if you are a computer professional and spend 8 hours a day in front of a computer, it might be a good investment to get an ultra-low magnetic and electric field monitor. The electric field produced by today's monitors is a big problem (in 8-hour/day exposure) for many people in my opinion, especially those people with chronic immune system disorders.

For many years, I had a monitor from Safe Technologies Corporation. It produces a magnetic field at approximately 1/10 the Swedish standard and cuts down the electric field in front of the monitor to almost zero. It helped me to be able to work eight hours in front of the computer (with breaks) without eyestrain. It costs more than a PC SVGA monitor, but about the same as a color Mac monitor, at least when I bought it.

Another option is to get a NoRad shield that cuts down on the electric field significantly. I would stay away from the cheap glare screens which don't really do anything as far as the electric or magnetic fields. One scientist I have spoken to believes that the positive ions put out in front of the monintor attach themselves to particulates in the air. When those particulates get in the eye (as they generally do), they are more irritating because of the positive ions.

Safe Technologies Corporation
145 Rosemary St.
Needham, MA 02194
USA
(800) 638-9121, (617) 444-7778

They sell extremely low magnetic field (1/10 Swedish standard) and electric field SVGA monitors. The monitors a brand-name monitors that are specially modified. I bought one of their monitors and it is many times easier on my eyes than any other one in our department.

They also sell "zero" radiation monitors, but they are more expensive.

NoRad
1549 11 St.,
Santa Monica, CA 90401
USA
(301) 395-8800

They sell a shield that goes over the screen. It cuts down most of the electric field and some of the magnetic field that usually reaches the computer user.

Another thing to watch out for is the crispness of the letters on the monitor. This is especially important with color monitors since they use three electron beams to produce images on the screen and therefore the letters will usually not be as crisp as on monochrome monitors (even if you use black & white letters). Some recent monitors such as the Apple 21-inch color monitor was horrendous (in many cases) for focusing the letters. When I brought our department's 21-inch monitor in for focusing, there were many others who had returned their monitor because of this problem.

Even lettering which is only slightly out of focus or "blurry" (i.e., not crisp) can cause problems (e.g., eyestrain, headaches, etc.). This is not something to get paranoid about, but it is a good idea to check and compare to other brands of color monitors in the company (or friend's monitors) to see if there is a problem. Another thing you can do is swap monitors with someone else and work with it for a while to see if you find your condition improving.

Finally, I have heard that monitor refresh rates can effect people if they are set wrong (or something). I don't know much about this. Perhaps someone else does? Whatever the case, switching to another monitor for a while (especially another brand) will help narrow down the problem.

2. Air

When I lost the use of my Safe Technologies ultralow magnetic and electric field monitor, I went out and bought an air filter/negative ion generator. It was well worth the cost in my opinion. No longer am I working for 8 hours, breathing stale, "dirty" air and being bombarded by positive ions. If you can't set up a low-electric field monitor, I highly recommend getting a filter/negative ion generator. (Even if you can get such a monitor, it still might be a good idea.) Working in a "positive ion environment" for 8 hours a day is a bad idea in the long run in my opinion.

In addition, consider whether there is a possibility that the air quality in your office is bad or has worsened. For example, did a carpet get installed in the last year at work or at home? Is the air too dry? Are you working or sleeping in a dusty environment? Have you changed your bedding recently (e.g., sheets, quilt, mattress, etc.). Some bedding and furniture products are treated with formaldehyde (even some "all cotton" "natural" products). Investigate possible air quality problems in places where you spend considerable time such as sleeping and at work. Yes, air quality problems can lead to health problems, including vision problems in my opinion.

There are many different brands of filters/negative ion generators. Some produce too much ozone to spend time around while running. Others have worthless filters. The filter I bought not too long ago is working very well and I recommend it for high quality at a reasonable price.

N.E.E.D.S.
527 Charles Ave.
Syracuse, NY 13209
(800) 634-1380
AllerMed Airstar 5c

3. Diet

If you are having vision problems, the first thing to consider as far as food and nutrition goes is whether you are using aspartame/ NutraSweet in any of your products (soda, gum, cereal, vitamins/ supplements, pharmaceuticals). Aspartame is notoriously bad for the eyes and bad for health in general, especially over the long-term.

Beyond cutting out aspartame, a junk food diet or a Standard

American Diet (S.A.D.) will contribute to health problems in the long run. You may want to investigate *gradually* moving towards a "natural foods diet" such as that described in books by Annamarie Colbin ("Food and Healing" and "The Book of Whole Meals"). It will pay off in the long run and might help any eye problems.

4. Stress Release

Stress can definately be a factor in eye problems. I am sure that Alex has mentioned the relationship between stress and the eyes. If you are doing eye relaxation and improvement exercises, you may want to continue that. The following ideas have helped me in the past:

- a. It is very helpful to try and create a ***routine*** where you take a regular break every hour for a couple of minutes to relax the eyes. You can use the palming relaxation technique or other relaxation techniques that you can get from many of the eyecare professionals on this newsgroup. Email for more info. Also, I strongly recommend taking a 10-15 minute break every 2 to 3 hours. Try going outside in the sunlight without glasses or contacts (if possible) and either think about something fun or focus the mind on taking deep breaths. Thinking about computer stuff for 8+ hours a day can be a drain and stressful. Contact aeulenbe@ezinfo.ucs.indiana.edu for extensive information on taking care of your eyesight.
- b. Take a yoga class and develop a short yoga routine. It is best to take a class so you get the poses correct. A short yoga routine is a very good way to keep daily stresses from building up over time and leading to health problems.
- c. Perform a short breathwork routine. This can be a good way to increase energy and release stress, especially stress which is held in the body around the diaphragm area. I recommend the short 5-10 daily routine detailed in the book:

Conscious breathing
by Gay Hendricks, Ph.D.
Bantam Books, c1995
ISBN 0-553-37443-5

- c. Get a moderate amount of aerobic exercise (perhaps every other day), but not too much. By the way, swimming in a chlorinated pool can be hard on the eyes for many people.

5. Other

Sometimes, an herbal eyewash can be helpful. One popular eyewash is making eyebright tea in real spring water or distilled water and putting the *cooled, room temperature* tea in a bowl. Then put your face in the bowl and open up one eye at a time. Move the eye around by looking in different directions. Some people make compresses for the eye by dipping a cotton cloth in the tea and putting it over close eyes for 10-15 minutes. There's a bunch of other herbs that can be useful. Check with your local herbalist.

There are a bunch of other possible contributory factors, but it would take a more detailed description of your case and health & lifestyle history to narrow the other less common cases down.

Best Wishes,

- Mark

mgold@tiac.net

<http://www.tiac.net/users/mgold/health.html>

(Web articles on Food & Nutrition, Yoga, aspartame/NutraPoison, sweetener resources, stevia, toxic carpeting, rBGH, fluoride, MSG detoxification, mental health resources. Much more to come.

Lots of links to medical and holistic healing sites.

Will email articles if you do not have WWW access.

=====

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\|_/_/
11 December, 2003

      The Ultimate
      Random Snellen Chart Generator
      v2.5
      "      for Macromedia Flash
              Player

      -by Alejandro Saksida-
      (acsaksida@hotmail.com)

      Latest versions can always be found at
      http://www.i-see.org/eyecharts.html

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Index:
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- What's new?
- Introduction
- Use
- Some PRETTY IMPORTANT hints
- Wanna print?
- Final comments
- History
- Disclaimer
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What's new? :
```

New to v2.5

-Renamed Kay Pictures to Pictures (more correct use)

-Added two more possibilities in the Pictures: Food and Animals (now Animals

is

as default), there's a little combobox at the bottom from which you can choose the

mode you need.

-Fixed the clipping of the Symbols in the Pictures. Yay!

New to V2.1

-Removed the ruler of the printed version (Unnecessarily distracting, check

the

"Wanna print?" section)

-Made the Tumbling Es square so no height guess is possible.

-There were no 'Z's (!!??). Added 'Z's.

-There were 'W's. Those are forbidden in a Snellen Chart (some rule).

Erradicated

'W's. ('M's have the same trouble, but they were erradicated from the 2.0 on).

still

-Fixed a bit the Pictures (some of them got cutted by the right side, and

still

happens regretably.. I don't know how to fix this, so if anybody has an

idea...)

New to V2.0

This version has a lot of updates, I'll list them below:

- It's now possible to print

- Red underlines can be placed in any chosen row by just clicking on it

- 8 position tumbling Es were eliminated to be replaced by Cs (Landolt Cs)

- A new cool intro and loading screen

- A much better interface

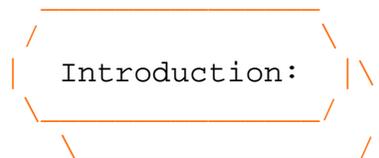
- Fixed the low performance bug of the last version (?!)

- Totally reprogrammed for Flash MX!(faster, printable, less sized player download, etc.)

- Landolt Cs chart added

- Pictures chart added

- Renamed Randomly Oriented Es to Tumbling Es :)



A Snellen Card is something that gets old after some time if you have an specific one. This starts to become a problem when you remember every line without even looking at it. That happened to me more than once, limitating and falsifying my advance, that's why I've created this random letter Snellen chart.

This chart not only generates random snellen charts but also Landolt C's, Tumbling 'E's and Pictures in different flavors.

Enough introduction, time for some handy details.



First, it's very probable that you need not much documentation cuz the "program" is very WYSIWYG (dumbass-proof) and however you (closely for sure) know how to use a Snellen card. This version anyway has got some important changes in the interface so I'm anyway going to explain briefly the use of this program and, later, give you some PRETTY IMPORTANT and useful HINTS about this program. But let's go first for the use instructions:

Use (both on-line and off-line):

Load (need Shockwave for this, you can download it from Macromedia's site or just try accessing the Snellen card, if you don't have the plug-in, automatically it'll take you where you can download the Shockwave Player),

- First, there's a button called "Change Characters" that's used to cycle through infinite random combinations.
- Second, there's also a checkbox called "Rounded Font", this checkbox is checked by default but if you uncheck it, you see the Snellen chart in a more square font, this is, Arial. If you check it again, it'll go back to the Courier font.
- Third, by clicking on any row of any mode, a red underline will appear, click again and it'll disappear.
- Fourth, there are four tabs, each one corresponding to the Traditional Snellen chart ("Traditional" from now on), the Tumbling Es chart, the Landolt Cs chart and the Pictures chart. Right now, if you see the normal Snellen screen with lotsa different letters, you are in the Traditional tab. Click the other tabs to access to the other modes of this Ultimate Snellen Chart.
- Fifth, for the Pictures, the default is Animals but there is a little combobox in the bottom of the "Pictures" section which lets you choose Animals (duh), Food and Symbol.
- IMPORTANT ABOUT PRINTING: when the Print dialog appears, in the pages to print where it says "Pages 1 to 5" or something like that, don't leave it that way, instead use Selected. Do this ALWAYS every time you print.

Off-line use: just unzip (if you're reading this, probably this step has already been done) the file somewhere on your disk, go there and open the html with your favourite Browser (with the "Work Disconnected" kind button checked if it isn't already) and you're done!



I bet most of you won't read all these hints. I don't wanna bore you, so here are their importance levels:

[1]: MUST read

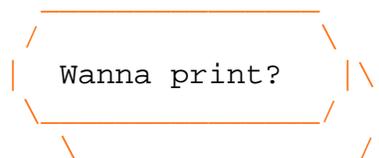
- {2}: Important
- (3): Just a hint

- [1] If you have Internet Explorer, use the Full Screen (F11 key) while using it. If you don't, see if there are any Full Screen button somewhere, if there isn't, consider having IE because it'll drive you mad to use it on a smaller screen.
- [1] When printing, when the Print dialog appears, in the pages to print where it says "Pages 1 to 5" or something like that, don't leave it that way, instead use Selected. Do this ALWAYS every time you print.
- [1] If you have a 14" monitor, use it at 800x600 for real size reference. I've made it that way mostly because it was originally designed for personal use (and left it because it's the most common monitor and resolution). Also, I've been told that it's almost correct in 1024x768 in a 16" monitor.
- {2} Else, if you don't have a 14/16" monitor or you cannot use the 800x600 / 1024x768 resolution, not everything is lost, there is a way to get ahead: first, measure the big first letter (initially an E) in inches, and, if you use to step at 20ft (*), multiply that number for 17.391 and that will give you the distance you should stand at measured in feet. If you use to stand at 10 ft (*) (mainly for lack of vast space which is my case and, I imagine of many others) the multiplier to use would be 8.695 (see it's the half as 10 ft is the half of 20 ft). I've been testing it, sizing it at distance as good as I could in two different scales and everything seems to be in order.

(*): Of course, the choice of the distance will be fixed to your ultimate objective, if you choose to stand at 20 ft, your objective will be the 6th line, otherwise, if you choose to stand at 10 ft, your ultimate objective will be the 8th line and so on

- {2} If you have a glass protector (those for radiation that darken the screen), take it away while reading. Also the brightness and contrast of the monitor will affect, but that depends too much on the monitor, see what fits better to you but I recommend you to put the monitor on the max contrast and a reasonable brightness.
- (3) If you do this daily and take note of what you see to compare it when you're nearer, I mean, you stand far, guess what the whole Snellen chart says, taking note of that "prediction" for later comparison when you're nearer to the screen (that's the way I do it), it's VERY useful to have one of those toys called "Magic Slate" or like, you know, those ones that you can draw and erase and draw again. It'll become a good partner if you get accustomed to use one of them.
- (3) Try to avoid looking at the screen after clicking the Change Characters button or you will be cheating ;)
- (3) If you stand at 10 ft, your last objective will be the 8th line, that may be a problem because that line is a bit beyond the reach of the

screen (at least in the common monitor/res.). There are two solutions for this kind of problem: go back to the computer to scroll the bar down or (what I found to better) move the scroll bar before you go far. To calibrate it for everything to fit and still not look directly at the screen (believe me it becomes a problem), you can use the first reading at the top left, the one which says "70 ft - 21 m", scroll the bar until this line disappears almost completely and that's it, the page is aligned to cover from lines 1st to 8th (well, not much of the 1st, but you can still distinguish what is it; however, if you can't see that letter, you won't need to scroll the bar down as you won't see that "extended rest" anyway)



I've been thinking alot about this addition as it is very important that you print in the way outlined here:

When you select what you want to print, you click on the icon that appears in the top left corner and when the Print dialog appears, in the pages to print where it says "Pages 1 to 5" or something like that, don't leave it that way, instead use "Selected". Do this ALWAYS every time you print.

About the size it'll be printed, it should be ok for any paper which has the width sized as an A4 paper which is the most common one. However, to check sizes, measure the first letter, it should be of about 1,25" / 3,2cm.

The print options however aren't much, so if for ANY reason it doesn't fit, you'll have to press the "Print Screen" key on your keyboard, load it on any Image edition program, paste in a new image and print it from there. And use that size (1,25" / 3,2cm. for the first letter for reference to change the paper's print resolution to fit the real size it should have.



Well, that's about it, I have nothing else to say by the moment, if you have ANY ideas or comments, insults or money ;) please contact me. Also about any other thing like this that could come in handy.

Many people did so and they made it by mail asking, so you see, you too can become FAMOUS by throwing a good idea ;)

Seriously talking, if you do any cool suggestion that makes this program to get better, I promise I'll put your name in this "Hall of Fame" :)

Hall of Fame:

Thanks to Harry Incs, the one who gave me the idea of the "different resolution/monitor problem" solution and the one who inspired me to write a longer version of this document (to be honest, to add this all after the Introduction :)

Thanks to Rajiv Bhushan for one, the Arial/Sans Serif idea, and two, the Tumbling E's chart.

Thanks to Ryan Roberts, he gave me the suggestion of the printability and corrected me some of the errors of the 2.0 version.

Thanks to Zvi Zoblin, he gave me the food and animals fonts to use on the Pictures. Remember that you have this version (2.5) on your hands because of him.

Also a call to anybody who has the knowledge: I've read somewhere that there are some devices that "teach" you how to control the muscles of your eyes. I'm pretty sure that such a thing would be a VERY BIG help to all of us. If you do know how those machines work, I mean I'm sure they show you something and tell you to do certain things and voila, you've learned to control your eye muscles. THAT is something that could be very possibly recreated in a computer program that I'm sure I could do. If anyone has the knowledge about how that works, tell me and I'll do a program that does the same thing except that this would be for free.



So the "Final Comments" weren't final really, huh? :)

Well, I know that, but the History of the Program is the most boring part, together with the "Disclaimer" thing, so I've left them for the real end ;)

11-12-03: Inspired by Alex Eulenberg, I reconverted the txt file to html so that you can browse it easier as well as change the text size and such stuff.

26-11-03: A new surge of enthusiasm inspired by Zvi Zoblin. Corrected all of the errors of the beta and remade the screen now with a kewl logo. Added food and animals in the Pictures and fixed the so disturbing clipping from the symbols at the Pictures.

??-10-03: Made 70% of the update to the new version with tons of bugs to correct.. things that I didn't get why happened.. that and the lack of time discouraged me a little on taking it to final.

- 22-04-03: Another mail by Ryan Roberts correct some of my errors of the 2.0 version. I corrected these errors and here it is updated to a 2.1 version as minimal things were changed. Sorry for the big delay but I've just got into Algebra studies right on that moment and couldn't get it fixed before, plus some more trouble that messed things up more than I expected (it didn't want to obey my commands :)) but victory came and here it is updated.
- 18-03-03: Inspired by a mail from Ryan Roberts, the Ultimate Random Snellen Chart Generator v2.0 is done. Recoded the whole thing for Flash MX, added a print button, underlines, Landolt Cs and Pictures.
- 06-02-03: Finally the "Ultimate Snellen Chart" is made. I've called it that way because it has at least to my knowledge all the charts possible all in one in a 30kb file, that is less than a .gif image with a chart :)
- 02-02-03: The E chart, at last working, was going to be sent separate as the Arial Snellen chart... but, I noticed this was starting to get messy as everything was in different places, different files, with very like READMEs but having a different meaning because they were all different programs.. a total mess. I've started that same day to develop a version that mixed all the characteristics I've been adding.
- 26-01-03: Again, Bhushan gives me another idea: the one of the randomly oriented E's chart. I start to develop it having a painfully bad luck with it's progress
- 23-01-03: Rajiv Bhushan gives me the idea of an Arial version of the chart. Version updated, this one was going to be added as another chart. The only copies of this version was for Rajiv Bhushan and for I-See.org's Webmaster for upload.
- 04-12-02: Harry Incs gives me the solution for the monitor resolution problem with monitors of other sizes than 14". Updated the text with a cute (IMHO) ASCII file with a lot more information than before.
- 22-11-02: The very same Random Snellen chart was sent to I-See.org's Webmaster, Alex Eulenberg for everyone's use. This version had a very crappy txt within :)
- Before: I've created the first Random Snellen chart for my own that personal use.

Disclaimer

This software is WhateverWare and you're able to do whatever you wish with it. Throw it away, spread it as you wish, steal it, claim it as yours and become rich and famous (well, not rich, that should belong to me ;)), or whatever. Seriously talking, if you're SO KIND, keep it with all the files in, this one included, you'll be doing a favor to the whole humanity! ;) (oops, sorry... I forgot I was being serious) also, if anyone has any problem, In my all so humble oppinnion, I could be of help.



Ultimate Random Snellen Eye Chart Generator v2.5

Due to the popularity of the Ultimate Random Snellen Eye Chart Generator, to conserve bandwidth, we request that if you like the Eye Chart Generator, that you download a [ZIP Archive](#) of the generator for off-line use.

[\[DOWNLOAD NOW \]](#)

It only takes up about 200K on your hard disk. Also, you will not have to connect to the internet to use it.

Otherwise, if you'd just like to try out the Eye Chart Generator on the web, [please proceed...](#)

- Read [Instructions](#).

[Back to I SEE home page...](#)



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PRESBYOPIA REDUCTION

By Ray Gottlieb, O.D., Ph.D.

Presbyopia can be reversed or delayed by learning to cross your eyes while using the presbyopia reduction chart. I first used this approach in 1976 with a 52 year-old man with 20/200 near and 20/40 distant acuity. He had typical middle age sight, was slightly farsighted and had been wearing reading glasses and bifocals since age 40. After teaching him to relax his mind and eyes using the Bates palming, sunning and central fixation drills, I taught him converging (crossing his eyes) and diverging (uncrossing his eyes) exercises. I made a chart with a pair of identical targets separated horizontally by two inches. Two weeks later his acuity had cleared to 20/40 at near and 20/20 at 20 feet. How did he do it? He loved the converging exercise and practiced whenever he had a chance. He did it when he ate, in the bathroom, at bedtime and at work he would spin around in his executive swivel chair as he converged and diverged the targets. Did it last? Three years later, at age 56, his vision was even better.

I can read tiny print without strain. When I started to "need" reading glasses in my early forties, I practiced the same exercise and a few weeks later had clear vision at near with no strain. After many years I still see small print easily and don't use glasses for reading. I don't need to practice this daily or even weekly. After 3-4 months of neglect my vision blurs and my eyes feel strain at near. Usually I wait a few days hoping it will go away by itself but finally practice this exercise and after four or five days the problem goes away. I do fifteen minutes the first day and then on subsequent days exercise for fifteen minutes several times up to an hour's worth (four fifteen minute sessions throughout the day) on the last day. I follow the procedure described below making sure to relax to let the small print clear under dimmer light and at closer distances. Soon my focus returns and I don't exercise until I need it again few months later. I don't know if there is an upper age limit. Recently I was encouraged when a 75 year-old optometrist who has been wearing +2.50 D trifocals for 20 years practiced the exercise. After four months he could read the tiny print on the presbyopia chart with no Rx without converging. Other optometrists report similar results.

Many of my patients gain sharper vision and also feel better in their eyes. Some people learn to do this quickly and easily but others must struggle at first to overcome frustration and discomfort but eventually come to enjoy the exercise because it feels good. I recommend that they also do Bates' palming and sunning exercises to relax their eyes but not everyone does. And these exercises don't work for everyone even after dedicated practice. If they exercises are going to work, you should know within a month.

Not everyone can learn to do the exercise. Poor convergers have to first build convergence by looking at nearer and nearer targets and aiming their eyes back and forth between near and far targets. After this gets easier they can try the presbyopia exercise. Strabismics and people with more embedded binocular problems need supervised vision therapy.

If these exercises cause discomfort, limit the initial convergence workout time, do it several times a day but for very short periods sometimes just for 30-60 seconds. As convergence gets stronger and more comfortable, gradually increase practice time to fifteen minutes at a sitting. The eyes should be relaxed before starting, after finishing and any time the eyes feel strain.

Learning to use the presbyopia reduction chart.

Not everyone can voluntarily cross their eyes but those who can should do so with the chart held about 16 inches away. Be aware of the two black dots near the top of the page. They should double and you'll see three or four dots. The goal is to see three dots. So move the chart closer or farther and modify how much your eyes cross until you can see and hold three. Make sure the page is not tilted.

If voluntarily going cross-eyed is not possible, hold the chart about 16 inches away and place a pen with its tip just under the top pair of dots. Look at the pen point while slowly pulling it nose-ward. Notice the dots behind the pen. First they double into four but when the pen is about halfway to the page, the middle two dots merge together and three dots magically appear. This is a big thrill and in the excitement fixation on the pen is lost and the original two dots return. Practice seeing three dots by looking back at the pen. Look at the pen and not the dots. Become aware of when the pen doubles.

To gain strength, place the pen at this distance, see the three dots, and slowly move the pen and chart together a few inches to the right, then left, up, down. Try moving closer, farther or in a circle always seeing three dots. Practice while standing up, walking and sitting down. Learn to blink and breathe to reduce strain. Don't tip the target.

The next step is to see three after removing the pen by learning to see three while making brief and then slow blinks.

Can you feel your eye converge? See the middle dot try to hold three as you slowly move the pen toward your nose. At first the three dots stay briefly for just a second but with practice for longer. To strengthen the reflex, move the target left, right etc., as described before. Soon converge will come easy with no pen required.

Now look at the words in the paragraph around the middle dot. Look at the big letters in the word "Cross" and then at smaller print. If this is difficult, use the pen for support. Relax to read the small print. Near vision should be significantly clearer while converging. With continued practice it will get even clearer and you should notice improvement in your every-day near vision.

Change brightness, nearness and text size.

Bright light increases clarity. To improve near acuity, start in high brightness. As the letters clear, reduce the light to learn to relax and clear them in dim or even in candlelight. If so, even smaller print will be clear under bright light. Repeat the process: Find the threshold of clear vision under ideal lighting, relax and then clear in less light. Use the same technique holding the chart at different distances. Clear large letters at sixteen then fourteen, twelve, ten or even six inches away. At each distance relax and let the print clear. With success, move back to sixteen inches and do the same with smaller text size. Repeat for smaller letters. Stay just at the threshold for seeing clearly, go into slight blur, relax to clear (this may take several minutes), then slowly move toward more demanding conditions.

Learn to relax by following the directions in the bottom paragraph. Let the target focus without strain. Let convergence stimulate and strengthen accommodation so that focus eventually clears at the near reading distance without glasses and without converging.

The paragraphs are positioned on the page to appear in 3-D. Converging two adjacent paragraphs makes just the middle one sink behind the others. Diverging produces the opposite: the center paragraph floats between you and the page.

Diverging the charts

Although the text in the presbyopia chart mentions only convergence, divergence is also important. Place the nose on the page below the top two dots so that one dot is before each eye. Pretend to look through the dots into the room beyond the page to see one big, blurry dot. Move the page slowly out and two more dots should appear on the left and right side of the central dot. Don't focus directly at the page but focus softly and be aware of the whole room. Learn to keep three dots while looking at the center one. If this method fails, copy the presbyopia chart on transparency. Look through this transparent chart at a plane wall one or two yards away. This will force the eyes to diverge beyond the page to see three dots. The next step is to look at the center dot without converging back to two dots. Try sliding a white piece of paper behind the transparent chart. It helps to look for the 3D effect. Diverging makes middle paragraph to appear to float closer, above the page. Practice moving the target and walking as described above. Work to diverge the targets and see the print clearly. If you can see the small print while diverging the chart, you are no longer a presbyope.

Some people over-converge (esophoria) and can't diverge easily. They compulsively try too hard and instead of letting convergence relax they unconsciously converge more. Lenses and prisms and more extensive vision training may be necessary. Myopes usually do better at divergence without glasses.

Diverge and converge the chart during each session. Practice the difficult way until it becomes easy. Practice with and without glasses. Teach yourself to alternate, diverging and converging the targets quickly and with clear vision. This stretches accommodation and convergence ranges even more.

Blink and breathe.

E

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STLUSERTSEBROF
YRTOTEUQINHCEITSEBEHT

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Cross your eyes to clear this print. Hold a pen, point up, half-way to this page. Look at the point. Notice the dots above. See four? Move the pen nearer or farther to see three. To learn to hold three dots without a pen, look at the middle dot and bring the pen slowly to your nose. Is this clearer with crossed eyes?

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If you cannot read this fine print, do not strain. The more you strain the worse you'll see. The secret to better vision is relaxation. Excess tension in eye muscles stops circulation and makes vision inflexible and insensitive. To clear this print, cross (converge) your eyes as above. Can you see the print through either dot while converging? Can you read it?

If you cannot read this fine print, do not strain. The more you strain the worse you'll see. The secret to better vision is relaxation. Excess tension in eye muscles stops circulation and makes vision inflexible and insensitive. To clear this print, cross (converge) your eyes as above. Can you see the print through either dot while converging? Can you read it?

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You can overlap these eight paragraphs seven ways by converging at different distances. Hold your pen closer to converge more or further to converge less. Do you have to converge more to clear this print? Notice the depth in the center paragraphs as you change convergence. Breathe!

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Relax while clearing this tiny print. Learn to wait for the letters to clear. If you see blurred images, ghost letters or black or white lines, do nothing. Allow the image to change by itself. Don't strain for clarity. Breathe, blink and practice letting go in your feet, legs, pelvis, stomach, hands, shoulders, neck, jaw, and eyes. Breathing should not be forced. Try rapid and slow blinking. This new way to focus will become stronger and more automatic. Eventually you will see clearly without converging.

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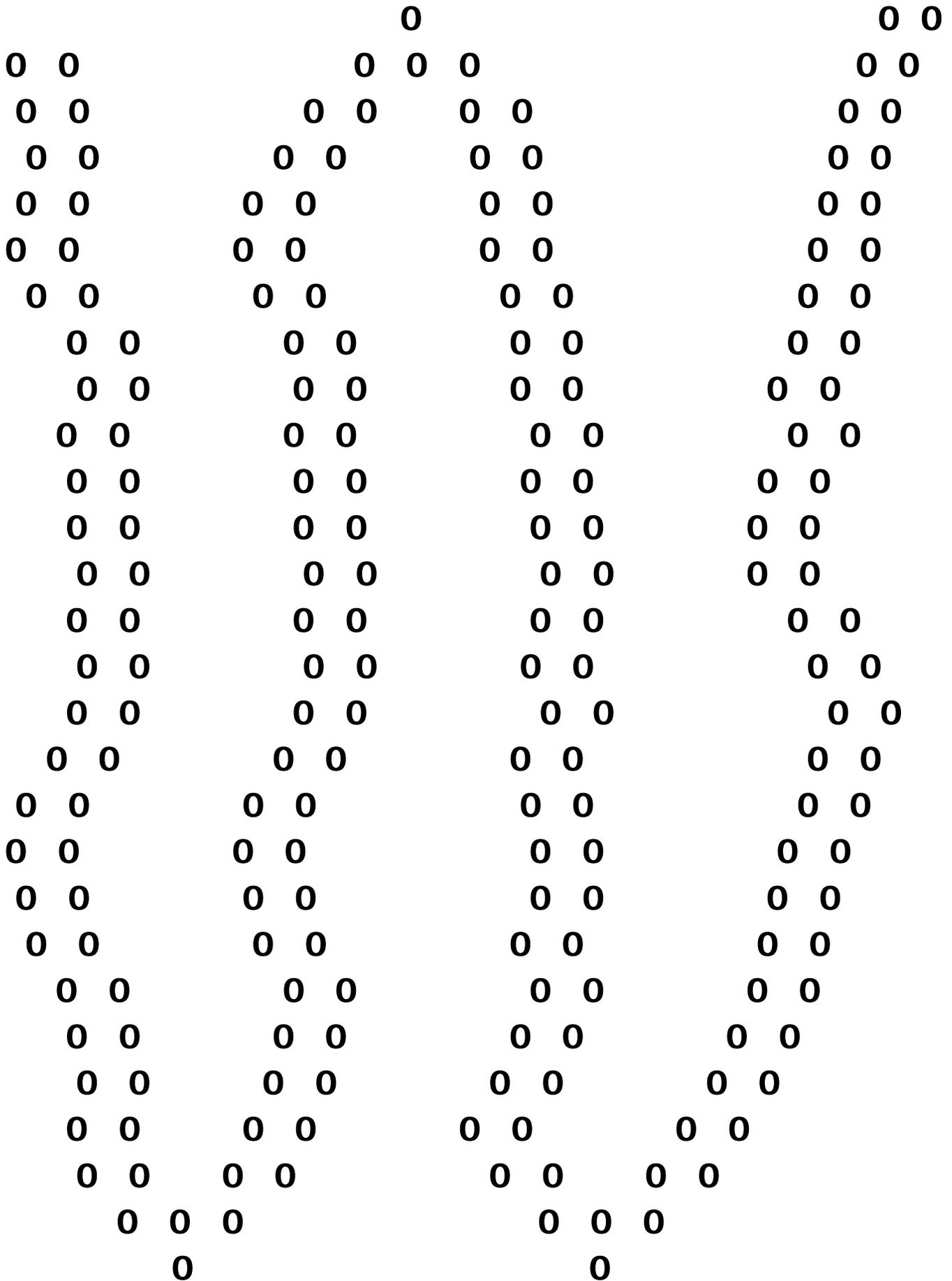
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STRING OF PEARLS CHARTS

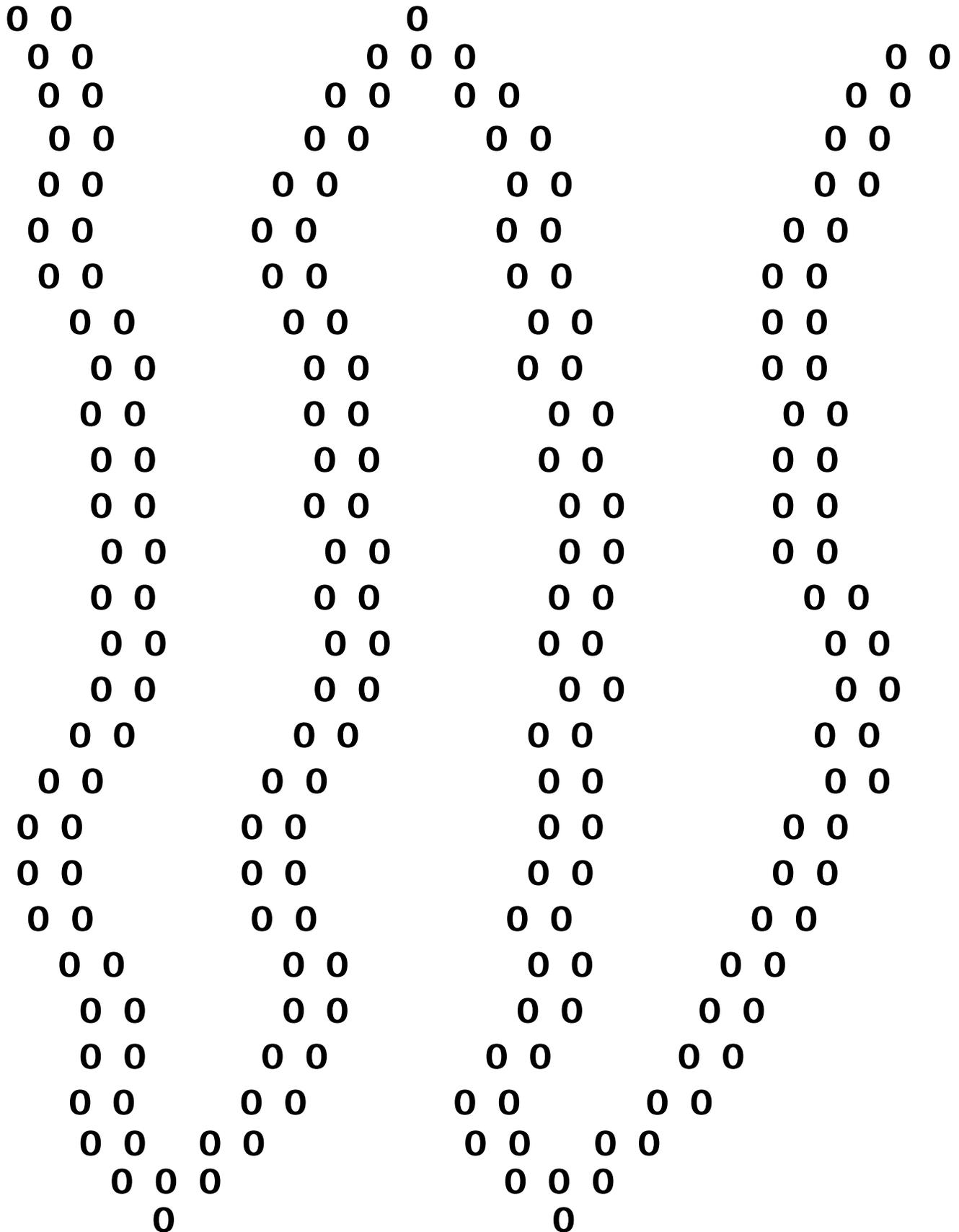
Advanced fusion training procedure to be done after mastering the larger convergence charts.

- Purpose:** To develop fine convergence/divergence control and 3D awareness.
- Equipment:** String of Pearls Convergence charts starting with the largest.
- Set up:**
1. Hold the chart at normal reading distance parallel with your face.
 2. Keep it level.
 3. Don't strain. Keep breathing and blinking.
 4. Practice with and without wearing your glasses if possible.
- Convergence:**
1. Look at the top left pair of circles. Converge to make three. This is tricky, and requires relaxation and fine control. Look at a small target (needle or unfolded paper clip) near the page just below the O's.
 2. Depth awareness is the secret to holding small amounts of convergence. The center circle should float towards you. Hold a pen or pin near the page to increase the 3D illusion.
 3. Follow the string of pearls, slowly, moving one-by-one along its whole length. Count the pearls as you go. Be aware of depth as you move from point to point. Spread your stereo awareness to see a raised line of circles down the middle. Move your eyes in a steady flow from the beginning to the end of the string. If you lose convergence, start again at the beginning.
 7. When you succeed, speed up, following the raised string of pearls.
 8. Practice closing and opening your eyes or looking away and back. Try to regain fusion and the 3D illusion as quickly as possible.
 9. Move the chart closer & farther, up & down, in a circle, Can you walk around the room while following the raised string of pearls?
- Divergence:**
1. Diverge to make three O's by looking slightly beyond the page. Make a transparent xerox and practice looking at a small target an inch or less beyond.
 2. See the depth -- the middle circle should project away, as if behind the page. Depth awareness is the secret to holding small amounts of divergence.
 3. Repeat steps 3-9 while diverging.
- Advanced Procedures:**
1. Repeat the whole procedure with the smaller String of Pearls charts.
 2. Repeat alternately diverging and converging each pair of O's along the string.
- Keys to Improvement:**
1. When you see three and hold the tiny amount of convergence or divergence.
 2. When you can see 3D.
 3. Increasing awareness to see 3D along the length of the whole string.
 4. Moving your eyes along the pearls until you succeed all the way.
 5. When you can blink, breathe, and succeed without effort and feel your eyes, body and mind relax.
 6. When you can move the page and walk around without losing the illusion.
 7. When you can succeed at even the smallest separations.

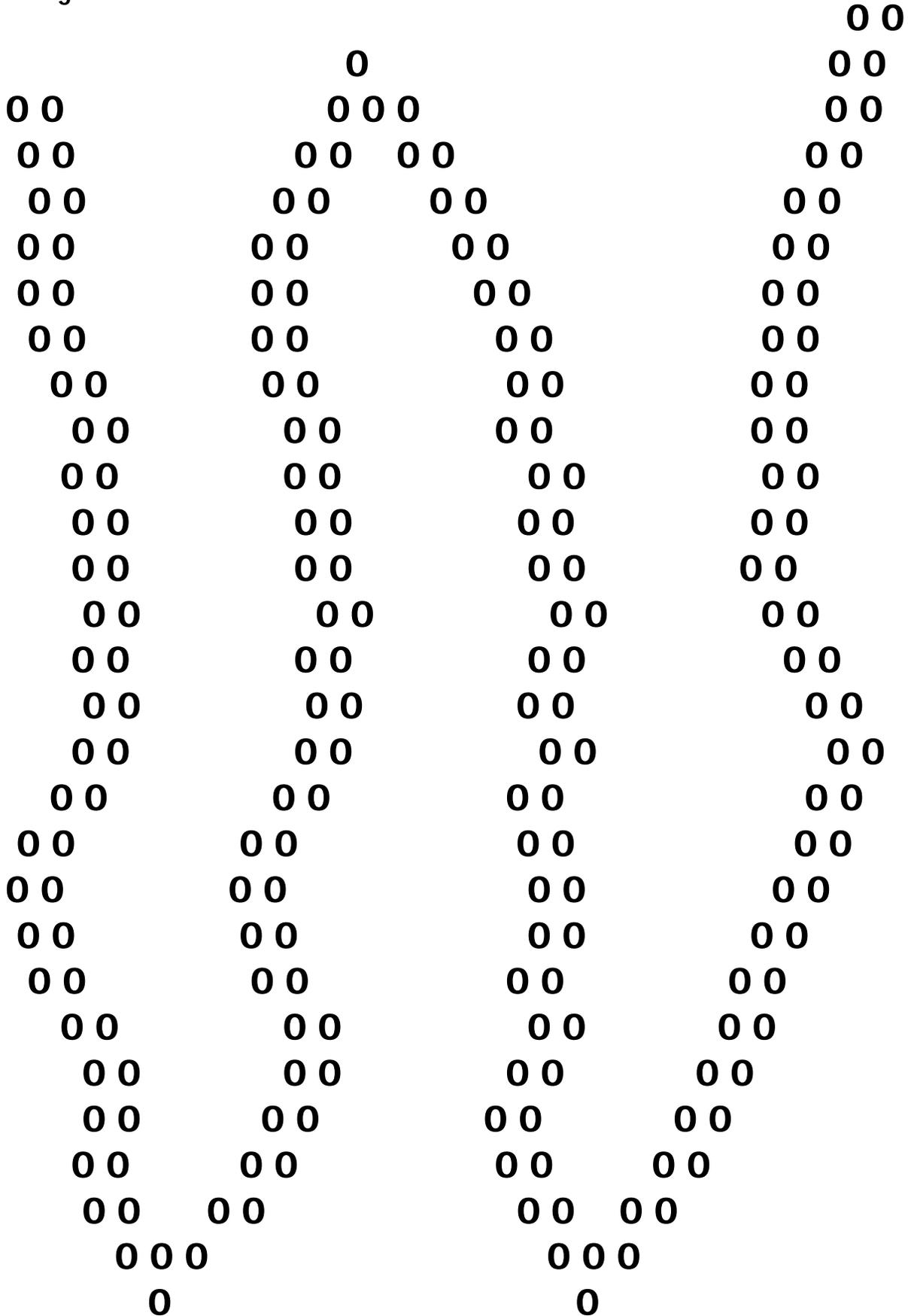
String of Pearls -1



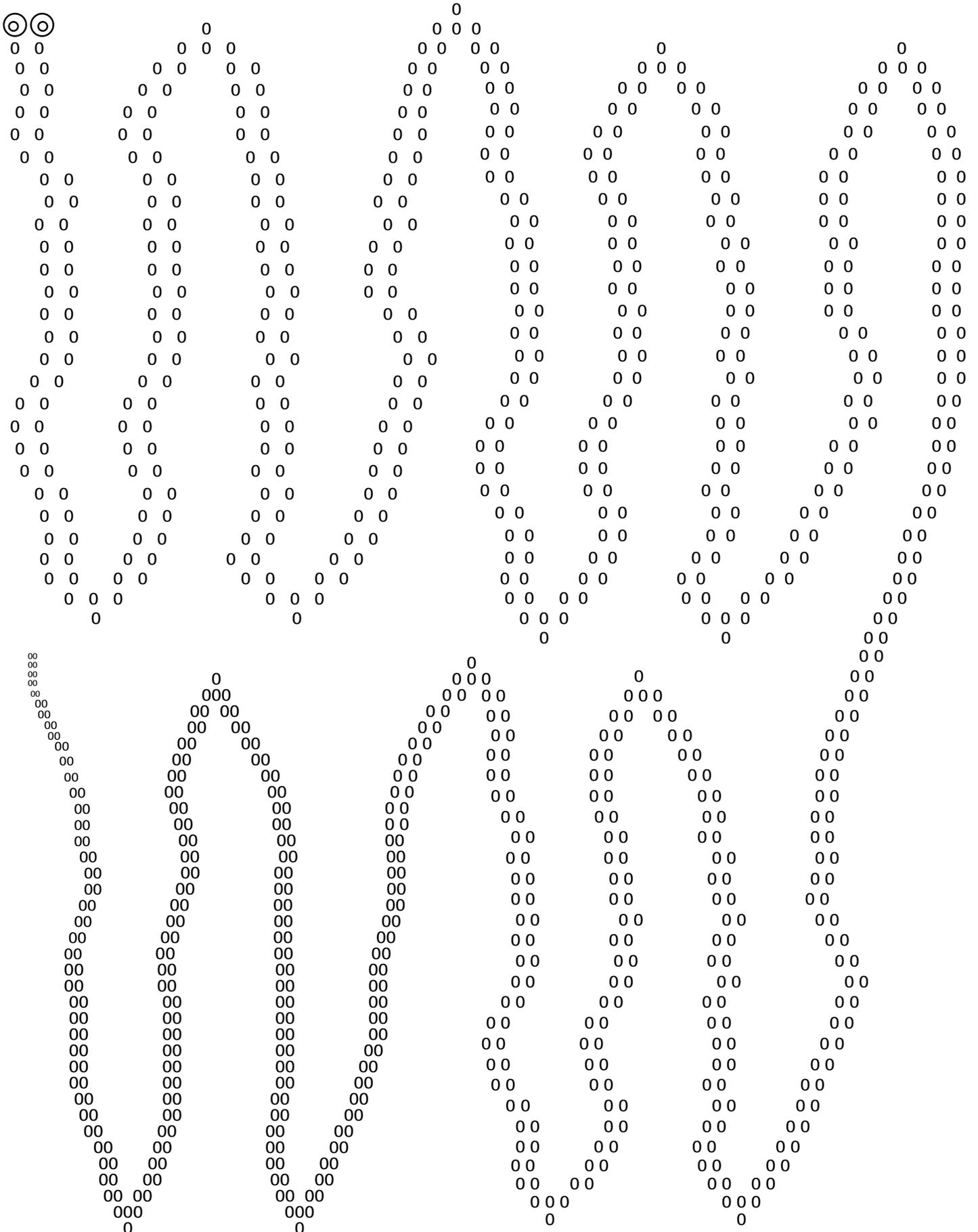
String of Pearls - 2



String of Pearls - 3



String of Pearls – Four Sizes



F

70

B

C

60

P

T

E

O

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B

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4

Legal Notice

If you have serious problems with your eyesight, please seek the advice of a qualified eye care professional.

This work is released into the public domain. This document was originally designed by Joel Schneider in May, 2002.

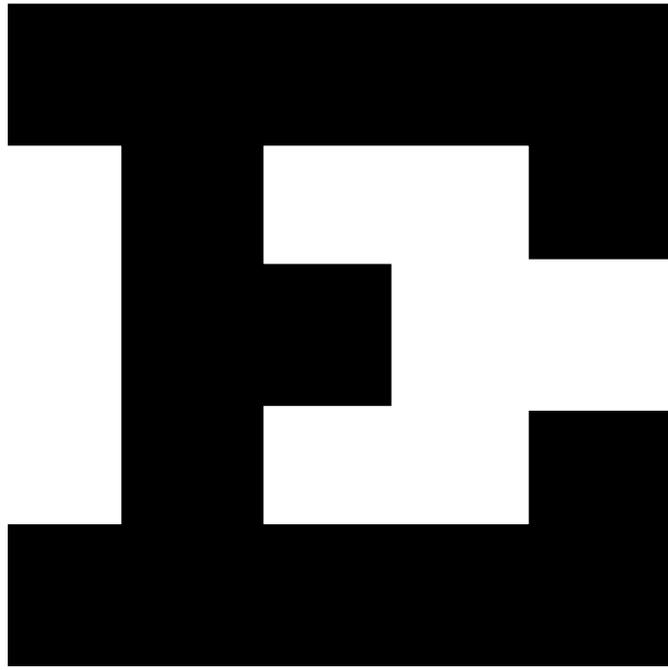
Technical Notes

The document is laid out to be printable on either letter-sized or A4 paper. Distance values for normal eyesight are marked in both U.S. Customary and metric units.

When printing the PDF version of this document, be sure to disable the "Fit to Page" print option.

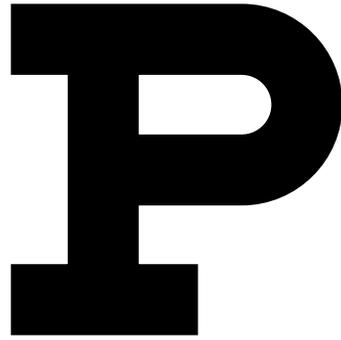
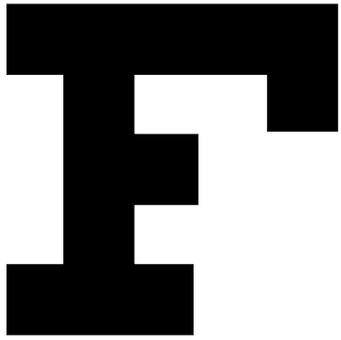
To quickly test whether the eye chart is printed at the correct size, measure the height of the big letter E. It should be 3.49 inches (88.7 millimeters) high. This height represents 5 minutes of subtended arc at a distance of 200 feet (60.96 meters).

200 ft.



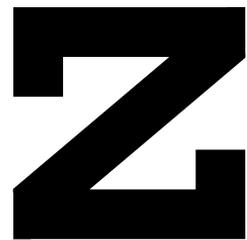
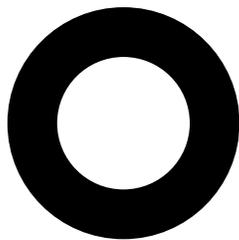
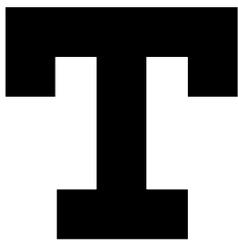
60 m

100 ft.



30 m

70 ft.



21 m

60 ft.

P D C

18 m

50 ft.

L P E D

15 m

40 ft.

P E C F D

12 m

30 ft.

E D F C Z P

9 m

25 ft.

F E L O P Z D

7.5 m

20 ft.

D E F P O T E C

6 m

15 ft.

L E F O D P C T

4.5 m

13 ft.

F D P L T C E O

3.9 m

10 ft.

P E Z O L C F T D

3 m

8 ft.

E D L T O Z F C P

2.4 m

6 ft.

L P C F E T O D Z

1.8 m

5 ft.

T F D O P Z L E C

1.5 m

4 ft.

Z C T L O P D F E

1.2 m

Near Vision Test Card

Hold at a distance of 16 inches (40.6 centimeters).

160 in.	E O P Z T L C D F	4.0 m
80 in.	T D P C F Z O E L	2.0 m
56 in.	D Z E L C F O T P	1.4 m
48 in.	F E P C T L O Z D	1.2 m
40 in.	P T L F C Z D E O	1.0 m
32 in.	E L Z T C O F P D	80 cm
24 in.	D Z E C L P T O F	60 cm
20 in.	L O P P Z E D C T	50 cm
16 in.	E L T C F P D O E	40 cm

E V D H R Z U N P F 1.0
E P R H U Z F V D N 1.2
E Z H D F N R U V P 1.4
E R H D F Z N U P V 1.6
E F V D H U N Z R P 1.8
E F Z H V P N R D U 2.0

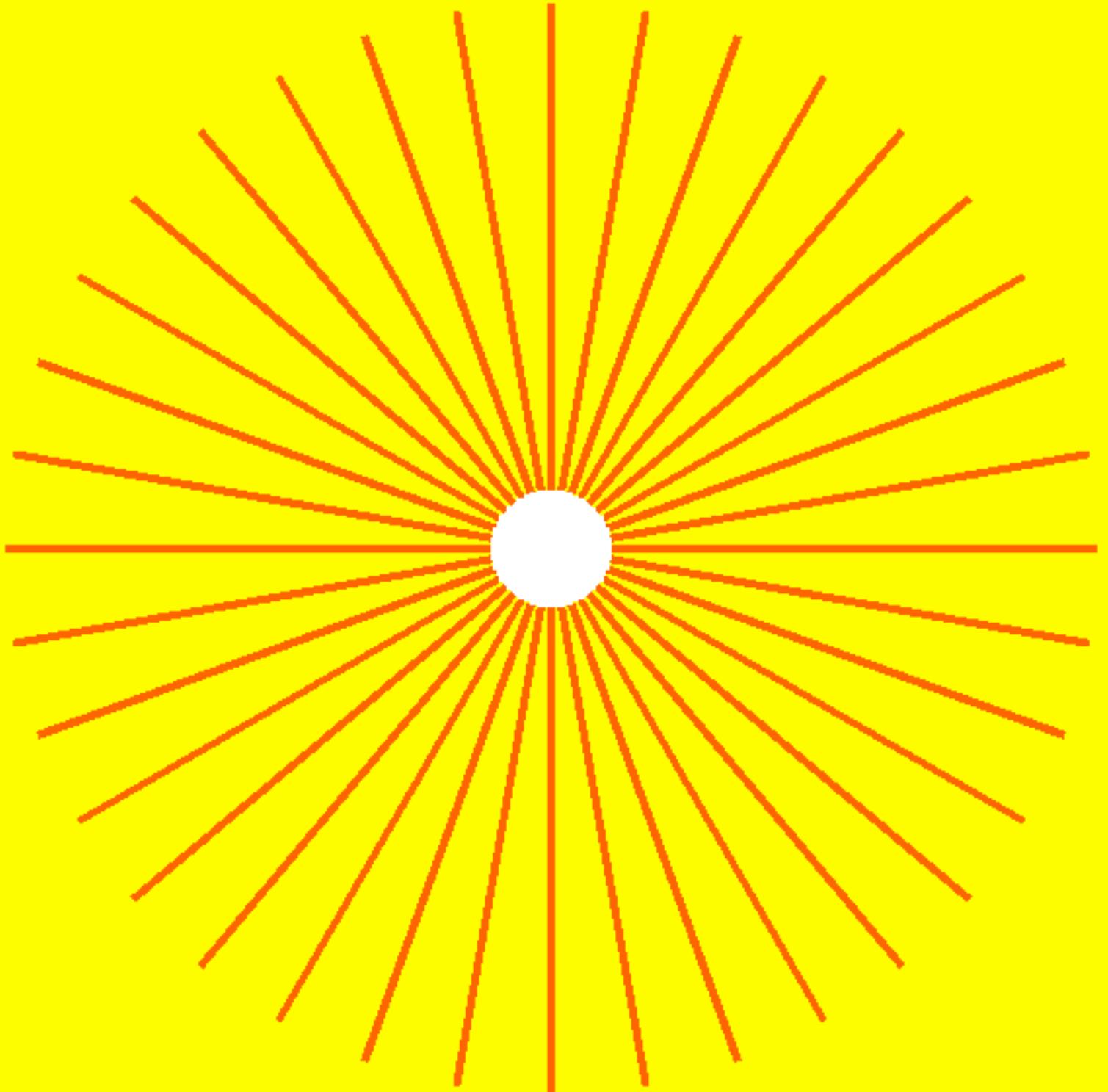
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F E Z R N H U D V P 1.8
F E Z R N H U D V P 2.0

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Astigmatic Mirror

by *Vic Cinc*, Sydney, Australia.





For your very own astigmatic mirror, you may [download the above color image](#), or [make your own](#).

So now you have a picture of what looks like the iris of the eye. Place it on a window at eye height, and get back far enough so you can still make out most of the lines with your glasses/contacts off.

Okay. Look at the lines near the center. What do you notice? If you are astigmatic you will notice that some of the lines are darker in some directions than others. Get used to the wheel for a little while and experiment with it. Try tilting your head or looking at it sideways. Try looking around the inner or outer circle. Try just staring blankly past the wheel. Notice what happens in each case. Try blinking or yawning. Try palming for a minute or two. Try covering each eye with a hand quickly to see what the difference is between your eyes.

If you a "typical" astigmatic, you may see the lines near the horizontal are clearer and darker than the lines vertically. You may also find the lines near the horizontal are spaced further apart and the vertical spaced closer together. You might also find the inner circle in not quite round.

Try looking at it with your glasses on. If your glasses fully correct astigmatism, then *all* the lines should be the same darkness and distance apart. If your glasses do not correct the astigmatism properly than you will still see some lines darker than others.

Using the Astigmatic Mirror to Reduce Astigmatism

The astigmatic mirror gives you a direct and accurate record of your condition. You can use it as a direct feedback device, a mirror in which any changes you can make and learn to make will be instantly displayed.

Say you find the lines that are horizontal to be darker. Your aim is to make the vertical lines darker. So begin by removing any glasses/contacts, relaxing and taking a few deep breaths. Blinking naturally and breathing normally, find the line which is the faintest, and move your eye slowly and deliberately up and down that line, imagining it to be getting darker and darker. Tell your self to relax, relax. And imagine that line to be getting darker and darker. The key is to *relax* your eye has much as you can. You may want to start by massaging around the eye, and maybe doing a couple of minutes of palming. With a bit of practice you will be able to make the lines in any orientation darker than the rest, but your goal is to make them *all* equally dark. If you are myopic its worthwhile to place your wheel on a window, as you get a lot of contrast between the black and fluoro colours of your wheel, and also you can check out the window to see what effect playing with the wheel is having on your vision. Its also *very* worthwhile putting one up at work and at home and whenever you get a break you can play with it and see what

happens. The astigmatic mirror allows you to leverage your own visual distortion to work for your benefit.

How to draw your Astigmatic Mirror

Drawing the Wheel

For the wheel, you may use our [PostScript](#), [PDF](#), or [GIF](#) black-and-white templates, or follow these instructions:

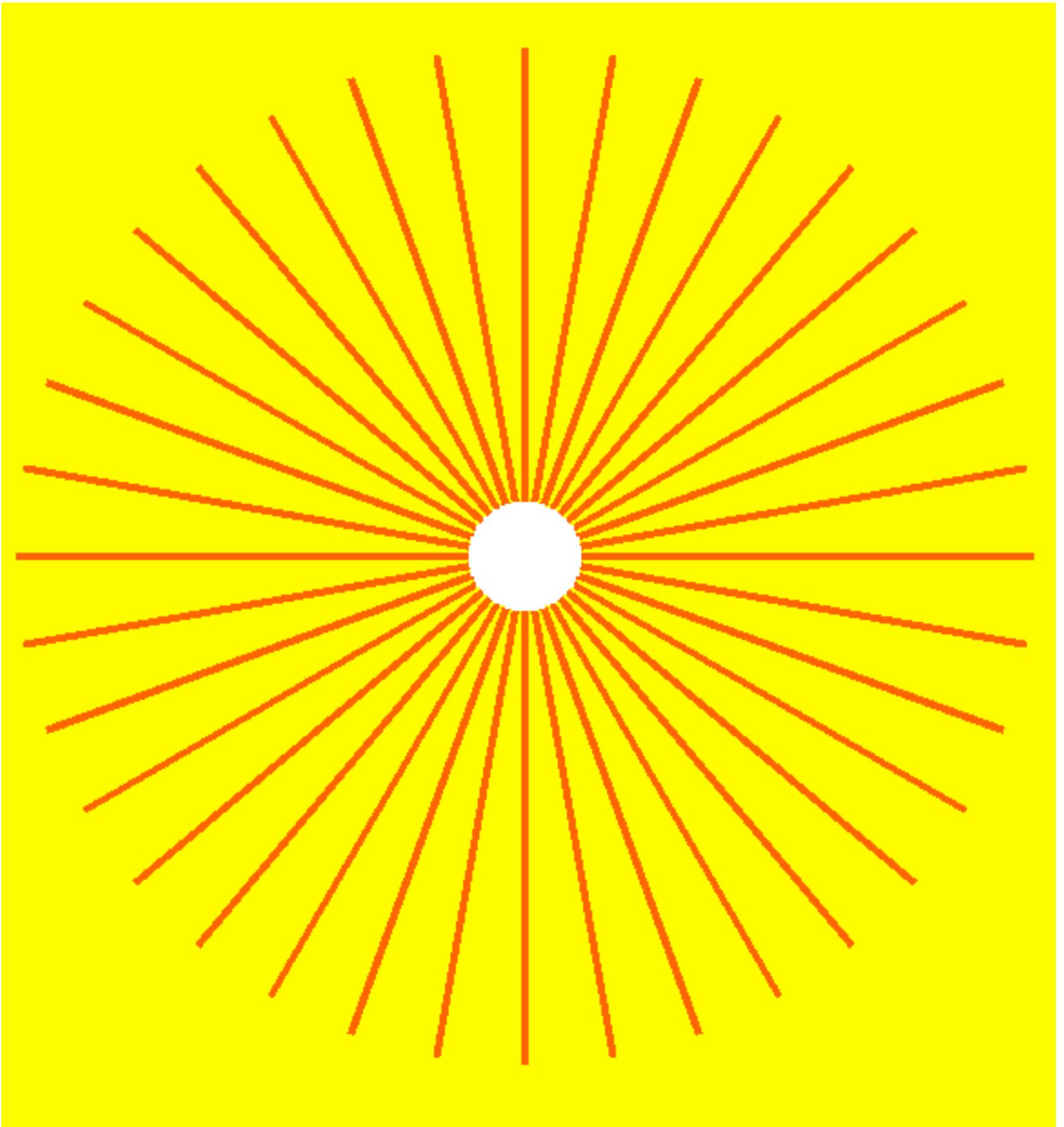
You will need an A4 sheet of paper, a ruler, a protractor, a compass, a pencil and a 0.2mm black marker. Find the center of the paper, and using a pencil draw a circle almost as large as the paper (diameter 20cm) with the center of the circle at the center of the paper. draw another smaller circle from the same central point about radius 1cm. Then draw a line cutting the large circle in two, but not crossing over the inner small circle, ie, Leave the inner small circle blank. Then divide the two pies you have in two again. Again not drawing inside the inner circle. Now you have 4 pie shapes. Then divide each of these in two again, so you have eight wedges, and then again so you have 16 and then one final time. So you have a spoke every 10 degrees. The result looks like a bicycle wheel. Now using your marker draw over the spokes of the wheel with nice sharp dark black lines, make sure all the lines are the same darkness.

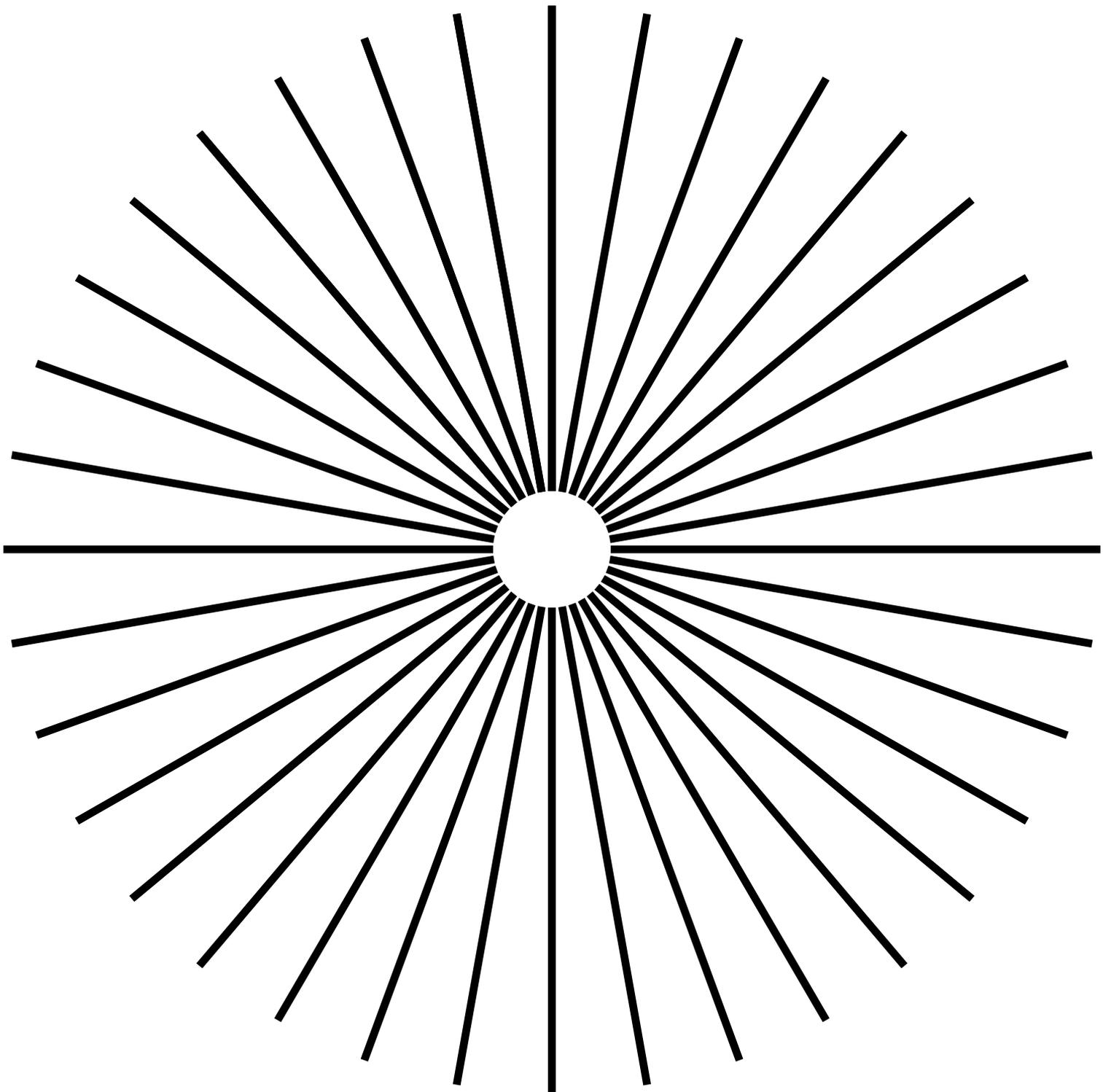
Coloring it in

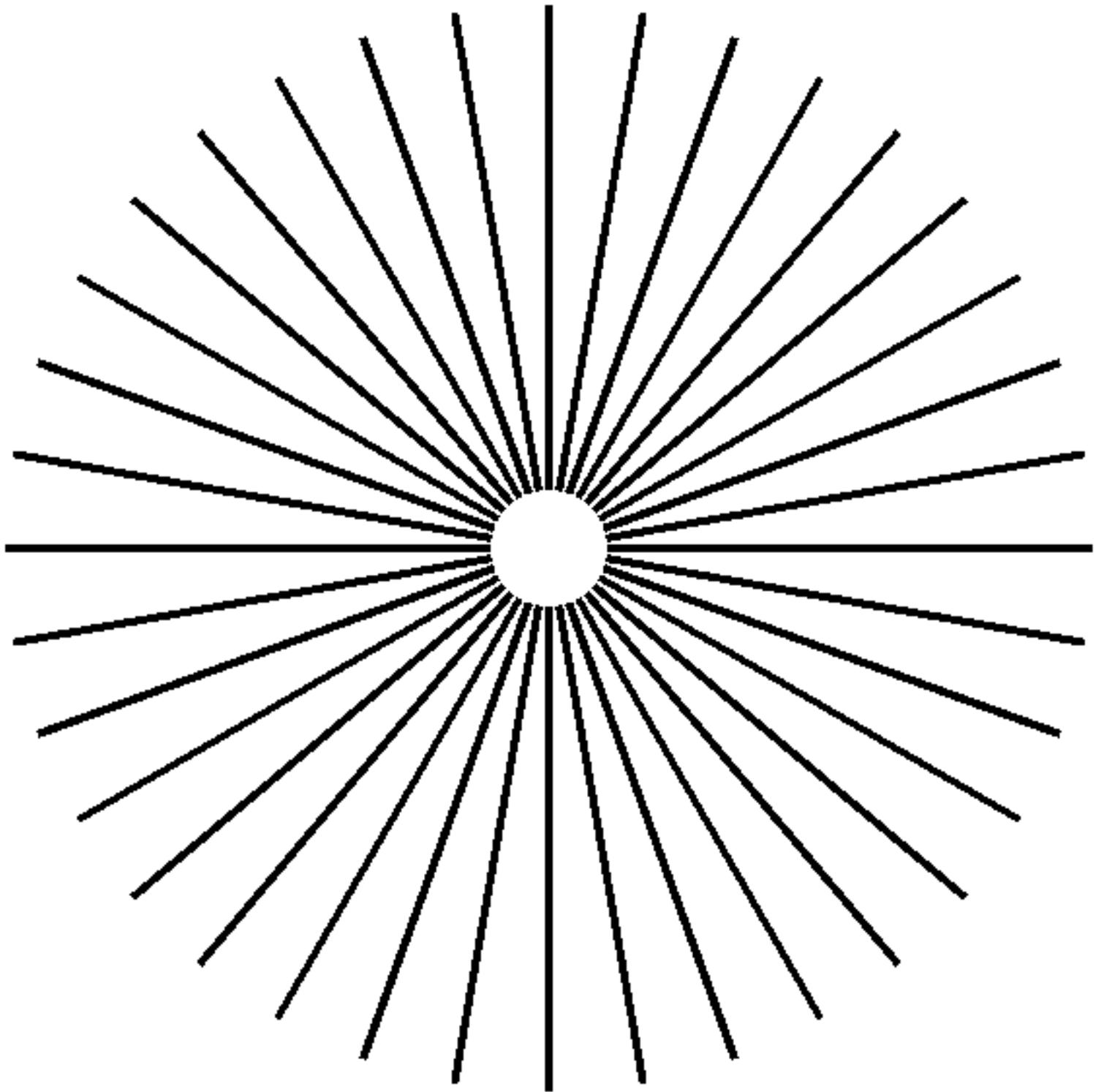
Now you have your black on white wheel. Use a bright yellow and bright orange fluoro highlighter. The colors aren't important and you can even just leave it black and white. Outline each spoke of the wheel with the orange highlighter and fill in the gaps between spokes with yellow. Leave the inner circle white. Later you can experiment and choose colors that pleases you. The bright colors are useful because they attract the mind and stimulate all the visual meridians.

[Back to !\[\]\(47e0be5d453a084514196a14c540d27a_img.jpg\) home page...](#)

[Revised 11 February 2000](#)









The Case for the Preventability of Myopia

by *Alexander Eulenberg*, Bloomington, Indiana

Last Revision: March 3, 1996

Thanks to the Indiana University Optometry library and Professor David Goss, for assisting me in finding various information pertaining to the subject. The author is of course wholly responsible for the content of this paper. --AE

Introduction

Persons with myopia, or nearsightedness -- those whose eyes are unable to see distant objects clearly -- are usually prescribed concave lenses to compensate for their defect and allow them to see clearly. Although such lenses are incapable of relieving the underlying condition, the present treatment is felt to be justified because it relieves the most obvious symptom. In spite of this "treatment" however, the condition usually worsens for a number of years, resulting in poorer and poorer vision without glasses, and the necessity for stronger and stronger lenses to provide normal vision. As far as the public is told, the only hope for myopes is the possibility of slowing its progression through special bifocals or contact lenses, or to cure it through surgery. Never is there mention of the possibility that myopia can be prevented or cured by any means short of surgery. In this paper I will review the history of research on the nature and proposed treatments of myopia, with particular attention given to the much-neglected case for the preventability and, to some extent, the reversibility of myopia.

The Nature and Prevalence of Myopia

Myopia may be defined as the state where an eye's refraction is too strong to converge rays from points from distant objects to a point on the retina. That is, distant objects always end up focused on some point in front of the retina, causing an indistinct image. Myopia is often compounded with astigmatism, which means that the error of refraction is increased or decreased along one meridian of the refracting surface, usually the cornea, but sometimes also the lens.

Newborns vary greatly as to how far they are able to focus (Cook & Glasscock 1951), but by the age of five years, the overwhelming majority of children have developed normal or slightly farsighted refraction (Kempf et al. 1928, Mohindra & Held 1981). It is during childhood and adolescence that most myopia begins to appear. In the United States, it is estimated that between 15 and 25 percent of the adult population is myopic, most of whom had normal refraction before the age of seven years (National Research Council 1979:3-4). Among academic populations around the world, including military academies, the proportion of myopes often exceeds 50%. (p. 20)

It is generally recognized that myopia can be functional as well as structural.

Functional myopia is an inability to see at the distance stemming from a dysfunction in the muscles (ciliary) that regulate the medium of accommodation (crystalline lens). In other words, the eye is in a contracted state, perpetually focusing for near objects. This type of myopia is cured if the ciliary muscle can be made to relax long enough for the lens to regain its previous state. It has been the practice to call the type of myopia due to an overcontracted focusing muscle "pseudomyopia."

As for structural myopia, it has long been observed that myopic eyes measure on average longer than normal eyes, and thus the cause of myopia is generally agreed to be "long eyes"; the rays from distant objects being prevented from converging on the retina because the retina is too far back. A indirect measure of the lengthening of the eye in myopia can be made by reference to the evidence of expansion at the back of the eye, which is visible with an ophthalmoscope. Other evidence of a lengthened eyeball is visible to the careful observer. In an early textbook (Wells 1883), it is noted that in myopia of considerable degree, "the increase in the length of the eyeball ... can be easily recognized when the eye is turned far inwards towards the nose." Sato (1957) writes that the connection between long eyes and myopia was made as early as 1632 by examination of a surgically removed eye, and that the relation between long-eyedness and myopia was, according to the German ophthalmologist Carl von Hess, well-known to doctors in the 18th century. By the end of the 19th century, the idea that myopia is caused by an increase in the length of the eye had been established as fact. J. S. Wells writes in his textbook (1883) "The most frequent cause of myopia is an abnormal increase in the length of the eyeball in its antero-posterior axis."

However, there have been opponents to the idea that structural myopia is acquired by an increase in the length of the eyeball. Tikasi Sato (1957) made a valiant attempt to prove that the association between lengthened eyes and myopia was not at all causal, and that advances in myopia were entirely due to adaptive organic changes in the lens and ciliary muscles, producing a too-powerful lens. At the time, the only data on axial length was from corpses and lensless patients, as ultrasound measurement techniques were not available to him. Based on a statistical analysis of his cross-sectional data, he concluded that acquired myopia could be explained entirely as an increase in lens power. However, more recent longitudinal studies using ultrasound have confirmed (e.g. Tokoro & Suzuki 1968, Goss et al. 1990, Grosvenor & Scott 1993, Zadnik 1994) that of all the ocular components of refraction, an increase in axial length is most responsible for increases in myopic refraction, for children as well as young adults, regardless of degree of myopia.

For theoretical purposes, it is convenient to talk of "true axial-length" versus "functional" myopia, but in practice, there is no easy way to distinguish the two types. True, atropine and other chemicals known as cycloplegics have been used to paralyze the ciliary muscle and thus eliminate the "pseudomyopia" effect, but as optometrists have often pointed out, paralysis of the ciliary does not completely relax the muscle, and in fact, sometimes "after the use of a strong solution of atropine, minus lenses were prescribed by the oculist, when upon reexamination without a mydriatic it was found that plus [farsighted] lenses were required" (Raphaelson 1911). Optometrist Eugene Heard notes (1914) "an increasing number of cases coming to us, having failed to get relief from oculists who had put them under these various cycloplegics, the cramp not being revealed by their method, as it was not relaxed, but locked up." And while cycloplegia is very likely to reveal latent hypermetropia, in nonmyopes, more recent studies (Rengstorff 1966, Ludlam et al. 1972) have confirmed that the effect of a cycloplegic on manifestly myopic eyes, especially in a clinical setting, is often unpredictable, and that refractions done on drugged eyes are as likely to reveal more myopia as less, compared to the refraction performed without cycloplegia.

Cause of Functional Myopia

Close work theory

Functional myopia is usually held to be caused by excessive close use of the eyes. It is supposed by many to be only temporary and not to require treatment. Early investigators, however, observed a tendency for functional myopia to become more or less permanent. Chalmers Prentice, a physician writing in 1895, explained how excessive near work leads to the inability to see in the distance:

All evidence bears out the fact that myopes generally are people of a higher civilization, who exercise their eyes at the near point, and thus establish an abnormal impulse in the ciliary centers during such use of the eyes. The stimulus has been so constant for a long period that the impulse to the ciliary is unable to suspend itself and bring about distant vision again. The motive-impulse keeps coming. The ciliary will not relax from its contracted condition, the refraction remains high, and the patient near-sighted.

Optometrist O.J. Melvin observed:

Usually [patients] express [the onset of nearsightedness] in these terms: "After doing a lot of close-work, I find that I have to focus my eyes for a little while before I can see clearly at a distance." These patients report that this period of "re-focussing" took longer and longer until finally they saw dimly at a distance all the time. (Melvin 1936)

That over-use of the eyes at a very close range can bring on functional myopia is hardly questioned today, although modern articles tend to downplay its significance. Ciuffreda & Ordonez (1995) characterize the myopia that follows from sustained near work as something that occurs in "some patients" that lasts "several seconds or even minutes".

Mental strain theory

A different opinion on the cause of functional myopia is given by William Bates (1912). First of all, he proposed that functional myopia was produced not as an after-effect of having viewed near objects, but by "an effort, usually unconscious, to see distant objects" which became habit. Using the retinoscope, Bates observed people with normal vision as they looked at "new, strange, or unfamiliar" objects, such as an unfamiliar eye chart, map, or strange handwriting on the chalkboard. He found that whenever an unsuccessful effort was made to recognize these objects (as evidenced by squinting, frowning and other contortions of the eye and face) various types of myopic refraction were produced: "myopic astigmatism, usually--compound myopic astigmatism, occasionally, or simple myopia infrequently." This temporary myopia or myopic astigmatism could be avoided, Bates found, if the person relaxed while viewing distant objects. Another difference in Bates's understanding of functional myopia was that he defined it as being produced by muscular action -- any muscular action -- not just the commonly accepted regular focusing action of the ciliary muscle on the lens. He observed functional myopia in "cases in which the accommodation is apparently paralyzed by atropine, and in aphakia after cataract extraction."

Modern support for Bates's mental strain theory of the production of functional myopia comes, among others, from the research of Bullimore & Gilmartin (1987). They have measured the resting state of accommodation before and after tasks requiring various levels of "cognitive demand" such as solving arithmetic problems. They found that tasks involving relatively high levels of cognitive demand, independent of optical stimulus to focus for near, will cause the resting state of the focusing system to move towards near-focusing.

Very little research has been done to test the idea that myopic astigmatism could be produced by the action of the

extraocular muscles. However, optometrist J.W. Parker (1931) reported that he was able to relieve many cases of astigmatism through extraocular muscle therapy (he did not specify what kind), and Fairmaid (1959) reported that significant corneal changes occur whenever the eyes are pulled together to converge.

Compromise theory?

It should be noted that the two proposed causes of functional myopia -- protracted near work and a habitual strain produced when looking at distant objects -- are not incompatible. In fact, Bates himself hints at a connection in an early paper (1911):

Why did children strain their eyes when looking at distant objects? They strained because their experience had taught them that to accomplish most things an effort was required. They learned that they saw near objects more distinctly by making a voluntary effort. Naturally, most of them strained, when looking at distant objects, to improve their sight.

Cause of Structural Myopia

What causes myopia of the structural, supposedly incurable variety? Throughout history, there have been three main explanations: the heredity theory, the close-work theory, and the nutrition theory.

Heredity theory

First, the heredity theory. This is the theory most widely accepted today. As mentioned previously, most children are slightly farsighted by age five or six; that is, they have more than enough capacity to adjust their eyes for focus on distant objects. But many of them lose at least some of their hyperopia as they grow. During this time, the back part of the eyeball lengthens. Thus, it is easy to conceive of myopia as simply an overshooting of the target of growth for the eye, a process determined completely by genetic factors. A modern textbook on refraction advises:

It is wise to explain to the parents that the glasses will have to be made stronger as the child grows bigger, because the eye also grows, and this progression of the myopia should not be a cause of undue concern. [Elkington & Frank 1991:181]

In other words, the commonly accepted and propagated opinion nowadays is that structural myopia is nothing more than the genetically preprogrammed overgrowth of the eye.

The hereditary explanation, the classic exposition of which was presented by Adolf Steiger in 1913, is based largely on the observation that there seem to be myopic and non-myopic "peoples", the ones with the longer literary traditions, such as the Chinese and Jews, having a greater percent of their populations being myopic than others. (Modern statistical support for this age-old observation is provided by National Research Council 1989). Steiger explains the correlation thus:

In the circles of scholars, etc., who are engaged in near work, myopia is not so much an obstacle to their profession. Consequently, myopic people tend to collect in near-work circles. When this state of things continues for many generations, by a natural selection, myopic people increase in near-work circles, which results in a special increase in the predisposition for myopia in near-work circles.

(Quoted in Sato 1957, pp. 29-30)

Since Steiger, genetics, or "relaxed natural selection" (Post 1962) has been held to be responsible for myopia in populations where near work is highly valuable. In primarily illiterate populations, such as Africans in Gabon (Holm 1937), or full-blooded East Greenland Eskimoes (Skeller 1954), myopia was found to be practically nonexistent. The explanation could easily be found in the supposed survival value of good distant vision in these cultures.

Modern studies have tried to isolate genetic factors, and for the most part, the authors conclude that there is a significant genetic determining factor for myopia. Teikari et al. (1991) did a study on myopia in fraternal versus identical twins aged 30-31, and found that doctors' myopic spectacle prescriptions for identical twins differ between the twins less than they do between fraternal twins. Zadnik et al. (1994), controlling for grade in school and amount of "diopter-hours" (hours watching TV + 2 x hours playing video games + 3 x hours reading) found that the eyes of nonmyopic children (ages 6-14) with two myopic parents tend to have less hyperopia (ie. are further along the way to myopia) than those with one or no myopic parents.

One problem with these studies, however, is that they are incapable of determining whether the correlations in amount of myopia are directly due to a shared genetic defect, or due to "myopia-risk-increasing" habits encouraged by myopic parents or lookalike siblings. [\[note\]](#) In any event, that there often are significant differences between twins' prescriptions (Teikari et al 1991) does show that genetics does not determine everything.

Several studies have shown that for at least one population, the natives of the Arctic region, myopia does not come from the parents. Francis Young et al. (1969) made a study in Barrow, Alaska, of 283 Eskimo children (6 to 25 years) and 225 adults (26 to 88 years). The sample contained family groups of parents and grandparents. The children had all gone to school, while the parents had lived a traditional Eskimo life. While less than 2% of the parents were myopic, approximately 58% of the children were myopic, and the severity of the myopia increased with number of years in school. There was no significant correlation between the parents' refraction and the refraction of the children. Since the percentage of myopes is very high, and the population sample had been all volunteers, it seemed possible that "in the younger volunteers, at any rate, there was a strong element of self-selection: they came because they had visual trouble." (Sorsby 1970). To rule out this possibility, the refractive status all children at the local school -- from age 5 to 16 -- was tested. "The results obtained on the remainder of the school population agree with the results obtained on the volunteer subjects." (Young 1970). In addition to Young's experiment, other independent surveys have been done, confirming beyond a doubt that throughout the North American Arctic, the children of the natives, brought up according to the ways of the white man, are far more likely to develop myopia than their parents were (Cass 1966; Morgan et al. 1973; Alsbirk 1979).

To summarize then, the hereditary theory, while plausible and very widely accepted, accounts for only very general tendencies, and is insufficient to explain the variations that do occur in people born with the same genetic material.

Close work theory

That close workers tend to be myopic, while the opposite is true of those who use their eyes to see things at great distances, is simply common wisdom. Tscherning (1883) did a survey of vision among people of various occupations. Confirming the widely-observed correlation, he found that the occupations that demanded more close work had a higher percentage of myopes than did the occupations that demanded less close work. Today, that a large proportion of cadets enter military academies with perfect vision but become nearsighted after four years of study, is a fact sadly acknowledged by military researchers (National Research Foundataion 1979:21-22). It is only common

sense to conclude that too much near vision causes the loss of far vision. An early proponent of this theory was Dr. Albrecht Haller, who, in his *Primae Linæ Physiologiae* (1758, S531), wrote that myopia was caused by an excessive amount of working with small objects at a close range. Writes David Hosack, MD, in the *Transactions of the Royal Society of London* (1794), arguing that such effects are due to the fact that the extraocular muscles change the shape of the eye when it adjusts to different distances:

Again, does not the habit of long sight so remarkable in sailors and sportsmen, who are as much accustomed to view objects at a great distance, and that of short sight, as of watchmakers, seal-cutters, &c. admit of an easy solution on this principle?

Before Helmholtz's (1855) theory of accommodation took hold (that only the inside of the eye -- lens and ciliary muscles -- change during accommodation), no further explanation was thought necessary. The myopic eye had simply twisted itself more or less permanently into a strong focus. Later, those who adhered to the close-work theory, Helmholtz's (1855) theory of accommodation, and the idea that myopia is caused by an elongation of the eyeball, needed to come up with a more complex explanation.

J. Soelberg Wells (1886) identified congestion of the inner tunics of the eyeball as the main cause of myopia. This could be brought about by "continuous use of the eyes at near objects," wherein

the near approach of the object necessitates a strong convergence of the visual lines, which causes an accumulation of blood in, and congestion of, the inner tunics of the eyeball, these conditions being increased still more by the stooping position generally indulged in during such employment. We can easily understand that this congestion and augmentation in the pressure of the ocular fluids must, if long continued, necessarily lead to an extension of the tunics at the posterior pole.

In 1895, Chalmers Prentice writes that the excessive innervation used in close work for accommodating and convergence, takes its toll on the tissues of the eye.

Thus myopia is the result of a nervous disturbance which causes an associated disarrangement in the impulses of assimilation in various parts of the eye, especially in the sclerotic coat. This disturbance in the nutrition of the sclerotic and other parts, tending to soften them and lessen their mechanical support, together with the pressure of the rectus muscles, probably brings about that elongation of the eye that we find in axial myopia.

S.D. Risley (1897), an ophthalmologist who did an extensive review of schoolchildren in Philadelphia, found evidence that the development of even low degrees of myopia is a result of injury caused by the strain of near work, as opposed to normal growth (emphasis Risley's):

A careful study reveals, during the early history of these eyes, *a more or less tonic cramp in the accommodation, injected external tunics, and a great hyperaemia of the optic nerve, retina, and choroid*. The subjective symptoms, together with the intra-ocular hyperaemia, subside under rest, but recur when work is resumed. If the refraction is *myopic*, the degree of myopia steadily advances, and is attended with certain intra-ocular changes of an unquestionably pathological character, which also steadily advance with the increasing refraction. If the eyes are *hypermetropic*, they have been observed, in a large group of cases to be hereafter noted, to increase their refraction; but in each instance the increase was attended with advancing pathological conditions of the intra-ocular membranes of the same nature as those observed in the myopic eyes. (p. 359)

This quotation is of special interest, since it is often alleged nowadays that pathological changes are characteristic only of a special class of very high "malignant" myopia (National Research Council 1989:90). Also, Zadnik et al. (1994:1326) say that their study showed that eyes that were assumed to be genetically destined to become myopic during school become longer "before there is any evidence of myopia" -- but it is clear that "evidence of myopia" in their survey only means having a refractive error of more than -0.75 D (those with a myopic refractive error less than 0.75 D were classed as non-myopes!). Zadnik et al. did not include an examination of the tissues of the growing eyes.

Optometrist Francis King wrote (1912:395) that the ill and the young are particularly prone to developing myopia at the strain of close work:

Personally, I have met with a considerable number of cases unquestionably due to measles or scarlet fever--doubtless the affection developed because of too great an application in study, reading or close work about the time of convalescence. Hyperemia of the ocular tissues followed. A long resisting power was inevitable. The choroid and sclera at the posterior pole were stretched, and so the eyeball was elongated. The same prolonged and continuous study by precocious children, whose tissues are not yet hardened or mature, would bring about similar results.

Further evidence that myopia is not overgrowth of the eye but injury, comes from the records of W. F. Norris and Risley (emphasis Risley's),

Adding [my] seventeen cases to the eleven observed by Norris, we have twenty-eight examples in which the change of refraction was observed through a series of years, and the static refraction of each eye repeatedly demonstrated by the rigid employment of a strong mydriatic for many days. Since the publication of these cases I have seen a much larger number presenting similar histories. My own cases, without exception, passed from the hypermetropic ball over to near-sight through the turnstile of astigmatism. In all of them the observed changes of refraction were attended with pain and symptoms of external irritation,--e.g., blepharitis, conjunctival hyperaemia, increased lacrymation, undue sensitiveness to light, etc.,--while the ophthalmoscope revealed advancing pathological changes in the choroid. In no instance did the eyes, in passing from hypermetropia into myopia, become emmetropic at any stage of their progress. (p. 363)

Risley was of the opinion that an inherent tendency toward astigmatism was what caused the increase in refraction in those forced to do near work. It is the failing attempt to relieve astigmatism through accommodation that causes myopia, according to Risley:

The struggle to improve the sharpness of vision by accommodative effort causes undue strain upon each eye and disturbs also the the proper relation between accommodation and the binocular balance. The irritation and hyperaemia caused by these anomalous conditions, sooner or later, in a large number of individuals, set up the pathological states which lie at the foundation of progressive near-sight.... I am of the opinion that the congenital anomalies in the form of the eyeball are hereditary rather than the myopia itself or any tendency to myopia. (pp. 362-63)

Another researcher who found a link between the development of astigmatism and the development of myopia was Joseph Raphaelson. However, instead of saying that astigmatism caused myopia, he asserted that prolonged intensive near focusing during school years where young hyperopic eyes are "given no opportunity to relax and to

stretch" (1958, 63) causes both myopia and astigmatism. He summarizes a report by E.W. Adams, OD, to the Optometric Research Institute:

[Adams] reports ... that in the first and second grades very little astigmatism is found, but after these two beginning grades each successive grade up to about the sixth increases the percentage of astigmatism; after the sixth the percentage remains about the same.

Recall also that Bates (1912), using the retinoscope, observed myopic astigmatism produced in children as a direct result of their straining to see.

One very theory on how chronic close focusing ultimately leads to permanent structural myopia was proposed by British optometrist O.D. Rasmussen (1956). It is perhaps the most simple.

Failure of the crystalline [lens] to recover from its highly convexed state may create secondary tensions by pressure on the irides and thus the angle of the anterior chamber. Such pressures, by reducing the flow of lymph may in due course affect the whole eyeball and by swelling slightly, automacially separate the foci from the retina. (p. 85)

Modern research on animals leaves no room for doubt that the ultimate shape of the eye can be severely influenced by environmental factors, although most of it has been looking at changes in the shape of the eye as "axial length growth" and has not dealt with the issue of whether astigmatism also develops as a result of a near viewing environment, or whether the development astigmatism is an important factor in the development of myopia. A representative anthology of the modern work in this area has been collected in Ciba Foundation 1990. To summarize, axial length myopia can be consistently induced in laboratory animals by sewing the eyelids shut, by raising them in low-light conditions, or by restricting their visual input to near or virtually-near (through minus-diopter contact lenses) objects.

Other experiments are worthy of mention. Francis Young (1981) conducted a series of experiments. In these experiments, monkeys were restricted to close-viewing conditions, sitting within translucent hoods. The experimental monkeys, both young and mature, consistently developed significant degrees of myopia. His studies showed that a slight increase ($\sim +6\text{mm Hg}$) in vitreous chamber (area behind the lens) pressure occurs during accommodation, accompanied by an decrease in anterior chamber (in front of the lens) pressure. The higher the accommodation, the greater the change in pressure. Under the assumption that a slight increase in pressure in the vitreous chamber will, over time, cause it to elongate, Young proposed that "as myopia develops there may be a temporary change in the thickness of the lens which is followed within less than a year by an increase in the size of the vitreous chamber." In other words, chronic over-accommodation could bring about a change in vitreous chamber depth through its effect on the lens. The effect on the lens is temporary; the effect on the outer coats of the eye is permanent. Young found support for this hypothesis by comparing the measurements of lens power (phacometry) of subjects that did near work and developed myopia, to normal subjects. An increase lens power not found in emmetropes was determined to be responsible for the myopic shift that occurs subsequent to near work (in normal eyes, the lens decreases during maturation). Only later was there an increase in eyeball length in the myopes.

Wallman et al. (1995) showed that the choroid in chicks changes thickness, moving the retina forward or backward. When the chicks wore minus lenses, and thus their visual input was restricted to near viewing, their choroid thinned; when the lenses were removed, it thickened. Thus, even axial length may be affected by visual input, at least during growth periods. In fact, there is evidence that axial length responds to refraction throughout life; one study showed that adults who acquired myopia late in life after months or years doing near work in a textile factory evidenced

longer average axial lengths. (Simensen & Thorud 1994). More importantly, axial length appears to reduce to compensate for the lens's increase in power (Grosvenor 1987); it is possible that this mechanism could be accelerated in the face of a near-work reduced environment.

To summarize, early close-work theories, as well as Young's theory of myopia tended to treat myopia as a pathological phenomenon, while most modern close-work theories conceive of myopia as a matter of adaptive growth. Neither type of close work theory can explain everything about myopia, since different people growing up in the same close-work environment contract different amounts of -- or no -- myopia. If close-work induced myopia is pathological, then strength or health of the tissues of the eye may mitigate its effects. As noted by Risely, genetic factors influencing the shape of the eye may alter the intensity of the stress that close work entails. If, on the other hand, close-work induced myopia is a matter of adaptive growth, then differences in growth hormones, also genetically or perhaps nutritionally determined, may produce different reactions to the retinal stimulus.

Nutrition theory

Another possible factor in the etiology of structural myopia is nutrition. Emanuel Josephson (1939), a New York ophthalmologist, believed that the real cause of myopia is the "lengthening of the eyeball caused by increased volume of fluid in the eye," which had its roots in the adrenal cortex. To Josephson, the use of the eyes had nothing to do with whether or not they would become myopic. Rather, myopia was a result of a lack of salts in the body fluids, ultimately due to a malfunctioning of the adrenal cortex:

The adrenal cortex influences the water exchange of the body by causing retention of salt in the blood. The determining force in the exchange of water between the blood and the organs is their relative salt content. When the salt of the blood is reduced in quantity, water seeps, or osmoses, out of the blood into the organs. Insufficient secretion of the adrenal cortex causes such a disturbance and results in the increased flow of fluid into the eye. Thus is near-sightedness caused. (p. 26)

The way to prevent nearsightedness, Josephson argued, was to assure a properly functioning adrenal cortex. This could be done by assuring proper nutrition:

Malnutrition and defective diets play a large role in causing glandular disorders and the other disturbances which give rise to nearsightedness. A diet which is high in carbohydrates, starches and sugars, and low in proteins and fats, favors the development of near-sightedness. It is probable that such diets are apt to be deficient in vitamins; and that vitamin deficiency aggravates their effects. (p. 28)

He noted that the percent of schoolchildren with myopia rose and fell with the severity of the depression, and linked that to nutrition:

In 1925, it was reported that 25% of the schoolchildren attending a group of clinics in New York were afflicted with near-sightedness. With the advent of the depression, the figure rose steadily from over 40% in 1932 and to 72% in 1935. Reflecting re-employment and improved nutrition in 1936, the percentage incidence of near-sightedness dropped to about 51%. In 1937, the figure dropped to 42%.

P.A. Gardiner, a London ophthalmologist, also found a connection between poor nutrition and myopia. In particular, he found that myopic children are more likely to refuse to eat foods high in animal protein, this tendency being more

marked the more rapid the progression of myopia (1956).

Further support for the idea that myopia is caused by a lack of protein in the diet, comes from a remark by Elizabeth Cass, who examined the eyes of 2,124 Eskimo (1966), some of whom lived in a traditional village setting, and some of whom lived "in settlement or hostels, using White man's diet." (1966b).

Myopia is unknown among pure-blooded adult Eskimos. The majority have negligible refractive errors and a small number have low hypermetropia. Children whose parents have no refractive errors, after living on the white man's food for some years, develop myopia and carious teeth, i.e., they change from a high protein to a carbohydrate diet. (1966:1051)

Although it is possible to embrace the nutritional theory while rejecting the close work theory (Josephson [1939:22] writes "the theory ... that close use of the eyes determines the stretching of the eyeball and the development of near-sightedness is glaringly absurd from the physical point of view"), they are in fact compatible, if one grants the connection between near-seeing and general health, as observed by Prentice (1895, 1905) and McCormick (1906). The body's organs could be weakened by the poor blood supply caused by prolonged near-seeing. Raphaelson (1959:90), drawing on the work of these two physicians, notes:

Indirectly, prolonged near-seeing may affect the blood circulation by the excessive drain on the oxygen in the blood. When an excessive amount of nerve energy is used up by the visual centers, a likewise amount of oxygen in the blood which feeds the brain to create energy is used up. The loss of oxygen in the blood causes a derangement in the blood circulating system of our eyes and body.

In other words, proper nutrition depends on many things, one of which is a healthy nervous system. If close application of the eyes exhausts the nervous system, then not only is the blood in the immediate vicinity of the eyes affected, but also other organs may be affected, including the organs of digestion.

Treatment of Myopia--Optical Solutions

Concave lenses

The prevailing school of eye doctors has always held that myopia can only get worse, and the best thing to do is to prescribe concave lenses, to let the myope see clearly. In the beginning of the century, doctors claimed that myopia would get worse if the myope were not "fully corrected." For example, in 1906 (New York Medical Journal, Nov. 17, 1906) Dr. Wendell Weber commented that myopia would be diminished if the physicians were "careful to use full correction in young children." And even now, one finds comments in an ophthalmology textbook (Elkington & Frank 1991:181) such as "myopia of sufficient degree to prevent the child from seeing what is written on the blackboard should be corrected before the child starts formal schooling."

However, adherents of the close-work theory argue that myopia is caused and made worse by an excess of near focusing; thus, as minus diopter lenses intensify the dioptric demand on the eye, especially for near vision, they make myopia worse. They say that the gift of being able to see small words written on the chalkboard clearly at 20 feet during kindergarten is more than offset by the risk of floaters, flashes and retinal detachment, due to a severely elongated eye, at a later age.

Convex Lenses

While strict adherents to the genetic and nutritional theories of myopia see no harm and only good in the prescription of concave lenses, according to the close work theory, the opposite is recommended. Physician Chalmers Prentice (1895) advises the use of lenses which reduce the demand on the ciliary (convex lenses) for all study (p.151):

If the eyes are to be used at a distance of ten inches, aid them artificially by a ten inch magnifying glass; then the nerve-impulses to the ciliary muscle will be no more than if the patient were leading an outdoor life and viewing objects at twenty feet or more. The nerve-centers are not called upon for so excessive an impulse, and they become habituated to sending the same amount of nerve-force as if an outdoor life were led. ... If the little student at school or any other person using the eyes at the near point, were to be supplied with such glasses during the hours of study, on leaving the school room they could be taken off and the natural use of the eye at all other times would be quite sufficient to cultivate and establish the habit of accommodation.

Many clinicians in the past have used this technique for curing functional myopia. Usually it is for very low degrees. Writes ophthalmologist Walter Lancaster (1944):

A young man who had been wearing concave lenses asked if there was any way he could pass the test for 20/20 vision. Vision was 20/15 with glasses but was 20/30 without glasses. He was given a +1.00D. sphere for each eye to wear constantly for three days. His visual acuity was 20/15 without glasses and 20/15 with a +0.50 D sphere, and he read some letters of the 20/20 line with a +1.00 D sphere. Was his [structural] myopia cured? No, because he did not have [structural] myopia to begin with. He learned to relax his accommodation.

However, there have been reports of plus lenses being used to cure functional myopia of a significant degree. Physician Chalmers Prentice (1895:148-49) relates:

Age forty-three; myopia; had been wearing over the right eye -1.25 D, left eye -1 D, with little or no change for the space of two years; eyes in use more or less at the near point. I recommended the removal of the concave glasses for distant vision and prescribed +3.50D for reading, writing and other office work. After reading in these glasses for several days, the patient was able to read print twelve inches from the eyes. This patient was of more than ordinary intelligence and understood the aim of the effort. In six months I changed the glasses for reading and writing to a +4 D without seeing the patient. After using the +4 D glasses for several months he again came under my care for an examination, when the left eye gave twenty-twentieths of vision, while the right eye was very nearly the same, but the acuity was just perceptibly less. ... Similar results have been attained in thirty-four like cases; but the process is very tedious for the patients, and unless their understanding is clear on the subject, it is almost impossible to induce them to undergo the trial.

In younger patients, faster results have been reported seen with plus lenses. C. P. Rakusen (1937) did his work in Shanghai, China. He took ten children "whose age and history indicated recently acquired myopia." They all had a manifest refraction of one to two diopters of myopia. Their naked vision ranged from 20/100 to 20/200. He had the school physician verify the children's naked eye vision, after which he prescribed convex lenses, with base-in prisms, to be worn constantly for close work, and as much as possible for indoor activities. After only one week, every single child had improved naked-eye vision, and three of them had improved to 20/20. Rakusen followed the cases

for two years, and found that there was further improvement in all cases and no retrogression as long as the special lenses were worn for close work. The one child who discarded the glasses became nearsighted again.

Rakusen also cites a case of a girl who was prescribed concave lenses by an oculist who used cycloplegics. Rakusen had seen this girl for three years since the age of seven, who had been suffering headaches, but could read the distant eye chart with normal acuity. As she had a tendency to hold the book close to her face, Rakusen prescribed weak plus lenses, through which the girl maintained a vision of 20/40. The girl left the country for three years. When she came back she was wearing myopic glasses of 2 diopters, which were prescribed by an ophthalmologist using cycloplegic drops. Even though these drops are supposed to entirely eliminate functional myopia, Rakusen found that much of the myopia was indeed functional, since he was, after one year, able to reduce it "by more than a half" using plus lenses for reading.

Another optometrist, O.D. Rasmussen, from England, also advocated using plus lenses to deter the development of myopia. In 1954 he published an article wherein he shares the following case histories as presented to him by a colleague optician, who, instead of filling the minus-lens prescription that the patients came with, gave them plus lenses for reading. Here are a few of the case histories:

Miss H. Typist. Had few changes of lenses, gradually increasing in power, the last one being:

R.E. s -4.50 cyl +0.75 x 90
L.E. s -4.75 cyl +1.25 x 90

Her v/a for distance without lenses 6/24; with lenses 6/9. I refused to give such a prescription, and prescribed R.E. +1.50; L.E. +1.25, to be used for all close work. After three months her v/a without lenses for distance is 6/12. Change of lenses now due and expect 6/6 within 6 months.

Miss P.; Teacher. Brought Rx for O.U. -1.50, which I refused to give. Have prescribed for near +1.25 with suitable exercises. In three months her distance vision without lenses was normal.

Miss E.; Schoolgirl. I would not give prescription for R.E. -3.00; L.E. -2.75. Gave her O.U. +3.50. After three months her v/a for distance without lenses is normal.

American optometrist Jacob Raphaelson wrote and published a series of books detailing the advantages of the universal use of +1.00 glasses for everyone who does close work, as a way to prevent myopia and cure it in its early stages. One of the points that he brought out is that children start using their eyes at an extremely close distance even when their distance vision is normal. In 1934, he visited various schools and noticed that there was a marked tendency for children to bring their eyes closer and closer to their books or papers after only a minute or two. That year, in order to get some hard data, he did a survey of elementary schoolchildren in rural Clermont County (near Cincinnati). He measured how far they placed themselves from their close work (reading, writing) when they began, and at what distance they ended. He found that of the total of 503 children he observed, 80% used their eyes at a distance of six inches or less from their work. The following table is from Raphaelson 1956, p.84:

Distance	# Started at	(%)	# Finished at	(%)
10-12 inches	287	57%	2	00.2%
6-10 inches	205	41%	76	15%

3-6 inches	11	2%	331	66%
3 or less	0	0%	94	19%
Total	503	100%	503	100%

Raphaelson also found that while practically all the pupils were using their eyes at six inches or less from their work, only 5 out of the 523, or 1% of the students had myopic refraction. Furthermore, 84% of the students had 20/20 unaided distance acuity. He then had the children with poor vision (20/30 or less) wear plus lenses for five or six minutes. He found that of the 77 children with poor vision, 43, or 55%, had their vision improved and 22, or 29%, had their vision restored to 20/20 vision.

Raphaelson concluded from his experiments that near-seeing requires much effort and energy for young, hyperopic eyes. The strain on the eyes due to the continued close focusing causes a reduction in vision. Unfortunately, the solution to the optical problem causes an aggravation of the physical problem:

At the start, normally, the eyes use primary or central vision, but the eyes soon tire. When the children bring their eyes closer and closer to their work, they get assistance from secondary vision (peripheral) which functions better closer to the eyes, thus making it easier for them to see. This habitual use of secondary vision which requires more optical contraction will, sooner or later, make the child near-sighted, poor-sighted and astigmatic. [1961, p. 123]

He argued that it is difficult to maintain focus at 12 inches:

The near-vision survey also indicated that prolonged near-seeing affects our children adversely in many other ways. For, many of them not only began to bring their eyes closer and closer to the book or paper, but also began to frown and wrinkle their foreheads or turn their heads sideways. This should be proof enough to any unbiased person that prolonged near-vision is not effortless for small children but a real task.

Raphaelson, like Rakusen, was convinced that much supposedly structural myopia is actually functional, inasmuch as it can be cured by the use of convex lenses.

Although Raphaelson could not prove that near-seeing causes permanent myopia, his study and that of Rakusen are revealing in that he showed that a large percentage of schoolchildren suffer from subnormal vision that could be relieved by the use of plus lenses occasionally, or for periods of intense close work. Given the most widely accepted theory of how the eye focuses, such actions could apparently only handle the "ciliary cramp" type of myopia -- functional myopia. However, if functional myopia leads to structural myopia, as the close work theory proposes, then such lenses, used for all close work, would also prevent structural myopia.

Distant vision practice

Another method of preventing and eliminating functional myopia worth mentioning is daily reading of a distant eye chart, as advocated by William Bates (1911, 1913, 1920). Bates found that if students would refer to a distant, familiar Snellen visual acuity chart whenever distant objects became indistinct, they would regain control of their ability to focus. He first introduced this technique in a school in Grand Forks, North Dakota in 1903. According to

his account, he came upon the technique when testing the eyes of children at a school. Sometimes, children who failed the eye test at first would ask to be retested, and pass. Children who were known to be nearsighted would be able to read not only the test card, but writing on the chalkboard and distant clocks, which they had been unable to see clearly before. On the basis of this observation, eye charts were installed in the classrooms, so that there would be a familiar object on which to practice distance vision. In the first school system in which this technique was used, myopia -- as determined by examination "during a study period while [the children were] sitting in their seats" -- was reduced from 6 percent to 1 percent (1911). In 1912, he brought the technique to the New York City public schools.

It is important to note that Bates did not claim that myopia is caused by too much close work. Rather, he identified the "effort to see distant objects" as the sole cause of myopia (1913). "Near use of the eyes is not a cause of myopia," he insisted. This unique stance is based on his observations of people making efforts to see under adverse conditions:

It has been repeatedly demonstrated with the aid of the retinoscope that all school children with normal eyes when regarding the unfamiliar writing or figures on the blackboard, distant maps, diagrams, or pictures had myopic refraction. It was quite otherwise when they regarded a familiar distant object. The retinoscope used at the same time indicated no myopic refraction. (1913)

In other words, faulty distance focusing is a habit encouraged by trying to see distant objects. This "myopic response" to difficult viewing situations was widely recognized in Bates's day. In 1914, Walter B. Lancaster wrote: "when the patient strains to see, he exerts his accommodation and so sees better with a lens which permits or encourages this accommodation." However, Bates attaches unusual significance to this response and made it the cornerstone of his anti-myopia strategy, which was to encourage schoolchildren to focus properly for the distance by having them practice daily with a familiar distant object -- the Snellen test card. The method was the following:

A Snellen test card was placed permanently where all the pupils could see it from their seats. Daily the teachers recommended all the children to silently read the card with each eye separately, covering the other eye with the palm of the hand in such a way as to avoid pressure on the eyeball.

Records were made with the same card or with an unfamiliar card for testing the vision. (1913, 410-11)

Bates felt it was important that the test card be constantly in view and memorized, so as to make it as easy for the children to focus on as possible, and encourage them to focus properly:

It was only when the eyes were properly adjusted for distant vision that the small letters were read. With other distant objects children had greater difficulty in knowing when the focus was adjusted accurately. Many persons with normal eyes believed erroneously that they saw better at the distance by partly closing the eyelids or by otherwise straining the eyes; but, when they looked at the Snellen card, they at once discovered that the effort made the letters indistinct (1911).

Often it was most convenient to test the vision with the very same memorized card. Understandably, the value of a memorized Snellen card was met with skepticism by the authorities at the schools where he tested the technique. To assure them that the memorized card could be an accurate test the vision of the children, in January of 1912, the principal of one school had the vision of 1,500 pupils tested first with the memorized card, and then with an unfamiliar card. Bates does not report the exact difference in results the two tests, but says that the principal, in a

letter to the Superintendent, noted that Bates had "to a certain extent proved his point." Bates reports that in June 1913, the test was repeated, and,

the memorized Snellen card was again found satisfactory for testing the vision. Objective tests were conclusive, and demonstrated the interesting fact that school children did not deceive themselves or others, when their vision was tested with a memorized Snellen card. When a pupil said he was reading the memorized Snellen card with normal vision, the retinoscope used at the same time, indicated no manifest error of refraction; the eye was adjusted for normal vision. (1913: 411)

Other controls were also made from time to time, to verify that the training method worked:

Comparative tests were made with and without cards. In one case pupils with defective sight were examined daily for one week without the use of the test card. No improvement took place. The card was then restored to its place, and the group was instructed to read it every day. At the end of a week all had improved and five were cured. In the case of another group of defectives the results were similar. During the week that the card was not used no improvement was noted; but after a week of exercises in distant vision with the card all showed marked improvement, and at the end of a month all were cured. In order that there might be no question as to the reliability of the records of the teachers some of the principals asked the Board of Health to send an inspector to test the vision of the pupils, and whenever this was done the records were found to be correct. (1920:264-65)

Bates summarized the data from the New York City schools in two tables, reproduced below. PS = Public School # T = Number of pupils tested twice D= Number of pupils with defective vision at first test. I= Number of D in whom one or both eyes improved at second test. N= Number of D in whom both eyes were normal at second test. W= Number of T whose vision was worse at second test Te= Number of teachers Test Dates= Months in which the first and second tests, respectively, were administered during the school year of 1912-13.

Table 1 from Bates 1913. Summary of the records of the vision of the pupils made by the teachers of five New York City schools.

PS	T	D	D/T	I	I/D	N	N/D	W	W/T	Test Dates	Te
6	925	474	.51	390	.82	303	.64	83	.09	Dec	37
183	635	333	.52	250	.75	168	.50	38	.06	Jan, Jun	21
186	1939	1223	.63	669	.55	220	.18	69	.04	Oct, Jan	49
186	2007	1139	.57	620	.54	276	.24	164	.08	Feb, Jun	57
43	131	85	.65	61	.72	30	.30	5	.04	Mar, Jun	4
46	63	45	.71	36	.80	26	.58	0	.00	Mar, Jun	2
Tot	5700	3200		2026		1023		359			
Avg	.		.58		.61		.31		.06		

Table 2 from Bates 1913. Summary of the records of the vision of the pupils made by those teachers of five New York city schools who recorded that the vision of no pupil became worse.

PS	T	D	D/T	I	I/D	N	N/D	W	Test Dates	Te
6	244	135	.55	129	.95	111	82	0	Oct, Jun	11
183	198	85	.43	81	.95	62	73	0	Jan, Jun	7
186	424	318	.77	170	.53	52	16	0	Oct, Jan	10

43	67	49	73	37	75	19	39	0	Mar , Jun	2
46	63	45	71	36	80	26	58	0	Mar , Jun	2
Total	1351	845	605		334			0		
Avg.				.62		.71	.40			

If, then, we can trust these figures, it appears that poor distance vision can be overcome in the classroom. How much of this improvement can be attributed to a decrease in myopia and how much can be attributed to an increase in acuity or perception for other reasons, is not clear. The extent of improvement for any given student, in terms of either refraction or acuity, is also not clear at all from these statistics. However, some of the qualitative reports from the teachers give one reason to suspect that practicing with the eye chart daily helps keeps the eyes in working order. For example:

June 27, 1913, Miss Dillon was asked her opinion of the method.... She described in detail the results obtained. Some pupils, even with glasses, were unable to see the writing on the blackboard from their seats. In a short time their vision improved without glasses, so that they had no further difficulty with their sight. Others complained of eye pain or had trouble in seeing to read. They held their books close, about six inches from the face. The use of the distant Snellen card gave them relief and they later read without effort or discomfort at a comfortable distance, about twelve inches. She discarded glasses and relieved her own eyes by the use of the Snellen card.

More recently, a preliminary experiment has been done (Leber & Wilson 1994) with a computerized eye chart training system. After only five hours of training, six of seven myopes had "confirmed myopia diminution of -0.25D in one eye, two had improvement in both eyes." Furthermore, one subject "displaying pre-training 20/100 distant acuity in both eyes, recognized 20/80 letters after five hours of training and 20/50 letters after another five hours' training."

Many authors have tried to explain such successes as "purely psychological" or as the result of "blur interpretation" (e.g. Gibson 1953), since such improvement in acuity is not always attended with significant differences in refractive error as determined by a retinoscopic test of refraction at 20 feet, under cycloplegia. However, even if such practice cannot reduce existing refractive errors, there is the possibility that constant practice at focusing accurately for the distance reduces the spasm of the ciliary muscles and increases the circulation of blood in and out of the eye, improving acuity (and reducing the need to bring work materials close to the face) and, by preventing congestion and nervous disturbances, preventing structural myopia.

Treatment of Myopia -- Nutritional solution

Gardiner's observations on the connection between a low protein diet and myopia (1956) led him to use an increased protein diet as a treatment for myopia (1958). He performed a one-year experiment. The experimental group consisted of children of varying ages -- from 5 years to over 13 years -- and varying initial refractive errors -- from 0.25 to over 2.00 diopters of myopia. Their present diets were evaluated and then they were advised to change their diet so that the animal protein content was raised to 10%, leaving the caloric intake the same. The control group, composed of a similar population, was given no dietary advice. Gardiner found that, controlling for both age and initial refractive error, myopia in the experimental group progressed more slowly than in the control group in all cases except for the oldest children when the initial amount of myopia is small. The results are summarized in the table below, with change (D) indicating the average progression of myopia in diopters.

Table: increases in myopia with and without dietary changes.

Initial Myopia (D)		.25 to 0.9		-1.0 to -1.9		-2.0 or more	
AGE		N	incr. (D)	N	incr. (D)	N	incr. (D)
5-7	Control	10	0.60	8	0.72	9	1.12
	Experimental	5	0.32	1	0.60	3	0.23
8-9	Control	24	0.44	18	0.54	18	0.53
	Experimental	3	0.00	6	0.05	11	0.22
10-11	Control	46	0.45	26	0.58	32	0.51
	Experimental	5	0.22	11	0.19	12	0.17
12-13	Control	40	0.24	36	0.40	28	0.40
	Experimental	5	0.40	2	0.15	14	0.16
13-	Control	19	0.23	10	0.33	22	0.46
	Experimental	2	0.25	6	0.02	5	0.1

Treatment of Myopia Today

The idea of using plus lenses or distant vision practice to stop functional myopia before it turns into structural myopia, and the idea of diet or general health as a factor in myopia, are absent from the characteristically pessimistic modern literature reviews on myopia control (Goss 1983, Grosvenor 1987, Sivak 1991, Goldschmidt 1991). Methods currently being studied to control myopia are primarily biofeedback and bifocals. In the biofeedback technique, an expensive piece of equipment known as the Accommotrac (developed by J. Trachtman) is used to help the patient gain voluntary control of accommodation. This device measures the refraction of an eye and converts it into a tone. It is thought that by gaining conscious control of accommodation, one can thereby expand one's range of accommodation and see farther. Some experiments (Roscoe 1987, Randle 1988) show that myopia can be reduced by about a quarter of a diopter with biofeedback, while other experiments testing the Accommotrac in particular (e.g. Koslowe et al, 1991) reveal no significant difference between the control and experimental subjects in degree of myopia reduction.

Bifocals, which allow the wearer to do close work without looking through a full distance correction, are supposed to slow the progression of myopia in children. This technique has been around since at least the 1930s (Grossman 1949). Such glasses are designed so that every object looked at is comfortably within the child's range of accommodation. They differ from regular glasses in that they allow the child to use less accommodation to look at close objects, when looking through the lower half of the glasses, as when reading. The purpose of bifocals is to reduce the amount of accommodation required for close work, and not to force a reduction in accommodation for distance work, curing functional myopia, which is what a pure convex lens and distance vision practice approach is designed to do. Bifocals are prescribed on the assumption that the myopia diagnosed is completely structural and incurable; however, it is thought that the myopia can be kept from getting worse by reducing accommodation for near work. As David Goss (1994) notes in a review of experiments with bifocals, the effects are hard to generalize. Children who wear bifocals as opposed to single vision lenses still tend to progress at the rate of a quarter to a half a diopter per year. Goss notes that the bifocals only have a consistent effect on nearpoint-esophoric patients, that is, those whose reflex to cross their eyes when focusing on a near object has been exaggerated (their eyes over-cross in response to close focus, and extra energy is needed to keep them apart.) Esophores, Goss notes, seem to have a higher rate of myopia than other phoria types with single vision lenses, and a lower rate of myopia progression with bifocals. However the differences are statistically insignificant, and the average for all categories of myopes, no

matter which kind of corrective spectacles they get, falls between 0.25 and 0.55 diopters a year.

Summary and Conclusion

A range of explanations for myopia has been given throughout the years. Before the middle of the twentieth century, myopia in all its forms was often recognized by health authorities as a sign of ill health. Now it is coming to be recognized as a fact of life, and only high myopia is considered a health problem. But even though most myopes don't consider their myopia as something "wrong" with them, given a choice, they would choose to enjoy the prime of their life without dependence on glasses or contact lenses. Early research was based on the idea that myopia is largely a result of choices: of what to do with the eyes, or of what to eat. Modern research is based on the presupposition that myopia is a matter of genetic destiny, and nothing can be done to prevent it, but with a dim hope for some pharmaceutical breakthrough, and minor consolation in the prospect for surgical correction. The modern message is, "myopes, you have no choice but to be myopic and to grow ever more so." However, a few promising past theories on how to prevent myopia, especially ones that link structural and functional myopia, remain untested.

Notes

The Orinda Study

The study of Zadnik et al. is especially inadequate, and since it is today so widely cited in support of the genetic hypothesis, a discussion of its weakness is in order.

First of all, although Zadnik et al. made an attempt to account for close work in their model (they concluded that close work was a "modest" component), there are many types of close work not included in the "diopter hours" variable of Zadnik et al. for example, practicing piano, building model airplanes, solving jigsaw puzzles. Secondly, Zadnik et al. did not look at the time spent doing far vision activities, and did not consider diet. Thirdly, the exact refraction of parental myopia was not considered at all, but determined as a categorical variable (neither, one, or both parents myopic) on the basis of whether or not the parents were prescribed glasses for general or distance use before the age of 16. Thus, not only were a certain number of myopic parents who hid their myopia until driving age counted as nonmyopic, but those with glasses for hyperopic astigmatism and accommodative esotropia were classified as myopic. Precise correlations between refractive errors of the children to their parents could thus not be made. Fourthly, years in school was used as a proxy for age (even though the exact age of each child was known), making it impossible to differentiate between the "years of schooling" factor and the "growth" factor. Moreover, it was treated as a categorical, not continuous variable. Fifthly, for degree of refractive error, only three numbers were given, one covariance-adjusted mean for each of the three "parental history of myopia" (number of glasses-wearing parents) categories. Thus the "average" child of two myopes is 0.11D hyperopic myopic, the average child with one myopic parent is 0.51D hyperopic, and the average child with neither parent myopic is 0.62D, where the age is calculated according to an unspecified linear model that adjusts for grade in school and diopter hours. In other words, the averages are not subclassified by grade and diopter-hour range, so it is impossible to tell at which age the difference becomes significant. Furthermore, no indication of variance or distribution was given for these figures.

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An Introduction to Vision Training

by **Francine Eisner**

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APPENDIX A GLOSSARY OF USEFUL TERMS

APPENDIX B SUGGESTED REFERENCES

APPENDIX C MEDICATIONS WHICH AFFECT THE VISUAL APPARATUS

1) What Is Vision Training? (also known as vision therapy, visual training, behavioral optometry, developmental optometry) It is a kind of physical therapy, or rehabilitative therapy for the *brain and eyes*. It is a progressive program, meaning that the beginning exercises are the easiest, gradually becoming more difficult, so that the flexibility and coordination of the eye muscles is improved. Students of vision training learn to control their eye muscles and are able to overcome many kinds of vision impairment which involve the muscles of the eyes. It involves improving visual skills such as eye teaming, depth perception, tracking, and vision-body (eye-hand) coordination. (See also [orthoaptics](#))

Most people who visit an optometrist know that any eye health problems will be detected and managed and that glasses or contact lenses will be prescribed if indicated. However, there are visual conditions that are best managed by optometric vision therapy. Some of these conditions are are weaknesses that a person is born with. Others are caused by accident or trauma. And of course the eye muscles and other parts of the eye will gradually weaken as a natural consequence of the aging process. This therapy enables an

individual to learn more efficient ways to perform visually. It is a valuable adjunct to the prescription of eye glasses, contact lenses and the treatment of eye disease.

2) Is This a Brain Problem Or An Eye Problem? It is *both*, because the visual system involves the brain as well as the eyes. The eyes are literally physical extensions of the brain. Binocular vision problems may involve difficulties with how the brain processes visual info coming through both of the eyes.

3) What Is the History of Vision Training? How Long Has it Been Available? Vision therapy is not new. Physicians in the mid-1800s originally introduced many of the techniques that are used today. Modern Optometric Vision Therapy was introduced in the United States in 1928. Throughout the years, vision therapy has been called various names such as visual training, orthoptics, or eye exercises.

4) Why Doesn't Everyone Know About Vision Training? First of all, Vision Training is well-known in many parts of the world, but is best known with respect to vision problems in children. We have all seen children with strabismus, where the eyes are crossed. The daughter of one of my best friends had this condition, and it was corrected through the use of vision training. Children with attention deficit disorder often have difficulty with eye muscle coordination. The benefits for adults are well-documented, but are simply not well-known *yet* by the general population. But everyone knows the value of exercise in general. The practice of yoga, for instance, is well known to produce benefits in muscle flexibility and coordination. If practiced consistently, it helps to slow down the deterioration of one's muscles which are a natural consequence of the aging process. Vision Training will have this effect as well, but it targets the visual system. It requires persistence, more than anything else, but the benefits are enormous.

5) How Can I Tell if I Could Benefit From Vision Training? First of all, you know your eyes better than anyone does. Think for a minute about the *variability of of your vision*. Do you see better at some times than at other times? This suggests right away that whatever is imperfect about your vision is not a *fixed* thing. If you recognize this, there exists the possibility that muscle weakness, fatigue, and coordination problems may be at least part of your problem. Get a comprehensive eye exam, so you know if there is anything *else* afoot. There are eye conditions that there is no remedy for, and you will want to rule these out. If you hear the good news from your eye doctor that you do not have one of *those* conditions, like cataracts, glaucoma, or retinopathy, it is likely that you can benefit from vision exercises. Even if the doctor says that you are aging, and your lenses are less flexible now, there is hope that you can improve your vision.

6) How Do You Know That I Can Do It? I think you can do it because *I* was able to do it, and at an age when I was told that it probably was too difficult for me; I was too old. But I am a jewellery modelmaker, and I needed my eyesight to be very good for my work, and I needed my eyes to be strong so that I didn't suffer when I was using all that magnification equipment. I saw that my eyesight was getting worse and worse, for both close work and distance vision. I needed glasses to read, even if I hadn't been using my eyes much, and when I wasn't even tired. I was kind of desperate, actually. So I decided that it was worth the effort involved. Please remember that it is absolutely essential that you have a comprehensive eye exam before you seriously undertake vision therapy exercises. I cannot stress this enough. There is always

the possibility that you may have an underlying condition that cannot be improved through vision training, and this first has to be ruled out.

7) How Did You Know About Vision Training? What Is *Your* Personal History? I had known about it for years, because my family optometrists, Dr Evans and Dr Stein, are people I have known for my entire life. I would sometimes be in the optometrist's chair, and Dr Evans would entertain me with stories of baseball leagues who sent some of their players to him to see if they could benefit from vision training. It seems that some of them were having trouble in the outfield, etc. He told me that on testing them, he could tell if their problems could be remedied through vision training. I never thought about having vision training myself, because I was lucky enough to be born blessed with very superior eyesight, much better than 20/20. I could see well at almost any distance, in dim and bright light. Many people are fortunate like this when they are young; others are not. But when I was about 33 years old, I suffered an eye injury on the job. I was working in a jewellery factory, without any glasses or goggles on to protect me, and a piece of metal broke off of what I was working on. It hit me in the right eye. It damaged my cornea, which is the clear covering over the front of the eyeball. I had to have emergency surgery to remove bits of metal from my eye, and I had a bandage on for awhile. After that my vision wasn't as good, but I really didn't want to think about it too much. Some time later, Dr Evans examined me and informed me that my eyes were not working in concert with each other. He said that my ciliary muscles which are used to focus the lens of the eye were in spasm, too, from the shock of the accident. He frankly didn't know how I was even able to do my work with that problem, and recommended vision therapy. When I started my therapy, I was forced to confront the inadequacies of my eyesight, and it was very upsetting to me, emotionally. I was given various procedures to practice in the doctor's office, and lenses to practice with at home. I found everything very difficult, and I was also forced to notice exactly how long it took me to focus the eye that had been damaged. There was a lapse of about 5 seconds in focusing, and when I finally did manage to focus, the image that I saw with my right eye was considerably smaller than the one I saw with my left eye. Mercifully, I did not suffer any permanent scarring of the cornea, since I somehow absorb scar tissue. Another bit of luck. This time I really needed it. I continued with my therapy for some time, but frankly I was not too dedicated. I was able to improve my focusing ability and the ability to use my eyes in tandem with each other. The next time I underwent therapy, I was much more determined. I was 45 years old, and both my near vision and distance vision were getting progressively worse. I didn't want to go to see Dr Evans, because each time I went I needed a stronger prescription, just to read the newspaper. I kept using more and more magnification for my modelmaking work, and my eyes just felt *so* uncomfortable after doing this. I decided to try vision therapy again, although I was told that it would probably be too difficult for me since the flexibility of the lens was no doubt affected, due to the aging process. When I started my exercises I once again had a great deal of trouble, but somehow this made me more persistent and creative in my approach to it. I had difficulty with even the easiest lenses, so I tried doing things a different way than suggested. For example, instead of using a lens with a small reducing factor, I held the newspaper closer and closer to my eyes. This helped to "coax" my eyes into improvement. Soon I was able to use the practice lenses. There were many other things I tried, but most of all I decided to take notice of every single detail in my practices. I realized that being hyper-aware of what my eyes were doing was of utmost importance. Especially when I found something that *worked*. I will give many details of my vision therapy practices in the pages that follow. Most of these were homework ordered by Dr Evans and his partner, Dr Stein. Others are culled from the writings of other

people who have had vision problems, and of course I came up with a few useful ideas myself. The result of all this? I practice vision exercises every day of my life, and I have been told that I now have the eyes of a 25-year-old. I have heard many anecdotes of successful vision therapy in other people, too. I am not the exception. And I think that you all could succeed at it, too. The benefits are too great for you not to give it a chance.

8) What Is The Bates Method of Vision Improvement? Is There Anything Useful in It? I had so much trouble with the regular vision training homework, as I stated before, that I did look into it when I started training again, at age 45. I *do* find it useful, to a certain extent. I read about the Bates Method in a book by Aldous Huxley, called *The Art of Seeing*. I knew that Huxley was a brilliant man; I had read many of his novels, and I had heard that his book on the Bates method was easier to understand than the one written by Bates himself. When Huxley was a teenager, he suffered an attack of *keratitis punctata*, an acute infection which left him with opacities in his cornea, farsightedness, and extreme blurriness. He was actually almost blind for 18 months. After that, his vision was still extremely poor; he was barely able to detect light with one eye, and only just barely able to see the largest letter on the Snellen (eye) chart at 10 feet. He used a hand magnifying lens at first, and then was promoted to eyeglasses. He suffered continual strain because it was such a strain to see *anything*. After some years he suffered a worsening in his eyesight, and fearing eventual absolute blindness, investigated some methods of visual improvement that he had heard of. He wrote very eloquently on the benefits of Dr Bates' methods, and those of his disciples. Huxley's book details his ability to read without glasses and without strain and fatigue through the use of these methods. My own experience was not quite so pronounced, but I certainly did find some of the Bates practices quite useful. This is especially true when one's eyes are middle-aged and need to be *coaxed* into "working out." Please be reminded that this essay is not a wholesale endorsement of the Bates Methods. They are a good start when one finds standard practices too difficult. The actual vision training exercises are more challenging, and I believe that they are necessary for the optimum recovery and improvement of visual functioning.

Some of Huxley's observations follow

- a) Ophthalmologists are obsessed with the physiological side of seeing; they ignore that there may be a *mental* aspect to vision.
- b) When conditions permit, a sick organism tends to recover through its own intrinsic powers of healing. In other words, without the existence of natural healing powers, medicine would be helpless.
- c) Artificial lenses do not eliminate the causes of defective vision. eyes fitted with these devices tend to become increasingly weaker and to require progressively stonger lenses for the correction of their symptoms.
- d) A good teacher can often educate a victim of paralysis or accident into gradual recovery of function. If such things can be done for crippled legs, the same can be done for defective eyes.
- e) Heightened powers of perception can improve a person's capacity for sensing and seeing.

- f) *On the Variability of Vision*** Defective eyes can have flashes of normal vision under a situation involving "dynamic relaxation."
- g)** The wearing of glasses confines the eyes to a rigid and unvarying state in which flashes of normal vision are quite impossible to detect.
- h)** Any inhibition of eye movement (such as staring, or immobilization by wearing glasses) lowers the powers of seeing.
- i)** Staring produces *tension* and psychological strain, and normal vision becomes impossible. When *continuous and excessive tension* is present, circulation is reduced, and the tissues of the body lose their resistance and their powers of recovery.

[Some of the practices I have adapted that Bates and Huxley developed are described in [Section \(13\)](#)]

9) Can You Describe a Typical Vision Therapy Session In Your Doctor's Office? A qualified vision training specialist (**or *provider***) is usually an Optometrist, who is by training an expert in the use of lenses for vision correction. The first step is of course a comprehensive eye exam. The results of this will first of all indicate if a disease process is present which would not be improved through vision training. They also will reveal what weaknesses the potential vision training patient possesses, and will suggest what machines should be used and to what parameters they should be set if vision training is to begin. The vision training "laboratory" environment consists of many devices which contain lenses and prisms. These challenge the eyes and force them to work to produce coherent images using both eyes. Eyeglasses with colored lenses and polarized materials are also used in a similar manner. The beginning vision training patient will commonly experience strain when the eyes are thus challenged, and the eyes will shed tears. This effect will lessen as he becomes more adept. He learns to observe what his eyes are doing and to be aware of the feeling he experiences when his eye muscles are being worked, and when he is successfully able to see an image correctly. In time, he is able to discern what muscles are being worked. The computer is also used in training. The doctor will set up sessions in which the patient is given progressively more difficult things to do with his eyes. Some of these may involve the eyes having to rapidly focus at near and distant objects. Another has the eyes following objects moving around the monitor screen which appear at different distances. Doing this makes one aware of exactly which muscles are weak, and must be worked on. This all sounds so complicated, but good results are often dramatic and rapid. Actually, a common effect of training is that you can see a bit better after just the first vision training session, even if you have a great deal of difficulty succeeding with the office vision training practice. The vision training session exercises both the muscles inside the eye, which change the shape of the lens, and those outside of the eye. Both muscle groups must work in concert with each other for vision to be optimal. And a crucial part of vision training is home practice. Your vision training specialist will give you lenses, prisms, and cards for you to use at home. Commonly, one uses a lens to exercise one eye at a time, and after both eyes have become stronger, a "flipper" is used which challenges both eyes to focus at

the same time. The use of these home devices is prescribed by the doctor depending on what the patient's visual weakness is. I can give you details of my own practices, but unless you all have exactly the same eye problems as I do, your practices would be somewhat different from mine. And as I stated before, I also recommend the Bates method as a starting point, especially if vision is very much impaired, or if the patient is as old as I am!

10) What Parts Of The Visual Apparatus Are Involved In Vision Training? Basically, the lens, the ciliary (intraocular) muscles, and the extraocular muscles. The brain itself is of crucial importance, since the information the eye receives is transmitted to the visual cortex via the optic nerve. The eye apparatus is the input device. All seeing actually takes place in the brain, as this information is processed. (Show Schematic Picture of Eye and other diagrams, of lens, etc *short* description of eye anatomy and brain involvement)

11) How Is It Possible That You Can See Better, If You Don't Do Well In Your Office Practice Or Home Session? There is a mathematical concept called a "limit." A limit by any definition is something which is the maximum that can be achieved. A mathematical formula can often be depicted visually as a "function." A logarithmic function is a curve (see diagram) that reaches into infinity and never quite reaches the line called its *limit* or *asymptote*. Well, vision training exercises often put one's eyes through extreme motions that are actually quite unnatural, in order to strengthen the eye muscles. When the patient does not see the image with *complete* clarity, (the limit) he has often nonetheless improved his abilities. In my own experiences (in my home practices) I was unable to see images clearly when using some of the reducing lenses. Nonetheless, I found to my surprise that after using them for a time I no longer needed reading glasses. My goal was perfect clarity through the lens, and my vision *did* improve, although not to that absolute limit.

12) What Are Some Easy Vision Improvement Practices One Can Do Without Special Equipment? First of all, sometimes one is waiting for a bus or is on a train, and stranded without your home vision training materials. An excellent idea for someone with accommodative insufficiency, like me, is to focus on something very close, like a brooch or button on your coat, and then to look at something very far away. You can feel that your extraocular (outside) eye muscles first turn your eyeballs inward, and then outward as you look at some far-distant object. The ciliary muscles inside the eye must also work in both cases, changing the shape of the lens, trying to see the object with clarity. This is true regardless of how near or far the object you are focusing on is. Another practice is to do this with one eye at a time. Both eyes must be utilized for proper vision, but I have found this to be useful in determining the exact weakness one has. Once you can determine your weakness, you can devise methods to work the eye to improve it. If one has a weakness in *near vision*, try moving the newspaper closer than you usually can see it comfortably, just a bit. This is actually a much milder exercise than using a reducing lens. Try taking off your reading glasses, if you have been in the habit of using them. And try to relax, and scan the page of a newspaper or book. You can often see more than you would have expected. The same result is achieved if you try to look at print that is a bit too small to read, or the locations on a map. Blinking your eyes a few times will help them to focus. You can often discern words, unexpectedly. You can find objects to practice with everywhere. The small print on a medicine bottle or on an advertisement, or a magazine that is printed poorly with not enough contrast in colors. You can move the page closer than you can see comfortably,

also. Another good exercise is to look up and down, left and right, without moving one's head. This stretches the muscles that move the eyeballs. A good exercise for those muscles to do on the computer is to read a very long line of type, backwards and forwards, without moving the head. You will feel your extraocular eye muscles working. *Find out what your visual weakness is, and work on it all the time. This is the real secret to success in vision therapy, for who has time for a designated practice session all the times you should be doing them? The key is to do some form of vision exercise every single day.*

13) What Are Some Bates Methods and Observations I Have Found Especially Useful? Many specialists object to Bates and consider his methods useless. In my opinion, they are based on common sense, and the proof of this is that many of them have been entirely incorporated into standard vision training therapy. I believe that they are a very good starting point, but not challenging enough to produce as much vision improvement as can more modern practices utilized by vision training specialists. That is, unless one's eyesight is as impaired as that of Aldous Huxley. It is likely that standard vision training exercises would have been too difficult for him.

a) **Boredom is a cause of visual malfunctioning.** Try whatever it takes to make your home practices interesting. For instance, early in my training I was given a page of the telephone book to practice on, using reducing and magnifying lenses. I couldn't bring myself to do this regularly; it was so boring. Then I started switching the lenses as prescribed, but while reading an interesting book. I progressed rapidly from there, and was able to increase the length of my practice sessions as well.

b) **Palming A Relaxation Technique** The eyes are closed and covered with the palms of the hands

c) **Breathing And Blinking** the quality of circulation around the eyes can be enhanced by breathing without strain and natural blinking habits. Blinking also serves to lubricate the eyes

d) **The Usefulness of Light** We have an unnatural fear of light; sunning the eyes is a valuable technique

e) **Procedures to Encourage Mobility** Swinging, shifting, flashing

g) **Memory As An Aid To Vision**

h) **Specifics Myopia, Hyperopia, Astigmatism**

i) **Some Difficult Seeing Situations** Reading, Looking at unfamiliar objects, movies

14) What Home Practices Does The Vision Training Provider Prescribe? (See Practice Guide (link forthcoming).)

- Lenses
- Cards
- Software

- Other (customized)

15) What Side Effects May Result From Your Practice of Vision Therapy? Think of what occurs when you undertake almost *any* new form of exercise. One result can be discomfort. Your eyes may feel "tight," and will probably water a good deal when you are working on some particularly difficult exercise. I find that this subsides over time. You can also experiment with your practicing schedule. For some people, more practice sessions per day are easier. And vision exercises can be done during a break in your work schedule. For example, after doing taxing close work with a lot of magnification, you may feel better if you do some exercises in which you are gradually diverging your eyes. You will also most likely see almost immediate improvement after your first training session with your therapist. *You can see better.* You didn't think it possible...but it happened. But you have to keep doing it. You can expect improvement if you practice diligently, but if you stop for any length of time, *you will backslide.* Many of the exercises are unnatural motions for your eye muscles. This is intentional, so that the muscles can grow stronger and more flexible in response. Your everyday average activities will not have the same therapeutic effect on your eye muscles.

16) What Is A Typical Day Like For You, In Terms of Practicing Vision Exercises? There is no typical day. Every day is different. I have this piece of software now that I find a lot of fun, since it's hard to get me away from the computer, anyway. On days that I use the software, I do Base In Vergence, which is hardest for me, because my eyes like most of all to converge. Then I do Base Out Vergence, Autoslide Vergence (which is both BI and BO) and Jump Distance, which is the very hardest. I try to do this more than once. Some days I stick with lenses. I have been instructed to use minus lenses, to make my eye muscles work better at near vision, because modelmakers need to be able to see at close range very well. I get bored reading the phone book (as my doctors told me to do) so I use a minus lens on one eye at a time, reading a good novel, and starting at - .75 and working my way up to lenses that reduce even more. I use the flipper if possible, too, since it is what gets my accommodative muscles working together. When I'm working a lot, it is helpful when I take breaks to use the computer program and the prisms a bit. My prisms are for vertical shift problems, which I have also. I have improved at this, though, because I have more challenging prisms now. I don't do every single exercise every day. Sometimes I use the "coin cards." The plain ones are for practicing *Base Out.* I've made some of my own on my computer that are more challenging, with smaller coins. The transparent one is the hardest; it's for *Base In.* Anyone who can do this one well I take my hat off to you! It's very difficult, but after I (at least try to) do it, I really do feel my eyes can focus much better. Sometimes I have to spend a whole day seeing customers and riding the subway. So I look at something very close, even my fingernail or a button, and then far away. Like small print on a billboard. Of course there are some days when even that much is not possible, training-wise. So I take a book to bed, and use my minus lenses, one eye at a time, until I realize that I am reading in my sleep...

** Please remember that these exercises are designed for ME, with my particular vision problems. When you get your eye exam, or find a vision therapy provider, you may be told to do other exercises. Everyone is different.*

17) Are There Other Factors Which May Affect Your Vision and Vision Training Practices? If you

have any serious systemic medical conditions, such as diabetes or lupus, you may have additional eye or other problems. Your doctor will be the best judge of whether eye exercises will be too difficult for you, in this case. And some conditions specific to the eyes, such as glaucoma, cataracts, or macular degeneration are very serious. They cannot be improved through the use of vision training. But if you are basically in good health, and you are "warmed up," by walking or other exercise and your circulation is up, you may find that your eye muscles are at their most responsive. Caffeine often improves your exercise performance a bit as well. Watch out for this if you have high blood pressure. On the other hand, there are many drugs and medications which make your eye muscles temporarily weak (*see [APPENDIX C](#)*). So, if you are on some necessary medication, do not be surprised if you experience a temporary setback in your exercise program. Think of it this way You don't always have a good exercise day at the health club, but if you keep going, you will steadily improve, over time. By the way, your age is an important factor. I began training very late in life. Younger people can usually expect more rapid improvement in their visual functioning. Since I am a middle-aged person, I am battling of course what is called *presbyopia*, the hardening of the crystalline lens of the eye. I'm trying to keep it flexible for as long as I can...

18) Can I Keep Doing This Forever? Well, almost forever. But this life isn't forever. One can't really say at what rate the different parts of the body age. My doctors have some patients in their seventies who can still do vision exercises successfully. I'm lucky that my lenses still have enough flexibility that working my ciliary muscles is useful. Most people my age won't undertake something like vision training, so there is no "control," scientifically speaking. (**Explanation of the scientific method during lecture**) Any good exercise program will slow down the aging process, but of course we all will succumb to some illness or ailment eventually. Vision exercises will help slow the effects of aging on one's eyes, though, in many cases. Remember, I experienced this myself. My eyes had been worsening for both near and distance vision, and this has been reversed. I don't need glasses to read or to drive, now, and I can do acrobatics with my eyes, sort of. I can do things now that I couldn't do as a child when, of course, normal functioning of my eyes was so good it was completely effortless. The difference now is that I can *feel* my eye muscles working. It does take an effort for me, now, but it's not uncomfortable. I'm grateful that with this therapy, they *do* work well.

19) Do I Need To Understand all the Unfamiliar Technical Terms Used to Describe Vision and Vision Therapy? You probably will *want* to familiarize yourself with at least *some* of the terms. Many of them help to explain *what* you are doing when you practice the various exercises, and *why*. When you have your comprehensive eye exam, your doctor may tell you that you have "strabismus," or one of the terms that appears in the glossary (**SEE [APPENDIX A](#)**) It's been very helpful to me, knowing what is wrong with my eyes. It makes it easier to work on my problems when I know that I have "divergence insufficiency," for example, and need to be able to *feel* my extraocular muscles working in order to improve my condition. It makes a person feel a lot less...well...helpless. Especially when you encounter an exercise that is especially difficult. And many people are like this If you can visualize in your mind what your eyes are doing, you have the capacity to change and improve their functioning. Remember, this is an eye *and* brain problem. Anyway, since this worked for me, I think it will help you, too. And there's another thing Experts of all kinds like to toss around language that you can't understand. It makes a person feel kind of ignorant. I happen to think that people do this on purpose, for reasons of their own.

For instance, before I got a computer, people made me feel very small when they used computer terminology. Which turned out not to be all that difficult to understand, by the way. Well, with this essay and its accompanying glossary about vision, you will feel *empowered* with understanding about the workings of your eyes! Trust me; you'll feel alot better knowing this stuff...

(show diagram of the eye)

20) Is Vision Therapy A Scientific, Medically accepted Practice? Vision therapy is not voodoo or a magic act, but a very well-documented practice. See Scientific studies on vision therapy, at the Indiana University School of Optometry web site, and *Vision Therapy References* for other publications. (See also [Appendix B.](#)) It is akin to other types of physical therapy, and is most widely-known as an aid for children with vision problems. Many ophthalmologists think that vision therapy doesn't work., but they are primarily concerned with *diseases* of the eye, and with surgery. They are not required to learn about physical therapies for vision improvement, as optometrists are, during their training. Similarly, in the USA, medical doctors have no required training in herbal medicine or nutrition, and few of them consider learning about it to be worthwhile. So there is a rivalry between herbalists and medical doctors. Herbal medicine is very well-respected and researched in Europe, China, and India. MDs are ignorant of herbal medicine; ophthalmologists are ignorant of vision therapy. The problem is merely their lack of knowledge, and many professionals are loath to admit this. My answer to either situation is *Try it!* You may be quite suprised and pleased.

21) WHO Can Benefit From These Exercises? Anyone whose vision problems are related to muscle weakness or lack of coordination. The exercises take time, patience, and persistence. People whose work is especially stressful to their eyes, such as jewellers, designers, photographers, and computer users will find them especially valuable. *Below are some tips for certain professions*

Jewellers, Designers, etc

- a) Have a comprehensive eye exam. Having the proper glasses will prevent further stress on your eyes, since they will correct whatever is your particular weakness.
- b) If your vision does not need correction, wear glasses with non-corrective lenses. You will need to protect your eyes from damage due to possible accidents on the job.
- c) If your work requires better than 20/20 vision, have your eye doctor prescribe magnification lenses in your particular prescription.
- d) Frequently change the magnification you are using. This helps to prevent the lenses from losing their flexibility at varying distances.
- e) You may find it useful to use your prescription magnification glasses with optivisors, etc for additional magnification. Many people experience eye pain or discomfort when using non-prescription magnifiers.

The use of BOTH often remedies this.

f) Make sure that you have adequate lighting for your work, whatever is comfortable for you.

g) Take frequent breaks if your schedule permits, to practice vision training exercises of all kinds.

Computer Users

a) Have the monitor from 16 to 24 inches away from you. Excessively close computer work is a strain on one's eyes.

b) Frequently take a break from looking at the monitor, at least every 15 minutes. Look far away, at varying distances.

c) Use the largest monitor possible, with screen contrast, etc. so that resolution is maximized.

d) Location of Monitor The center of the computer screen should be 4 - 9 inches below your eyes. Your eyes work best with a slight downward gaze. If the computer screen is higher or lower than this, it causes an awkward posture that contributes to sore neck, back, or shoulder, and may also produce headaches. Also, your computer screen and other work should be located straight in front of you so that you don't have to look sideways or twist your body or neck to see them.

e) Lighting Bright lights or other bright objects in your peripheral vision can be uncomfortable. Use a relatively low-wattage bulb in your desk lamp if possible. Drapes can be used to shield one's eyes from daylight if necessary.

f) Look for anti-reflection screens that have been approved by the American (or other) Optometric Association.

g) Experiment Try varying the size and kind of typeface you use in your browser, word processing application, and other

programs during the course of the day. This serves as a kind of vision exercise itself.

h) Do vision training exercises as often as your work schedule permits. Vision training software is ideal for this purpose.

i) Blink on a regular basis; do not stare at the monitor. This sounds obvious, but people sometimes don't realize that they are staring. Blinking helps one to refocus the eye, and is also relaxing.

i) Get computer glasses if your eye doctor recommends this. These lenses are designed to accommodate the unique viewing distances and angles at a computer

22) Are There Any Other Things One Might Do To Improve Vision? Do whatever you can to remain in good health. It has been suggested that certain herbs and nutrients might promote the health of the visual apparatus. These include bioflavonoids such as quercetin and lutein, vitamins E, A, and C, and herbs such as bilberry. CoEnzyme Q10 is another. Any nutrient that has the reputation of having Antioxidant properties would be a good idea. Of course nutritional supplements of any kind are an added expense. The most important thing is to eat a balanced diet containing all the essential food groups. Essential fatty acids (oils) which are polyunsaturated or monounsaturated help especially the nervous system and hormonal systems. Many people try to eat a very lowfat diet to keep their weight down, but if you eliminate too many beneficial fatty acids, your health will suffer. Of course try to get enough rest and do whatever is your favorite method of relieving stress. And what one *doesn't* do can often have more of a good effect than anything else. Smoking and drinking are well known to promote rapid aging, as do recreational drugs (Sorry!) so they are also not a good idea. Try to live a life of moderation, in terms of eating well and exercising regularly, in general. If you know that you have a medical condition, like diabetes, make sure that you keep your sugar level under control. Vision problems related to blood vessel problems are related to this disease, among other things. And no one lives a perfect life, healthwise, but most of us know what is actually really *bad* for us...

23) Suggested Reading

* **The Art of Seeing** by Aldous Huxley

* **Stereogram** by Cadence Books *This book is a very good start for practicing Base In (distance) Exercises. Seeing Stererograms is much easier than regular training. It is also alot of fun!*

APPENDIX A: A GLOSSARY OF USEFUL TERMS

Accommodation- (eye focusing) the eye's ability to adjust its focus by the action of the ciliary muscle, which increases the lens focusing power. When this accommodation skill is working properly, the eye can focus and refocus quickly and effortlessly, which is similar to an automatic focus feature on a camera. The ciliary muscles must contract to adjust for near vision, which causes the eye's crystalline lens, which is flexible, to be squashed. For distant vision, the ciliary muscle must relax and the eye's crystalline lens is stretched out. The ability of the eye to accommodate does decrease with age due to the crystalline lens becoming less flexible causing a condition called presbyopia. (See [Presbyopia](#))

Accommodative Fatigue- This clinical condition is also called **Ill-Sustained Accommodation**. It is the inability of the eye to adequately sustain sufficient focusing over an extended time period. The most common sign or symptom is blurred vision after prolonged near work such as reading and using a computer. In addition, such patients often have asthenopia (eyestrain), general fatigue, headaches and nausea, excess tearing, and an unusual sensitivity to light. Clinical signs include normal amplitude of accommodation, decreased PRA, and the patient generally fails the +/-2.00 D flipper test. Plus lenses

(glasses or contacts) and vision therapy are effective in treating this condition.

Accommodative Esotropia- this clinical condition is an excessive inward turning of the eye caused by an overactive convergence response as the eye focuses on an object. More common in farsighted (hyperopic) children. This is treated with plus lenses (glasses or contacts) to decrease the accommodative demand and to straighten the eyes. In some cases, vision therapy and corrective lenses are prescribed. (Please note that Accommodative Esophoria is a condition similar to accommodative esotropia but lesser in extent.)

Accommodative Excess (AE)- This clinical condition is also called **accommodative spasm**. It is an over focusing, over stimulation of the focusing action of the crystalline lens causing an inability to relax the focusing system which may result in blurry vision when focusing at distance objects. Other symptoms include holding near work closer than normal, headaches with near work (such as reading or using a computer), eyestrain associated with near work, and possible double vision. Clinical signs include patient accepts more minus on accommodative rock but blurs with plus lenses, lower NRA than PRA, dynamic retinoscopy findings indication of over accommodation and/or slow relaxation of accommodation, and reduced or erratic distance visual acuity. Vision therapy is an effective treatment option.

Accommodative Infacility- (clinical condition) a difficulty changing eye focus from distance to near. Symptoms include eyestrain associated with near work (such as reading or using a computer), periodic blurring of distance vision especially following sustained near visual work, tendency to hold near work closer than expected, headaches with near work, and possible double vision. Clinical signs include patient will have difficulty with both the plus and the minus lens (fails +/- 2.00 D flipper test), low PRA and NRA, and poor recoveries on Bell Retinoscopy. Vision therapy is an effective treatment option.

Accommodative Insufficiency (AI)- This clinical condition is also called **non-presbyopic accommodative insufficiency**. It is an under focusing, a lack of focusing ability at a near distance. Symptoms include eyestrain, blurred vision, occasional or constant when doing near work (such as reading or using a computer), occasional unusual sensitivity to light, excess tearing, headaches, and general fatigue. Clinical signs include patient will have difficulty with a minus lens, low amplitude of accommodation, low PRA and higher NRA. Vision therapy is an effective treatment option.

Accommodative Vergence- a convergence response (to turn the eyes inward) which occurs as a direct result of accommodation. (See [Vergence](#) and also [Amplitude of Accommodation](#))

AC/A Ratio- accommodative convergence / accommodative ratio (measured in prism diopters/diopters). This is the numerical expression for the relationship between the amount both eyes simultaneously turn inward (converge) in response to an increase in optical power of focusing (accommodation) by the eye's lenses. The normal ratio is 4:1.

Acuity- sharpness or clearness of eyesight. It is a measure of the finest detail a person can see. The Snellen chart is used to test visual acuity. This chart contains rows of letters, numbers, or symbols in standardized graded sizes, with a designated distance at which each row should be legible to a normal eye.

(See ["Near Acuity"](#) and ["Distance Acuity"](#))

After-image- the eye's ability to still see an image during eye blinks and even after the viewed object is no longer present. The most common example is seeing light after the flash of a camera.

Alignment- proper fusing (uniting) of images to each eye.

Amblyopia- (also called "lazy eye.")The unexplainable loss or lack of full development of the vision in one eye. It is not fully correctible with glasses or contact lenses, and has not been traced to any particular eye health problem. Sometimes it is the result of crossed eyes or a great difference in the refractive (light-bending) error between the two eyes.

AMD or ARMD (age-related macular degeneration) Disorder characterized by the gradual loss of central vision due to a damaged macula (which is made up of retinal cones necessary for sight).

Ametropia- any optical error such as hyperopia, myopia, presbyopia, or astigmatism that can be corrected by glasses or contacts. Also called refractive error

Amplitude of Accommodation (AA)- a measurement of the eye's ability to focus clearly on objects at near distances. This eye focusing range for a child is usually about 2-3 inches. For a young adult, it is 4-6 inches. The focus range for a 45-year-old adult is about 20 inches. For an 80-year-old adult, it is 60 inches.

Aniseikonia- unequal retinal image sizes in the two eyes, usually from different refractive errors. (*See [Iseikonic Lens](#)*)

Antioxidant - Substance that inhibits oxidation and can guard the body from the damaging effects of free radicals. Molecules with one or more unpaired electrons, free radicals can destroy cells and play a role in many diseases. Antioxidants may help prevent macular degeneration and other serious eye diseases.

Aqueous humor - Clear fluid in the eye that both provides nutrients and determines intraocular pressure.

Asthenopia- eyestrain, symptoms include excessive tearing, itching, burning, visual fatigue, and headache. May be related to uncorrected refractive error, accommodation (eye focusing) disorder, or binocularity (eye teaming) disorder.

Astigmatism- Blurriness of vision at all distances, a common vision condition which is usually caused by the front surface of the eye having a slight irregularity in shape.

Base-Down (BD) Prism- the base (thickest end) of the prism is downward and it causes the eye to move up. Used to measure or treat a binocular dysfunction (eye teaming problem). Sometimes incorporated in glasses.

Base-In (BI) Prism- the base (thickest end) of the prism is towards the nose and it causes the eye to diverge (straighten or move out). Used to measure or treat a binocular dysfunction (eye teaming problem). Sometimes incorporated in glasses.

Base-Out (BO) Prism- the base (thickest end) of the prism is away from the nose and it causes the eye to converge (turn in). Used to measure or treat a binocular dysfunction (eye teaming problem). Sometimes incorporated in glasses.

Base-Up (BU) Prism- the base (thickest end) of the prism is upward and it causes the eye to move down. Used to measure or treat a binocular dysfunction (eye teaming problem). Sometimes incorporated in glasses.

Behavioral optometrist- A doctor of optometry who specializes in the practice of vision therapy. Also known as a *vision training provider*.

Bifocal Glasses- eyeglasses that combine two lenses with different refracting powers, one for distant and one for near vision. Often prescribed for people with presbyopia.

Binocular vision when both eyes aim at the same target at the same time, working together as a well-coordinated team, equally and accurately (See also [stereopsis](#))

Binocular depth perception- the ability to perceive with one's eyes that space has three dimensions, particularly depth. Also, the ability to judge relative distances between objects

Binocular vision impairment- a defect in vision in which one's two eyes do not work together as a well-coordinated team. This results in a partial or complete loss of binocular depth perception and stereoscopic vision. At least 12% of the population has some kind of binocular vision impairment.

Break Point- measurement, the point at which a person can no longer fuse (unite) two images into one.

Cataracts- A condition in which the normally clear lense of the eye becomes cloudy, resulting in clouded and or blurred vision. (Cannot be corrected by the use of vision training) Cataracts may be caused by aging, eye injuries, disease, heredity, or birth defects. Surgery is a treatment option. The affected lens is removed and is replaced with a substitute (implant) lens or with a special type of contact lens. Generally the success rate of cataract surgery is over 90%, if the eye is otherwise healthy.

Ciliary Body- a structure directly behind the iris of the eye and contains the ciliary muscle. (*See diagram of the eye*)

Ciliary Muscle- a band of muscle and fibers that are attached to the lens that controls the shape of the lens and allows the lens to accommodate (change focus).

Comprehensive eye exam- A comprehensive eye examination should include the testing of the following visual skills which are aspects of normal, healthy vision (see below)

Acuity-Distance visual acuity (sharpness, clearness) at 20 feet distance.

Acuity-Near visual acuity for short distance (specifically, reading distance).

Focusing Skills the ability of the eyes to maintain clear vision at varying distances.

Eye Tracking and Fixation Skills the ability of the eyes to look at and accurately follow an object; this includes the ability to move the eyes across a sheet of paper while reading, etc.

Binocular fusion the ability to use both eyes together at the same time.

Stereopsis binocular depth perception.

Convergence and Eye Teaming Skills the ability of the eyes to aim, move and work as a coordinated team.

Hyperopia a refractive condition that makes it difficult to focus, especially at near viewing distances.

Color Vision the ability to differentiate colors.

Reversal Frequency confusing letters or words (b, d; p, q saw, was; etc.)

Visual Memory the ability to store and retrieve visual information.

Visual Form Discrimination the ability to determine if two shapes, colors, sizes, positions, or distances are the same or different.

Visual Motor Integration the ability to combine visual input with other sensory input (hand and body movements, balance, hearing, etc.); the ability to transform images from a vertical to a horizontal plane (such as from the blackboard to the desk surface).

Computer Vision Syndrome (CVS)- the complex of eye and vision problems related to near work that are experienced during or related to computer use. Its symptoms include eyestrain, dry or burning eyes, blurred vision, headaches, double vision, distorted color vision, and neck and backaches. The condition is caused by various internal and external factors. Treatment options may include prescription glasses and/or vision therapy.

Cone- light-sensitive retinal receptor cell that provides sharp visual acuity and color discrimination. (*see also [Rod](#)*)

Cornea- is the transparent front-most surface of the eye. Provides most of an eye's optical power.

Convergence- the ability to use both eyes as a team and to be able to turn the eyes inward to maintain single vision up close.

Depth Perception- the ability to judge relative distances of objects. (*See [Stereopsis](#)*)

Diabetic retinopathy - Leaking of retinal blood vessels in advanced or long-term diabetes, affecting the macula or retina. Vision can be seriously distorted or blurred.

Diopter (D)- a measurement of the refractive (light bending) power of a lens or a prism (pd). The strength of prescription glasses and contacts are measured in these units. For example a lens that is 0.50 diopter (D) is very weak, where as a lens that is 10.0 diopter (D) is very strong. Eyecare practitioners use it in eyeglass and contact lens prescriptions. A negative number refers to nearsightedness, while a positive number refers to farsightedness. For example, someone with -8.00 diopter lenses is very nearsighted, while someone with +0.75 diopter lenses is only slightly farsighted.

Diplopia- double vision.

Distance Acuity- the eye's ability to distinguish an object's shape and details at a far distance such as 20

Divergence- the ability to use both eyes as a team and be able to turn the eyes out toward a far object.

Dominant Eye- the eye that "leads" it partner during eye movements. Humans also have dominant hand, foot, eye, and side of the brain (not necessarily all on the same side).

Duction Test- a test of the eye's ability to turn inward or outward while maintaining single, binocular vision with the gradual introduction of progressively stronger base-in or base-out prisms.

Dyslexia- a learning disability in which a person has difficulty with letter or word recognition. Children often are of normal or above normal intelligence; however, they have difficulty reading and sometimes naming pictures of objects. This is caused by an inability of the brain's language centers to decode print or phonetically make the connection between the word's written symbols and their appropriate sounds. This is not caused by a vision disorder. Dyslexia cannot be cured and will never be outgrown. Appropriate teaching methods can be taught to help those with dyslexia overcome their weakness by using their strengths.

Emmetropia- normal vision, no correction needed

Extraocular Muscles- six muscles that move one eyeball, includes lateral rectus, medial rectus, superior oblique, inferior oblique, superior rectus, and inferior rectus.

Eye Hand Coordination- the ability of our eyes to guide our hands, also called visual motor integration.

Facility of Accommodation- a measure of the ease and speed of the eye(s) to change focus

Floaters Small specks that pass across your field of vision, these are clumps of cells inside the transparent gel filling the eyeball in front of the retina.

Focusing skills the ability of the eyes to maintain clear vision at varying distances

Fovea- center of the retina that can produce the sharpest eyesight. Contains a high concentration of cones and no retinal blood vessels.

Fusion- the union of images from each eye into a single image.

Glaucoma An eye disease in which the internal pressure of the eyeball increases to the point that the optic nerve can become damaged, resulting in severe vision loss and even blindness (Not correctible by the use of vision training)

Hyperopia (also known as "farsightedness") A vision condition in which distant objects are usually seen clearly, but close objects are not able to be brought into proper focus.

Iris- the colored part of the eye located between the lens and cornea; it regulates the entrance of light.

Iseikonic Lens- eyeglass lens that magnifies or minifies image size. Used for correcting image size difference between the two eyes.

Lens - The nearly spherical body in the eye that focuses light rays onto the retina. The lens itself is a multilayered structure (something like an onion). In young people it is normally perfectly clear and quite elastic. As one ages its elasticity is reduced. In fact after the age of about 45 the lens' ability to change in shape is considerably reduced. That is why people over the age of 45 almost always require glasses to read and/or to see distant objects. It is not unusual for people in their 50's and older to wear bi-focal or even tri-focal lenses.

Low vision - Also called partial sight. Sight that cannot be satisfactorily corrected with glasses, contacts, or surgery. Low vision usually results from an eye disease such as glaucoma or macular degeneration.

Lutein - An antioxidant that is found throughout the body, but is concentrated in the macula. Lutein is believed to help protect the eyes from free radical damage caused by the sun's harmful rays.

Macula- the most sensitive part of the retina that is about the size of a pinhead and is where our most detailed vision occurs.

Minus (-) Lens- concave lens, stimulates focusing and diverges light. The lens is thinner in the center than the edges. It is used in glasses or contact lenses for people who are nearsighted (myopia).

Myopia (also known as "nearsightedness") A common vision condition in which a person can see close objects clearly, but lacks the ability to see distant objects with the same clarity.

Near Point of Convergence (NPC)- the closest point at which the two eyes can maintain a single united image.

Near Point of Convergence Test- measures the patient's ability to point the eyes at an approaching object and to keep them fixed on the object as it reaches the patient's nose. Normal range is 0 to 4 inches away from the nose.

Ophthalmologist- an MD who specializes in surgery and diseases of the eye. A small number of ophthalmologists work in conjunction with vision therapists or orthoptists.

Optician- is a professional in the field of designing, finishing, fitting and dispensing of eyeglasses and contact lenses, based on an eye doctor's prescription. The optician may also dispense colored and specialty lenses for particular needs as well as low-vision aids and artificial eyes.

Optic Nerve- is a bundle of nerve fiber that connects each eye to the brain and transmits images from the retina to the brain. It is also the largest sensory nerve of the eye.

Optometrist (OD)- a health care professional who is state licensed to provide primary eye care service. These services include comprehensive eye health and vision examinations; diagnosis and treatment of eye disease and vision disorders; the detection of general health problems; the prescribing of glasses, contact lenses, low vision rehabilitation, vision therapy, and medications; the performing of certain surgical procedures; and the counseling of patients regarding their surgical alternatives and vision needs as related to their occupations, avocations and lifestyle. The optometrist has completed pre-professional undergraduate education in a college or university and four years of professional education at a college of optometry, leading to the doctor of optometry (O.D.) degree. Some optometrists complete a residency. Some optometrists are also vision therapy providers.

Orthoptics- Literally means "straightening of the eyes. It dates back to the 1850's but is limited in scope to eye-muscle training and the cosmetic straightening of the eyes. Vision training is an expansion of this. It involves the training of the eye-brain connections involved in vision also, and has progressed in this century as have advancements in the knowledge of neuroscience.

Plus (+) Lens- convex lens, relaxes focusing and converges light. The lens is thicker in the center than the

edges. It is typically used in glasses or contact lenses for people who are farsighted (hyperopia). Although it may also be prescribed for other visual conditions as well.

Polaroid Lens- a lens used in sunglasses which consists of two glass or plastic surfaces with a plastic lamination between the two surfaces, and designed to reduce reflected glare.

Presbyopia- A natural part of the aging process, it occurs when the crystalline lens of the eye loses its enough of its flexibility so that the accommodative muscles of the eye can no longer bring close objects into clear focus. Usually, it becomes noticeable when a person reaches their early to mid-forties.

Prism- a wedge-shaped piece of glass or plastic that bends light. Used to measure or treat a binocular dysfunction (eye teaming problem). Sometimes incorporated in glasses. (See "[Base-Down Prism](#)", "[Base-In Prism](#)", "[Base-Out Prism](#)", "[Base-Up Prism](#)", "Yoked Prism" (link forthcoming))

Pupil- the opening at the center of the iris of the eye. It contracts (dilates) in the dark and when the eye is focused on a distant object. It opens and closes to regulate the amount of light the retina receives.

Pursuit Test- measures the eyes ability to follow a moving target.

Refractive Error- condition in which parallel rays of light are not brought to a focus upon the retina because of a defect in shape of the eyeball or in refracting media of the eye. Also called ametropia. Results in conditions like astigmatism, hyperopia, myopia, or presbyopia.

Refractive Power- a lens' ability to bend parallel light rays into focus, as measured by power diopters. In general, the greater the curvature of a lens and the greater the difference between center thickness and edge thickness, the higher the index of refraction and the greater its refractive power. Refractive power can also refer the strength of a person's contact lenses or glasses.

Refractive Media- the parts of the eye that light travels through before being focused on the retina includes the cornea, crystalline lens, aqueous, and vitreous. (*See diagram of the eye*)

Retina- the innermost layer of the eye, a neurological tissue, which receives light rays focused on it by the lens. This tissue contains receptor cells (rods and cones) that send electrical impulses to the brain via the optic nerve when the light rays are present.

Rod- light-sensitive retinal receptor cell that works at low light levels (night vision). A normal retina contains 150 million rods.

Saccades Dysfunction- a condition in which the individual's ability to scan along a printed page and move his eyes from point to point is inadequate. Symptoms include frequent loss of place while reading, skip or transpose words, and have difficulty comprehending because of an inaccurate eye movement. Vision therapy is an effective treatment option.

Sclera- the white protective covering of the eye

Stereopsis The product of good binocular vision, where the separate images from the two eyes are combined successfully into one three-dimensional image.

Strabismus (also known as crossed eyes, wall-eyes, or wandering eyes) A visual defect in which the two eyes point in different directions. In some cases these eye misalignments are not obvious to an untrained observer. One eye may turn either up down, in, or out, while the other points straight ahead. The result of this condition is a partial or total loss of stereo and binocular depth perception.

20/20 -the expression for normal eyesight (or 6/6 in countries where metric measurements are used). This notation is expressed as a fraction. The numerator (1st number) refers to the distance you were from the test chart, which is usually 20 feet. The denominator (2nd number) denotes the distance at which a person with normal eyesight could read the line with the smallest letters that you could correctly read. For example, if your visual acuity is 20/100 that means that the line you correctly read at 20 feet could be read by a person with normal vision at 100 feet. The Snellen chart is used to test visual acuity (sharpness of eyesight). This chart contains rows of letters, numbers, or symbols in standardized graded sizes, with a designated distance at which each row should be legible to a normal eye. The Snellen letter is constructed so as to subtend an angle of 5 minutes of arc (5/60ths of a degree) at a specified distance from the eye. Each portion of the letter subtends an angle of 1 minute of arc (1/60th of a degree).

Vergence- to turn the eyes horizontally (convergence- inward or divergence- outward). Accommodative vergence, fusional vergence, proximal vergence, and tonic vergence are needed to maintain single vision.

Vergence Facility- a measure of the ease and speed of the eyes to change from a converging to diverging position.

Visual Field- the total area that can be seen while looking straight ahead. (See "Tunnel Vision" (link forthcoming).) (Note Perimetry is the method of testing an eye's field of vision.)

Visual-Motor Integration (VMI)- after visual data is gathered, it is processed and combined in the brain with information from movement (eye hand coordination).

Visual-Motor Skills- the ability of our eyes to guide our hands (eye hand coordination, visual-motor integration).

Visual Pathway- route of the nerve impulses from the retina along the optic nerve, and optic nerve radiations to the brain's sensory cortex that is located at the base of the skull.

APPENDIX B: SUGGESTED REFERENCES

LITERATURE

INFO ON THE WEB -

Vision Therapy Texts

Vision and Visual Dyslexia (ed by JF Stein, CRC Press, 1991)

Optometric Management of Nearpoint Vision Disorders (MH Birnbaum, published by Butterworth-Heinemann, 1993).

Clinical Pediatric Optometry (LJ Press, BD Moore, published by Butterworth-Heinemann, 1993).

Clinical Management of Binocular Vision (M Scheiman, B Wick, published by JB Lipincott, 1994).

Binocular Anomalies Diagnosis and Vision Therapy, 3rd ed (JR Griffin, JD Grisham, published by Butterworth-Heinemann, 1995).

Applied Concepts in Vision Therapy (ed by LJ Press, published by Mosby, 1997).

References to Textbooks, Articles, etc.

Subject Vision Therapy
Title Workouts for the eyes
Author(s) Toufexis, Anastasia
Journal Time
Date February 13, 1989
Pages 86

Subject Vision Therapy
Authors(s) Dr. John R. Griffin and Dr. J David Grisham
Book Binocular Anomalies - Diagnosis and Vision Therapy
Date 1995
Publisher Butterworth-Heinemann

Subject Vision Therapy
Author(s) Dr. Leonard J. Press, editor
Book Applied Concepts in Vision Therapy
Date 1997
Publisher Mosby

Subject Optometric Vision Therapy

Title Definition of optometric vision therapy
Author(s) American Optometric Association
Date June 1991

Subject Optometric Vision Therapy
Title Fact sheets on optometric vision therapy
Author(s) American Optometric Association
Date June 1992

Subject Efficacy of Optometric Vision Therapy
Title Future of Visual Development/Performance Task Force.
Report on the efficacy of optometric vision therapy
Author(s) American Optometric Association
Journal Journal American Optometric Association
Vol. 59(2)95-105, 1988

Subject Vision Therapy
Title Vision Training Revisited
Author(s) Keogh, Barbara; Pelland, Michelle
Journal Journal of Learning Disabilities
Vol 18(4)
Date 4-1985
Page(s) 228-236

Subject Learning Disabilities and Vision
Title Identification of children with vision problems that interfere with learning. Vision and learning disability
Author(s) Greenstein T
Journal American Optometric Association
Vol. 1976, p. 95-114

Subject Accommodation Problems, Accommodative Problems
Title Accommodation Deficiency in Healthy, Young Individuals
Journal Journal of Pediatric Ophthalmology

Subject Convergence Insufficiency
Title Convergence of Amplitude Insufficiency
Journal Annals of Ophthalmology
Vol. Sept. 1983

Subject Ocular Motility
Title Correlation between Cognitive Processing and Ocular Motility
Journal Optometry and Vision Science
Vol. 1993

Subject Vision and Learning Disabilities

Title Hidden Eye Problems Can Block Learning

Journal Learning Magazine

Vol. July/August 1991

Subject Vision and Learning Disabilities

Title Learning Related Visual Problems

Organization ERIC Clearing House on Handicapped and Gifted Children

Address 1920 Association Drive

City Reston, VA 22091, Vol. 1981

Subject Vision and Reading

Title Meta-Analysis of the Relationship Between Visual Perceptual Skills and Reading Achievement

Journal Journal of Learning Disabilities

Vol. January 1982

Ciuffreda KJ, Kenyon RV, Stark L. Different rates of functional recovery of eye movements during orthopedic treatment in adult amblyope. Invest Ophthalmol & Vis Sci 18(2)213-219, 1979.

Cohen A., Lieberman S., Stolzberg M., Ritty J. The NYSOA vision screening battery -- a total approach. Journal of the American Optometric Association, 1983; 54 979-84.

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Daum K. Accommodative insufficiency. Am J Optom & Physiol Opt 60(5)352-359, 1983.

Daum K. The course and effect of visual training on the vergence system. Am J Optom & Physiol Opt 59(3)223-227, 1982.

Donmoyer R. Kos. At-risk students portraits, policies, programs, and practices. Albany, NY State University of New York Press, 1993.

Education Commission of the States. Securing our future the report of the national forum for youth at-risk. Denver, CO, 1988.

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- Wick B. Accommodative esotropia efficacy of therapy. *J Am Optom Assoc* 58(7)562-566, 1987.
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Some Books For Everyone (See also the websites re Literature)

Cva Classroom Visual Activities A Manual to Enhance the Development of Visual Skills By Regina G. Richards. Classroom activities for all ages to help develop visual skills. Objectives, success criteria and detailed instructions are included for each activity in this book. Ideal for educators.

Developing Your Child for Success By Kenneth A. Lane, O.D. Designed to help children avoid early school failure. The first few chapters discuss the many factors involved in the reading process. The majority of the book is devoted to over 630 activities that will help give children the necessary perceptual-motor skills needed to succeed in school. Activities are divided into eight categories, including visual-motor, ocular motor, laterality, sequential processing, and more.

Eye Q and the Efficient Learner By James A. Kimple. Written by an educator who is also the father of four children with learning difficulties, this book discusses the nature of visual development and the importance of the visual system to school success. Includes sections on the role of the school and the unfortunate labels that are placed on children who are having trouble; the behavioral optometry approach to helping to solve learning-related vision problems, including a "red flags" list of symptoms; some basic common sense parenting tips; and an illustrated section of home and school activities, games and exercises to enhance functioning in specific areas. Recommended for parents and educators.

Eyes on Track A Hands on Guide to Improve Students' Eye Tracking & Vision By Kristy M. Remick, O.D., Carol A. Stroud, B.S. and Vicki Bedes, O.V.T., Vision Therapist. This book is an educator's guide to improve students' eye tracking and vision perception for grades 1-6. Contains 60 pages of eye games to improve eye tracking and vision perception skills.

Pro's Edge Vision Training for Golf By Lawrence D. Lampert, O.D. Learn the hottest techniques available to take strokes off your golf game!

Seeing Is Achieving Improve Your Child's Chances for Success By Donald J. Getz, O.D. This practical guide is written in a simple and straightforward style. The author explains why kids with "good eyesight" can still have poorly developed vision and perception, and how you as a parent or teacher can spot the telltale signs. This book gives case histories of typical childhood vision problems, and how they have been helped with vision therapy. Book includes home activities.

Smart Medicine for Your Eyes; A Guide to Safe and Effective Relief from the Most Common Eye Problems By Dr. Jeffrey Ansel, O.D. Covers basic eye care, eye disorders, and treatments including information on vision therapy. Laypersons won't find the book hard to follow; it is written in a way that is easy to understand.

Thinking Goes to School Piaget's Theory in Practice with Additional Thoughts By Hans G. Furth and

Harry Wachs, O.D. Discusses Piaget's theory of intellectual development. Contains illustrated activities and strategies to help a child develop to his full potential.

UNDERSTANDING AND MANAGING VISION DEFICITS A GUIDE FOR OCCUPATIONAL THERAPISTS By Mitchell Scheiman, O.D. Written for occupational therapists to gain knowledge about vision, screening for vision problems, vision problems associated with learning disorders, brain injury, and developmental and sensory disabilities.

Visual Ergonomics in the WorkPlace By Jeffrey Ansel, O.D. This book is a must for any one who spends time on a computer.

When Your Child Struggles The Myths of 20/20 Vision What Every Parent Needs to Know By David Cook, O.D. Written for parents about their children's vision, how to detect if their child is struggling unnecessarily and where to turn for help. Included are sections on understanding 20/20 vision, visual abilities and how to find help. The author uses case histories to illustrate the various vision disorders described in the book. In addition to these sections, the author lists research on vision and vision therapy, additional reading and a glossary of terms.

EXTREMELY USEFUL WEBSITES

<http://www.opt.indiana.edu/vtlit/vtlit.html> **University of Indiana College of Optometry**

Literature on Accommodative Disorders, Amblyopia, Convergence Disorders, Intermittent Exotropia, Strabismus (General), Clinical Textbooks, Vision Training (General), IU School of Optometry Library Information

<http://www.visionhelp.com/> **The Vision Help Network provides nationwide referrals for optometric vision therapy and related diagnostic services**

VISION THERAPY INFO (General)

<http://www.vision-therapy.com/Links.htm#Vision%20Therapy%20Information>

http://www.optometrists.org/eye_health_network.html

<http://www.visiontherapy.org/>

THE MOST COMPREHENSIVE LIST OF USEFUL LINKS AVAILABLE RE VISION

<http://www.vision-therapy.com/Links.htm#Optometric%20Societies%20and%20Associations>

BOOKS ON VISION THERAPY

<http://www.visiontherapy.org/vision-therapy/vision-therapy-studies.html>

http://www.children-special-needs.org/vision_therapy/vision_therapy_books.html

http://www.vision-therapy.com/Books_For_Professionals.htm

<http://www.opt.indiana.edu/vtlit/vtlit.html>

<http://www.visionscience.com/> An Internet Resource for Research in Human and Animal Vision

LINKS TO OTHER USEFUL SITES

<http://www.visionhelp.com/links.htm>

<http://www.pressvision.com/linklist.htm>

HOW TO SEE 3-D

<http://www.vision3d.com/book.html>

<http://www.vision3d.com/3views.html>

http://www.vision-therapy.com/VT_Equipment.htm **SOURCES OF VT EQUIPMENT and PRODUCTS ONLINE**

<http://www.homevisiontherapy.com/> **THE PEOPLE WHO MAKE THE SOFTWARE**

http://www.homevisiontherapy.com/doctors_state_index.htm **PROVIDERS WHO USE THE**

SOFTWARE

<http://www.covd.org/links.html> **COVD, THE ORGANIZATION MY DOCTORS BELONG TO**

<http://www.DoctorErgo.com/> **COMPUTER VISION SYNDROME**

<http://www.mic.ki.se/Diseases/c11.html> **EYE CONDITIONS & DISEASES**

OPTOMETRIC SITES FOR CONSUMERS & PROFESSIONALS

<http://www.vision-therapy.com/Links.htm#Optometric%20Sites%20for%20Consumers>

<http://www.vision-therapy.com/Links.htm#Web%20Sites%20for%20Optometric%20Professionals>

Other Suggested Readings on Visual Perception

Spatial Vision, Russell L. DeValois & Karen K. DeValois, Oxford Science Publications, 1988

Fundamentals of Sensation & Perception, 2nd Edition, Michael W. Levine & Jeremy M. Shefner, Brooks/Cole Publishing Co. 1991

Visual Perception The Neurophysiological Foundations, Lothar Spillmann & John S. Werner (Eds.) Academic Press, 1990

An Introduction to the Biology of Vision, James T. McIlwain, Cambridge University Press, 1996

Sensation and Perception, 3rd Edition, E. Bruce Goldstein, Wadsworth Publishing Co. 1989

A Vision of the Brain, Semir Zeki, Blackwell Scientific Publications, 1993

Human Color Vision, 2nd Edition, Peter K. Kaiser & Robert M. Boynton, Optical Society of America, 1996

Color Vision, Leo M. Hurvich, Sinauer Associates Inc., Publishers, 1981

Handbook of Perception and Human Performance, Vol. 1, Sensory Processes and Perception, Kenneth R. Boff, Lloyd Kaufman, Jame P. Thomas (Eds.) John Wiley and Sons, 1986

Color Vision Perspective From Different Disciplines, Werner G.K. Backhaus, Reinhold Kliegl, John S. Werner, Walter de Gruyter, 1998

Human Visual Orientation, Ian P. Howard, John Wiles & Sons, 1982

Vision and Visual Dysfunction, John Cronly-Dillon, General Editor, CRC Press, Inc. (This source contains 16 volumes each edited by an eminent visual scientist. It covers virtually aspects of visual science.)

From Pigments to Perception, Advances in Understanding Visual Processes, Arne Valberg and Barry B. Lee, Plenum Press, 1991

- Dictionary of Visual Science*, 3rd Edition, David Cline, Henry W. Hofstetter, John R. Griffin, Chilton Book Co. 1980
- The Measurement of Appearance*, Richard S. Hunter, John Wiley & Sons, 1975
- Seeing The Light, Optics in Nature, Photography, Color, Vision, and Holography*, David Falk, Dieter Brill, David Stork, John Wiley & Sons, 1986
- Eye, Brain, and Vision*, David Hubel. Scientific American Library, 1988
- Seeing Contour and Colour*, J.J. Kulikowski, C.M. Dickinson, and I.J. Murray, (Eds.) Pergamon Press, 1989
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- Mechanisms of the Mind*, Colin Blakemore, Cambridge University Press, 1979
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- Light*, Michael I. Sobel, The University of Chicago Press, 1987
- The Retina, An Approachable Part of the Brain*, John E. Dowling, Belknap Press of Harvard University Press, 1987
- Helmholtz's Treatise on Physiological Optics*, Volumes I and II, James P.C. Southall (Ed.) Dover Publications, Inc. 1962 (translation of the original)
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- The Vertebrate Eye and Its Adaptive Radiation*, Gordon Lynn Walls, Hafner Publishing Co. 1967
- Visual Illusions, Their Causes, Characteristics & Applications*, M. Luckiesh, Dover Publications, 1965
- Optics*, Sir Isaac Newton, Dover Publications, 1952 (reprint of the original)
- The Analysis of Sensations*, Ernst Mach, Dover Publications, 1959 (translation and reprint of the original)
- Light, Colour and Vision*, Yves Le Grand, Chapman and Hall, Ltd., 1968

Physiology of the Retina and Visual Pathway, G.S. Brindley, Edward Arnold (Publishers) Ltd. 1970

THE BOOK BELOW IS REALLY A TREASURE

<http://www.yorku.ca/eye/how-to.htm> **THE JOY OF VISUAL PERCEPTION A BOOK ON THE WEB**

THE SUBJECTS BELOW ARE ALL LINKS ON THE ABOVE BOOK WEBSITE (ENJOY!)

- i. How To Use This Book
- ii. Preface
- iii. How to prepare for a school project
 1. Introduction
 - A. Glossary
 2. Questions for the Professor
 3. Fun Things In Vision
 4. Master Diagram of the Eye
 5. Visual Acuity
 6. Visual Sensitivity
 7. Color/Color Vision
 8. Measuring Spectral Sensitivity
 9. Distance Perception
 10. Shape Constancy
 11. Spatial Frequency Adaptation
 12. Adapting to Darkness
 13. Motion Perception
 14. Physics of the Visual Stimulus
 15. Fourier analysis; basics
 16. Point & line spread functions
 17. Some Basic Neurophysiology
 - A. Eye Cross Section
 - B. Neurons
 - a. Retina
 - b. Receptors
 - C. Receptive Fields
 18. Phototherapy
 19. Physiological Response To Color
 20. Interesting links which connect you to perception relevant home pages
 21. Subject Index
 22. References
 23. Suggested Readings in Visual Perception

APPENDIX C: MEDICATIONS WHICH AFFECT THE VISUAL APPARATUS

Drugs Which Can Affect Near Vision A Useful List

Joanne L. Smith B.Sc., Ph.Phm.*

J. Raymond Buncic, M.D., F.R.C.S.(C)t

ABSTRACT

This paper documents a list of drugs that cause problems with near vision, by virtue of effects on accommodation, occasionally refractive error and diplopia. It is meant as a reference aid to the clinician when confronted with problems of focusing on near objects or print. There are many drugs that have been reported to interfere with near or reading vision, producing blurring, decreased accommodation and diplopia. This paper lists the drugs that have been reported in the literature to produce symptoms which interfere with near vision. Case reports for the listed drugs vary greatly from many to few. The drugs have been divided into the following categories those causing (A) blurring at near, (B) diplopia and (C) induced myopia. Those drugs which only rarely cause these symptoms have been omitted.

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TABLE 1

DRUGS COMMONLY CAUSING DIFFICULTY WITH FOCUSING AT NEAR OR BLURRED VISION.

DRUG INCIDENCE REFERENCE

Antipsychotics

Chlorpromazine 14-23 8

Clozapine 5 8,14

Fluphenazine 1.2-4.3 8

Haloperidol 6.8-16 8

Loxapine 12,14

Perphenazine 7.4-17.8 8

Pimozide 20 8
Risperidone 1-2%, >= 10% 11
Thioridazine 0.6-18 8
Thiothixene 20 8
Trifluoperazine 4-10 8
Antidepressants 8,9
Bupropion 5.3-15% 11
Doxepin 20 8
MAOIs, for example
Phenelzine 1.5-17% 8
Tranlycypromine 9%(2-10%) 8
Maprotiline 4% 11
Nefazodone 9% 11
SSRIs, for example
Fluoxetine 3-4.5% 8,11
Fluvoxamine 6.3% 14
Paroxetine 4% 11
Sertraline 4% 11
Tricyclic Antidepressants,
for example
Amitriptyline 7.5-35% 8
Clomipramine 18-20% adults 8
Desipramine 2-6 8
Imipramine 1.2-17% 8
Nortriptyline 5.5% 8
Trimipramine 6% 8
Zidovudine <2% 14

TABLE 2

DRUGS WHICH LESS COMMONLY CAUSE DIFFICULTY WITH FOCUSING AT NEAR AND BLURRED VISION.

DRUG INCIDENCE REFERENCE

Acetazolamide 12
Acetylcholine 12
Alprazolam 12
Amantadine 0.1-1% "visual disturbances" 6
Ambutonium 12
Amodiaquine 12
Amoxapine 12

Amphetamine 12
Amphotericin 14
Antazoline 12
Baclofen 12
Bendroflumethiazide 12
Betamethasone 12
Bethanechol 12
Biperiden 12
Captopril 13
Carbachol 12
Carisoprodol 12
Cetirizine 13
Chloramphenicol 12
Chlordiazepoxide 0.1% 8
Chlorothiazide, 12
Chlorthalidone 12
Cinchocaine (dibucaine) 12
Cimetidine 12
Clemastine 12
Clonazepam 12
Clonidine rare 14
Clorazepate 12
Cocaine 12
Cortisone 12
Cyclopentolate 12
Dapsone 11
Dexamethasone 12
Dextramphetamine 12
Diazepam 0.14% 8
Diethylpropion 12
Diflunisal <1% 14
Dimenhydrinate 11
Diphenhydramine 12
Diphtheria Polio Tetanus Vaccine 12
Diphtheria Tetanus Vaccine 12
Diphtheria Vaccine 12
Disopyramide 12
Dronabinol 12
Droperidol 12
Echothiophate 12
Emetine 12
Ergot 12
Ethanol 12

Ethopropazine 12
Fenfluramine 12
Fluorometholone 12
Fluorouracil 12
Flurazepam 12
Ganciclovir <1% (amblyopia) 14
Gentamicin 11
Hashish 12
Heroin 12
Homatropine 12
Hydrochlorothiazide (transient) 14
Hydromorphone 12
Indapamide <1% 14
Iodine, Iodine Compounds 12
Isoniazid 12
Isopropamide 12
Levodopa 11
Lorazepam 12
LSD 12
Marijuana 12
Medrysone 12
Meprobamate 12
Mesalamine (5-ASA) ? 11
Mescaline 12
Methamphetamine 12
Methazolamide 12
Methotrimeprazine 12
Methylene blue 12
Methysergide 12
Metolazone, 12
Midazolam 12
Morphine 12
Nalidixic acid 12
Naproxen 12
Neostigmine 12
Netilmicin <0.1% 11
Nitrazepam 12
NSAIDs 6
Olanzapine rare 11
Olsalazine ? 11
Opium 12
Orphenadrine 12
Oxazepam 12

Oxymorphone 12
Penicillins 12
Pentamidine (aerosol) <1% 14
Pentazocine 12
Periciazine 12

TABLE 3

DIPLOPIA MORE COMMON DRUG CAUSES.

DRUG INCIDENCE REFERENCE

Felbamate 3.4-6.1% 11
Fluoxetine 0.1-1% 14
Gabapentin 5.9% 14
Isotretinoin/oral retinoids 6
Lamotrigine 27.6% 11
Pergolide 2.1% 11
Procarbazine 6
Topiramate 6.3% it

TABLE 4

DIPLOPIA LESS COMMON DRUG CAUSES.

DRUG REFERENCE

Streptomycin 12
allopurinol 12
amantadine 1
ambenonium 1,12
amphotericin 2
anagrelide (>5%) 11
antazoline 12
Antidepressants, MAOIs 12
e.g. phenelzine
Antidepressants, tricyclics 12
e.g. amitriptyline
Antidepressants, SSRIs
e.g. sertraline (0.1-1%) 11
Antidiabetic agents, oral 1,12
e.g. glyburide

Antihistamines (most) 1,12
e.g. chlorpheniramine,
diphenhydramine
aztreonam (??1%) 11
Penicillamine 1
Phenformin 5
Phenothiazines 7, 12
e.g. chlorpromazine
Phensuximide 12
Physostigmine 12
Pilocarpine 12
Prochlorperazine 1,5,7,12
Promethazine 1,5
Quinine 1
Spironolactone 1,5,12
Sulfonamides 1,5-7,10,12
Tetracyclines (rare) 1,5-7,12
Timolol 12
Trimeprazine 12
bacitracin 12
baclofen 1,12
Barbiturates 1
e.g. pentobarbital
Benzodiazepines 12
e.g. diazepam
Beta-adrenergic blockers 12
e.g. propranolol
bupropion (??0. 1%) 11
carbamazepine (high doses) 12
carisoprodol 12
chlorprothixine 1, 12
cisplatin I
clindamycin 12
clomiphene 1,12
colchicine 1,12
colistin 12
Corticosteroids 1
e.g. betamethasone, prednisone
cytarabine (intrathecal route) 1
danazol 1, 12
dantrolene 1, 12
diazoxide 12
diethylpropion 12

digoxin 12
disopyramide 1
dronabinol 12
edrophonium 1,12
ethanol I
ethchlorvynol 1,12
ethionamide 12
ethosuximide 12
ethotoin 12
fenfluramine 12
flecainide 12
floxuridine 12
fluorouracil 12
gold salts 1
guanethedine 12
hexachlorophene 1, 12
insulin 1,12
Iodide derivatives 1
e.g diatrizoate
iodoquinol 12
isocarboxazid 12
isoniazid 12
ketamine 1,12
labetalol 1
levodopa 1,12
lithium I
Local anaesthetics 1, 12
e.g. bupivacaine, lidocaine
marijuana 12
mephenytoin 12
meprobamate 12
methanol 1,12
methocarbamol 1,12
methsuximide 12
methyldopa I
metoclopramide 1, 12
metocurine 1,12
metronidazole 12
methylene blue 12
mexiletine 12
mitotane 12
neomycin I
nitrofurantoin 12

Non-steroidal antiinflammatory drugs 1,12
e.g. ASA, ibuprofen
norepinephrine 12
olanzapine (51%) 11
Opiate analgesics (withdrawal) 1,12
e.g. morphine, Pentazocine
Oral antidiabetic agents 1
e.g. glyburide
Oral contraceptives 1,12
orphenadrine 1,12
pemoline 12
penicillamine 1,4
Penicillins 12
phencyclidine 1,12
polymyxin B 12
pralidoxime 1,12
primidone 12
procarbazine 12
pyridostigmine 1,12
quinidine 12
rabies vaccine, globulin 1, 12
retinol (Vitamin A) I
risperidone 11
selegiline 11
succinylcholine 1, 12
tacrine (0.1-1%) 11
Tetracyclines 12
e.g. tetracycline
tetrahydrocannabinol (THC) 12
thiothixene 12
tocainide 12
tolazamide 1,12
trazodone 11, 12
trichloroethylene 12
trimethadione 1
tubocurarine 12
valproate/divalproex 13
vinblastine 12
Vincristine 12
Vitamin D I

TABLE 5

DRUGS INDUCING MYOPIA THROUGH INCREASED CILIARY BODY CONTRACTION OR LENS HYDRATION

DRUG REFERENCE

Acetazolamide 1,5,6
Alcohol 12
ASA 1,5,12
Betaxolol 12
Bromocriptine 4,6
Carbachol 12
Clofibrate 12
Corticosteroids 1,6,12
Diuretics e.g. chlorthalidone, 1,5,6,12
hydrochlorothiazide
Droperidol 1
Ethosuximide 12
Haloperidol 1
Hyaluronidase 1, 12
Ibuprofen 1,12
Isoniazid 5
Isosorbide dinitrate 12
Isotretinoin, etretinate 1, 12
Methacholine 12
Methazolamide 12
Methsuximide 12
Metronidazole 6
Neostigmine 12
Opioids e.g. codeine, morphine 1,12
Oral contraceptives
Penicillamine 1
Phenformin 5
Phenothiazines 7, 12 e.g. chlorpromazine
Phensuximide 12
Physostigmine 12
Pilocarpine 12
Prochlorperazine 1,5,7,12
Promethazine 1,5
Quinine 1
Spironolactone 1,5,12
Sulfonamides 1,5-7,10,12
Tetracyclines (rare) 1,5-7,12

Timolol 12
Trimeprazine 12

Note These lists are not all inclusive. Some drugs which have been reported to cause blurred vision, myopia or diplopia were omitted because they are rarely used in clinical practice.

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Key words drug side effects, blurred vision, diplopia, myopia.

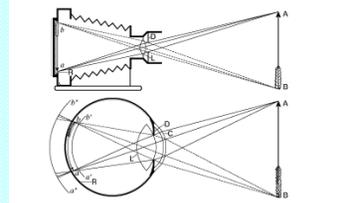
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Myopia: An example of how an uncertain medical theory leads to public ignorance, and industry capitalisation

by *Peter Pullicino*



(Diagram showing the similarity in optics of an eye and a camera)

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The years preceding and immediately following the Revolution saw the birth of two great myths with opposing themes and polarities: the myth of a nationalized medical profession, organized like the clergy, and invested, at the level of man's bodily health, with powers similar to those exercised by the clergy over men's souls; and the myth of a total disappearance of disease in an untroubled, dispassionate society restored to its original state of health. [\[1\]](#)

--- Michel Foucault, 1963, *The Birth of The Clinic: The Archaeology of Medical Perception.*

Thank you to Ellen Davis for proof-reading my final drafts. Thank you to the staff at the Sydney Eye Hospital Library, staff of the Canberra Hospital Library and the staff of the Library of Medical Sciences at the John Curtin Research School. Thanks to my lecturer Dr. Thomas Faunce (unit: "Health Law and Ethics") giving me a chance to write something which I've been yearning to write. Credit goes to Julian Henschke in helping me analyse my survey results and his long conversations with me on the subject. Thanks to Alex Eulenberg ("The Case for the Prevention of Myopia" [\[2\]](#) which he prepared for his undergrad in biology in 1996 under David Goss) who read drafts who was influential in starting me thinking about writing. Thanks to Thomas Quakenbush for the frontispiece graphic. Thanks also to the people who participated in my study.

Foreword by the Author

A foreword is necessary to explain why this essay came into being, and the motivations which surround its conception. Thousands of researchers publish papers each year without ever revealing why their paper was written, or whether the subject interested them, and if so, in which way. In contrast, I want to start by saying that I am suffer from myopia and that therefore the finding of a cure, or at least stopping a further progression of myopia, is a subject which is important to me.

I first was prescribed glasses when I came to Canberra from Melbourne. I was then 14 years old. The prescription was very weak. If I remember correctly it was something like RE $-0.25D$ LE $-0.5D$. [\[3\]](#) From then on my myopia got steadily worse and worse until two years ago and around three or four more prescriptions later I had RE $-1.75D$ LE $-2.25D$. At that stage it was becoming necessary to wear glasses for reading, but I resisted this instinctively. I also began to wear my glasses almost full time. The time came during my law exams in 1999 when I couldn't see the print of a book on my lap. I was on the verge of going to get my glasses re-ordered and I knew I was going to have to start reading with them.

I resisted as long as I could, and I am now grateful I did, because on the 4th of November I read something on the internet which was to change my life — a summary of Dr. Bates' [\[4\]](#) methods for improving eyesight. I stopped using my glasses, except for driving, and started palming [\[5\]](#) and sunning [\[6\]](#). I also started reading everything I could find on the method. Luckily after exams I went overseas for two months where I practiced the techniques occasionally, especially with an emphasis on taking walks and looking into the distance. I avoided most contact with computers and books, so I was only doing around two hours of near work a day (rather than seven or eight). When I returned from my stay abroad I went to visit my optometrist who prescribed RE -1.50 LE -2.00 , an improvement of a quarter of a diopter. I was very glad to have an improvement instead of having to get a stronger pair of glasses.

Three months on from my last test, full of encouragement, I am now getting flashes of clear vision at 20/40 [6/12] [\[7\]](#) (in semi-darkness) upto 20/20 [6/6] in bright sunlight. These last for very short periods of time, but the periods are getting longer and longer as I gain more control over the sensation. I can now control something in my eyes so that at will I can go from 20/100 [6/30] to 20/30, and the results are absolutely amazing for something who has had to live in a blur most of their life. My far point is also constantly being extended, so that now I can see acorns on the ground as I walk to my bus stop. When I first started Bates' method I used to use the 3rd row at movie theatres as a maximum, currently I can sit in the 15th or 20th row without discomfort.

Progress has been slow and tedious but the results have been worth my time and effort. I am now in the process of trying to understand more and more about my eyes, and how I was prevented from exploring natural therapies. In this particular essay I have tried to use mainstream journals (where possible) to back up my points, as quoting natural vision therapists would become a matter of "preaching to the converted". However I owe a great debt to those people who have paved the way for a more holistic analysis of this area of medicine.

Peter Pullicino, Canberra, May 2000

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[An Inadequate Theory](#)

[Von Helmholtz's Theory Inadequate](#)

It is a rule in all scientific endeavour that if a fact is not in concord with a hypothesis then then it is insufficient, and another hypothesis must be found which better suits the facts. Unfortunately this has not been the case when it comes to explaining how accommodation occurs. Accommodation is the process that occurs when an eye focuses on objects of different distances.

The first experiment on accommodation was performed by Von Helmholtz in 1856 using a candle and observing the images that were reflected back from the cornea, lens and retina. He thought he saw the image on the lens become smaller when accommodation occurred at the near-point and hence concluded that the lens must be changing its shape, and that it is the ciliary muscle which controls the process of accommodation. This hypothesis still serves ophthalmologists up to the present day. It has gained status as a time-honoured principle.

As sacred as it may be it must be overturned. For over a hundred years, ever since cataract surgery has been performed, there have been men and women who have been accommodating without the use of a lens (aphakia), or with a hard plastic lens (pseudophakia) ^[8]. Thousands of these operations are performed each year, and a significant amount of patients regain the power of accommodation, some just days after the operation. How the ciliary muscle is acting on an artificial or no lens at all (!) is unclear.

"Fuchs (who is quoted merely as familiar example of accepted teaching) says that mechanism of accommodation "depends upon the elasticity of the lens". If this is true then no lens, no accommodation. He also says "The aphakic eye, moreover, is destitute of accommodation. The eye is incapable of altering its refractive state". The last statement is of course, not universally true, as there are cases on record of aphakic eyes that could alter the refractive state. ^[9]

[The Theories of Myopiagenesis: All Found Insufficient](#)

The cause of myopia has troubled medical science since its alarming rise following the increase of civilisation. It is somehow poetic that the further humankind has separated itself from nature the less he is capable of appreciating it.

James Ware as early as 1812 claimed that amongst 10,000 British Guardsmen not a dozen had been rejected for military service for short-sight in the space of 20 years whereas in one college in Oxford 32 out of 127 students were found to be myopic.^[10]

Such statements litter ophthalmological journals up to this day. They are indeed worrying. The University of Singapore has 65% of its graduate population myopic.^[11] My study of Australian National University students (see Appendix A), confirmed that there are significant levels here also (29%).

There are four main theories to explain the cause of myopia. These are the genetic theory,^[12] nutritional theory,^[13] the close-work theory,^[14] and the strain theory.^[15] They are all inadequate in some respects. It is not inside the scope of this essay to refute the various theories, as they all have very influential and knowledgeable adherents, and there is ample source material to verify the nature of their weaknesses and strengths.^[16] The "nature v. nurture" debate rages in journals up to the present day.

A brief survey of ophthalmic literature suggests that the number of published articles on the topic of myopia development must be in the thousands.^[17]

The most convincing theories are hybrid theories between genetic/close-work, and close-work/strain. These are, however, impractical to study because they involve too many uncontrolled variables. The debate is reminiscent of the incessant discussions about the cause of cancer, fluoridation of water and the harmful effects of mobile phones, where every writer simply quotes her/his favourite study.

The most convincing reviews simply acknowledge that there is confusion in this area.^[18] It remains to be seen whether any theory will eventually win out, and it will probably be phrased in a hybrid form anyway.

[The Professionals](#)

[Traditional Forms of Treatment of Myopia](#)

The lack of an adequate and established theory has given rise to the two main forms of 'treating' myopia which are based on mechanical solutions to do with bending light before it reaches the internal eye. Because these treatments are only concerned with a mechanical solution, the eye is viewed as an mechanical focussing system rather than a muscular system. The result is effective temporary treatments, but with long term anomalies because of the imprecise technology. The third traditional way, but by far the most unpopular, is behavioural optometry, a science which has the reputation of being primarily interested in the eye problems of children ("lazy eye", "squint"). This third way is the more natural and holistic because it is based upon muscular rehabilitation and re-coordination.^[19]

[Glasses/Contacts](#)

Glasses and contacts are now standard to treat the symptoms of myopia and have a long history dating back to the mediaeval times. They have never been tested by any government body as a method for treating myopia. This is because they are very effective, relatively cheap, and have been socially accepted for centuries. The risks are never mentioned, and anecdotes prevail. Some of these are "the more you wear glasses the worse your sight gets", to the standard "give yourself a few days until you get used to them" delivered by optical dispensers.

It is plain that if the human body is forced to receive information through a medium it will adapt itself to this medium. Glasses can never be made perfectly in shape, size, and focussing power^[20] and the resulting degeneration is known to practicing optometrists as well as anecdotally. One optometrist wrote,

One of my clearest impressions in handling myopia cases is that almost all cases of stationary myopia consist of young people who refuse to wear their correction except for those occasions that make a positive demand for normal vision. Conversely, almost all cases of progressive myopia appear to be individuals who adhere most faithfully to

Myopia theory, ignorance, industry capitalisation

the principle that their corrections must be worn constantly. From a clinical point of view, the conclusion would seem inescapable that minus lenses are an important factor among the causes of progressive myopia.^[21]

And consider the following from another optometrist,

In 1914, when the state of Maryland secured its optometry law, a clause was inserted to the effect that optometrists could not prescribe minus lenses to children under 15 years of age "except on an order or advice from a physician." In 1938, Neville Schuller, vision specialist of Toronto, Canada, stated, "I would like to have a law established forbidding the prescribing of minus glasses without extenuating circumstances. O.D. Rasmussen, O.D., Kent England, stated in his book, "Myopia, in more than ninety-five percent of cases, begins between five and ten years of age. It increases largely because the myopic eye is given distance lenses for reading." C.P. Rakusen, O.D., Shanghai, China, said, "from my experience in this land of myopes (i.e. China) I have formed strong prejudices against the evil of weak minus prescriptions in all ages." Samuel Druker of Brooklyn, N.Y., in the *Optical Journal* of March 15, 1946, wrote, "The suspicion began to dawn on me slowly that among the causes of progressive myopia it might be necessary to list concave lenses themselves. From many articles that have appeared in the past on the subject of 'Optical Poison,' a familiar term a decade ago, many other optometrists appear to have the same idea."^[22]

It is more or less the rule in Australia that optometrists and vendors of glasses work side by side, often within the same office. The financial incentive to prescribe glasses is strong, even in the light of very strong anecdotal evidence that ultimately glasses may cause further myopic progression. The medical literature denies that full-correction harms the eyes and suggests that it may 'relax' them. There is no scientific evidence to uphold the claim that correction improves the eyes^[23] and there is plenty of evidence that it may actually harm them. It is common sense that placing a piece of glass between a patient and his/her world will affect the image on the retina and how the brain adapts to see this image,

A full correction for myopia, whether a minus lens in an eyeglass or a contact lens, causes near objects focus behind the retina. ^[24]

Corrective lenses, especially contacts, freeze our eyes into a fixed focus which is applied to every visual task - a focus determined by our worst-case visual need.^[25]

The wearing of spectacles confines the eyes to a state of rigid and unvarying structural immobility.^[26]

One cannot see through them unless one produces the degree of error they are designed to correct.^[27]

The profession "optometrist" exists because the procedure of prescription does not cater for any kind of examination of the real problems which would normally be relegated to proper medical practitioner. To a person on the street the face of "eye health" is the numerous optometrists who are scattered in malls and shopping centres. Consultations are usually fifteen minutes long, and patients are only given two options once diagnosed with an error: glasses or contacts. If glasses are not the fix-all that optometry would have us believe then some big structural changes have to be made to ensure that a more holistic approach is adopted.

Optometrists are mostly free to do as they like because they cannot harm a person's eyes in the same way as a surgeon can with a scalpel. One optometrist suggested that the problem with my eyes was a 'flattening of the cornea'. Another optometrist, with myself as his last patient for the day failed to give a subjective examination and relied solely on his autorefractoscope, the result being that he increased spherical diopters unnecessarily and missed the astigmatism in my left eye. Any slackening of the standard of care is very hard to pick up or prove. The mis-prescription of glasses, even negligently, is hardly actionable due to problems with causation. The eye will adapt itself to the medium it is looking through in a matter of a few hours, if not minutes. Thus is a person who needs a —2D prescription is mistakenly given a —3D prescription and told to "get used to it" then he/she will either reject the glasses^[28] or his/her eyes will come to suit —3D, more often the latter. Because of the cost of glasses, upwards of \$60, it is most probably the case that people put up with mistakes in prescription until their body adjusts. Sudden blindness never results, objects become sharper, and genetic theories are given to explain away the increasing myopia.^[29]

There are optometrists exist who are open-minded^[30] to lens-free approaches, which is a positive sign. Jacob Liberman thinks that, at least in the USA, "the profession now seems to be on the verge of a major shift as more and more practitioners are beginning to recognise the benefits of a holistic perspective." I would not be so jubilant at this stage.

Laser Surgery in the ACT

Most laser surgery clinics because of their profitability and the elective nature of the surgery offer a free consultation in order to draw clients. I went to a consultation at a branch of the Canberra Eye Hospital, the only clinic of its kind in my area. There are three doctors at this clinic, and they are not present during the initial consultation. I was seen by an orthoptician, an optometrist who specialises in the musculature of the eye. In the consultation room there was one large picture of an eye which was anatomically incorrect, the cornea and pupil occupying a much too large portion of the spherical surface. Furthermore the curvature was emphasised to an almost ridiculous degree. In the information brochure this is how describe the condition of myopia

The short-sighted cornea is too curved, i.e. too powerful a lens for the length of the eye. The laser reshapes the curve, flattening it centrally to reduce the focus power of the eye.^[32]

This is an incorrect statement, as any ophthalmological textbook on the subject will verify. Almost unilaterally axial elongation (often coupled with corneal steepening) is the physiological cause of the blurred image that falls on the retina.

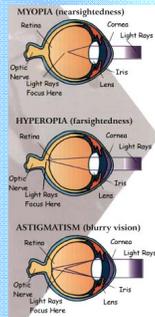
This stated by the standard textbook on correction in the field, Duke Elder's "Practice of Refraction",

In the great majority of cases, certainly in higher degrees, myopia is axial, that is due to an increase in the antero-posterior diameter of the eye... an increased curvature of the cornea not infrequently occurs, but it usually evident as an astigmatic not a spherical error ^[33]

Other studies^[34] have been more vehement,

... when myopia progresses with time, the progression is due to an increase in axial length not compensated by an increase in lens power We conclude that *all* myopia is axial in origin ^[35]

This practice of ignoring axial elongation also evident on websites of refractive surgeons in the USA ^[36] take for instance a picture from <http://www.lalask.com> (the website for a surgery in Los Angeles),



In a general sense, it is quite clear that the impression any reasonable person would come away with as to the condition of their eyes would be false. As the Australian High Court said in *Rogers v. Whitaker*, "the choice is, in reality, meaningless unless it is made on the basis of relevant information and advice."^[37]

Furthermore, on testing my vision with an autorefractoscope the orthoptician said my right eye was —2D and my left —3D, overshooting my error by around 1D in my left eye and 0.5D in my right. Hopefully once the patient has paid some money and had the follow up consultation these technical points would be considered more finely. It is interesting to note that —3D puts me in a more suitable group for laser correction, and thus more likely to consider going into the next level of consultation.

If misinformation or biased information is given at a preliminary stage in order to get a patient to pay for a more thorough examination (by which time most would be committed to going ahead) then even if the information is corrected at a later stage, we may be able to say that although the patient has been given correct information, he or she has been given two sets of information or impressions which a contradictory. This contradictory stance from the same clinic may well suffice for a civil action based on lack of true consent.

The consent form I was given thoroughly covers the common complaints of post-operative patients.^[38] Risks were disclosed at being well under 1%, although they were not named verbally, and I was referred to the consent form for the specific itemisation. The figure attached to risks was much higher than I expected, most laser surgery advertisements not venturing below 1/500 chance of complications. According to the Melbourne Excimer Laser group the procedure is "extremely safe."^[39]

Litigation becomes an option when complications surface this irreversible procedure and the patient realises that he was the "one" in "one-in-a-thousand", and that possibly the risks were too high, or that the statistics did not make sense at the time. That is a risk with all elective surgery which is portrayed as relatively risk-free. Hence we can expect to see more and more litigation in this field.

Myopia theory, ignorance, industry capitalisation

"I'm getting more calls from people looking for expert witnesses," said Ron Link, executive director of Surgical Eyes, a group that helps refractive surgery patients with problems.... Robert M. Portman, JD, legal counsel to ASCRS, said he does not know how many lawsuits have been filed regarding LASIK but that the is likely to rise with the procedure's increasing popularity. With media attention and "a lot of pretty aggressive claims" come higher expectations, he said.....^[40]

A ground for litigation may not only be disclosure of risk, but consent. As suggested above, the patient must be given appropriate understanding of the nature of his/her problem in order to consent to appropriate treatment.

A Behavioural Optometrist in the ACT

There are less behavioural optometrists in the ACT than there are laser surgeons. The title derives from a further study in a masters once the degree of optometry has been completed. Many behavioural optometrists practice standard optometry (in order to make a living), but are very valuable people because they take more time over their patients and are aware of more problems and how to correct them. Patients need to be motivated to undertake any course of muscular retraining and so this avenue is unpopular. As part of the research for this essay I went to see a behavioural optometrist and was delighted to hear her mention such words as convergence and dominance. The exercise sheet which she gave me (which was pre-printed) mentioned concepts such as "diplopia."^[41] It was a good feeling not to be patronised, but to have the accurate terms used. The use of terminology gives the patient scope to consult with the doctor and get interested in her/his problem. Her session lasted 45 minutes and was informative and constructive.

The Public

The Words Used in Connection With Myopia

The word used to describe myopia is "short-sightedness." It is one of those strange medical anomalies where the disease is actually given a positive meaning. The word covers up what actually has been lost, which is the ability to see in the distance. The sufferer has always had their shortsighted vision, so it doesn't make sense to call them "short-sighted." It's like someone who has a tumour growing out of their neck "big-necked." It is the language of incapacity and complacency. It really should be called "long-blindness," if the colloquialism is to be used. There is a strong case for always using the correct medical term in order to allow patients and potential sufferers access to information, if they choose to learn about their disease themselves. This is not my experience. "Myopia" has never been mentioned to me by anybody in the institutionalised eye-care profession.

The results of study also showed that 10% of myopic respondents identified their condition as "myopia". (See below)

Legal Treatment of Myopia in Australia

A very interesting decision is the Administrative Appeals Tribunal decision *Re: Leslie Theresa Smith*.^[42] Mrs. Smith was claiming her right to an invalid pension for blindness from the Department of Social Security. The issue here at stake was whether a high degree of myopia could classify as "permanent blindness" for the purposes of the act. It was previously resolved that one did not have to be totally blind in order to receive the pension.^[43]

Mrs. Smith had started off with glasses at age 19. At age 38 she had her right eyeball removed due to cancer. When she made her claim she said that her myopia in her left eye was so bad that she could not see faces, was scared to leave the house and often cut herself on crockery and glass. She said she could no longer drive a car. This was confirmed by family and friends.

An expert witness, Dr Hughes, an ophthalmologist, admitted that her vision was "terrible," and that without spectacles she was "as blind as a bat." While he admitted this the ophthalmologist gave evidence in favour of the Department of Social Security by mentioning her ability to read up close,

Her department within my surgery - her ability to move about without any observed difficulties as well as her ability (albeit with glasses) to read small print are all evidence that her condition makes her ineligible to qualify for the blind pension.

The doctor suggested that "blindness" should be tested with glasses on, as opposed to a person in their natural state.

Dr. Delaney, another expert, then gave evidence to the effect that Mrs. Smith's vision had decreased by 65% (corrected) or 85% (unaided).^[44] The AAT then considered what measurement should be used, corrected or uncorrected. They relied on the first ophthalmologist's evidence that with suitable glasses the applicant could read newspaper print and that she "moves around happily, bumps into nothing, pops into the room and out without any trouble." Mrs. Smith was therefore unable to claim the disability pension even though her myopia rendered her incapable for most kinds of work.

Speaking sociologically this decision highlights community attitudes towards spectacles and how myopia can affect someone's life without being recognised as a severe enough disability to receive a pension.

Scepticism About Natural Methods

The most famous book on vision improvement is Aldous Huxley's "The Art of Seeing" (London,Chatto And Windus, 1943) which was published in 1943. This was a time when the drive for more visual acuity was at a peak because of the need for fighter pilots and entry into various forms of military training. The largest and most useful (in my opinion) is Bates' system and this was the subject of Huxley's book. As public interest in natural methods increased the institutional journals were forced to respond. Some contributors were generally positive about finding a place for Bates' system in their existing practices.^[45]

A final word. At odd times I was induced by force of necessity to try some of Dr. Bates's work, and I must say that though the instances tried were few and the treatment short and casual, I was impressed with some potentialities of the method, not as a cure-all, but as an adjuvant to the correction of visual errors. The establishment of a research centre on this work at some university eye clinic... is I believe the only way to meet Mr.Huxley's dissertation.^[46]

Generally speaking these open-minded scientists were out numbered. In the next issue Pascal was reprimanded by W.H. Crisp in an article which was given three times more space. Crisp ends on a cautionary note by quoting Duke-Elder, possibly the most famous ophthalmologist of last century,

[Bates' method] may be dangerous in the hands of the impressionable who happen to suffer from glaucoma or detachment of the retina, and undoubtedly will be dangerous in the hands of the anxious parent of the myopic child... ^[47]

It is up to readers to judge for themselves what went on in the discussion which took place at the end of World War II. After the war journals regard the matter as settled in favour of the status quo. It seems that 1943 was a crucial time where natural methods could have been integrated into normal medical practice, but instead they were side-lined.^[48]

A prominent natural therapist, and one of the few recently published authors in this area, has highlighted that he does not see natural methods supplanting traditional forms of care and sees no reason why the medical profession should be so protectionist.

All of my students are, of course, advised to be under the care of an eye doctor when pathologies are present---in fact, it is a requirement.^[49]

As natural vision therapies involve no drugs or surgery their only great risk is the loss of a chance for a qualified doctor to diagnose a serious eye condition. Current optometrists have the facilities to diagnose glaucoma, whereas natural vision therapists may not have the equipment necessary. This simple fact cannot discredit their practice however.

In the light of my success with natural vision methods, and the accounts of various people around the world on newsgroups, I would strongly recommend that proper consideration be given to integrating natural techniques into the health system. One obvious problem is the cost and time that it will cost to monitor a patient's improvement and correct use of the methods. They also represent a threat to the wholesale prescription of glasses, an industry worth hundreds of billions of dollars.

My Study

As part of the research for this essay, in order to substantiate some claims made herein, I surveyed 68 students in the corrals at Chifley library on the 19th, 22nd, 23rd of April. Chifley is the central library on campus and houses most of the books for use in Humanities.

The form given to the library-users appears in the appendix. It was designed to elicit more that "yes/no" response from the sample group, but this gave rise to problems with interpretation of questions and also of unclassifiable answers. However some useful data emerged and I present it below,

Number of respondents over 30 years of age	11%
Percentage of group with refractive errors	57%
Readily identifiable as myopic from data provided	29%
	(Therefore 51% of all those with refractive error where identifiable as myopic)
Of those readily identifiable myopes how many described themselves using the term "myopic" or "myopia"	10%
Of group with refractive errors,	

Myopia theory, ignorance, industry capitalisation

Number of respondents who didn't/couldn't/wouldn't communicate their condition (eg. a typical response, "I can't see")	18%
Number of respondents with refractive error who put their error down to hereditary theories	33%
Number of respondents with refractive error who put their error down to near work	23%
Number of respondents with some knowledge of laser surgery (ie. know more about it than it just exists)	61%
Number of those respondents with knowledge of laser surgery who mentioned cost	59%
Number of those respondents with knowledge of laser surgery who mentioned risks or had an apprehension of risk	50%

The scope of the study was always limited by time and manpower, but in hindsight I wish I had managed to get a better questionnaire prepared. Also I would never have expected the range of responses - some people wrote more than the space provided for them, others just signified "no" or "yes." It is hard to get across the subjective element I feels when I look at some responses. For instance people tended to used the word "burn" when it came the laser surgery, and tended to identify the area of the eye being burnt off as the retina. Other showed good knowledge of their prescription but not their condition, or vice-versa. There is not scope, or experience on my part, to adequately explain these anomalies in the responses.

Conclusion

It is said that to become myopic has a potentially negative impact on self-esteem, career choice, and ocular health. However we have been unable to identify baseline studies which indicated whether myopes themselves feel they have a significantly impaired quality of life.^[50]

What a ludicrous statement. The researchers who wrote that should venture outside their offices every once in a while. Myopia disrupts eyesight in a massive chunk of the population, with disastrous effects on vision,

Myopia is really a disease of appalling incidence and damage, affecting in America 70 million and resulting in 12 million cataracts, 5 million detachments, macular degeneration, glaucoma etc...^[51]

The problem is severe but not critical for many sufferers because of a quick and easy means of approximate correction. Society is now so dependent on lenses, that it has given the industries which make the problem invisible the power to entrench themselves. It is unfortunate that the lucrative business of lenses and surgery is anti-thetical to any real treatment. Flintcroft in the British Journal of Ophthalmology supported this view in his commentary entitled "Ophthalmologists should consider the causes of myopia and not simple treat its consequences,"^[52]

Whilst is certain that refractive surgery will play a major role in the ophthalmological management of myopia in the future, ophthalmologists should also take up the challenge of preventing or curing myopia by addressing the cause and not simply treating the consequences

Not only must we call for some real scientific endeavour in this field, first to discover an accurate model of accommodation and secondly in the aetiology of the disease, but also for more information to be given to the public. It seems that either the medical profession must admit its uncertainty, or else transmit it in the form of ignorance. At the ground level people are being prevented from exploring other treatments because of an inherent lack of knowledge coupled with an assumption that the medical authorities have a viable scientific theory. They do not, and admission of this lack scientific consensus is essential for the patient to understand the basis of knowledge on which the treatment he/she is being given.

The majority of patients who receive treatment do not even know what their condition is called. The doctrine of informed consent and disclosure of material risks is a farce when the patient does not even know what is wrong with his or her eye. To understand what the treatment is going to do to one's body one must first understand what it aims to cure. This becomes fundamental when something as precious as eyesight is being discussed.

Natural solutions should be considered and should always be suggested where the patient has been undertaking some activity which could result in degeneration of the muscles (i.e., Extensive unbroken periods near-work etc...). Natural vision teachers should not be allowed to suffer the same discrimination that the chiropractic profession had to face for many years because of its threat to established medical practice. ^[53]

In conclusion, it is well to remember that in history many different things have been undisputed medical practice which to later generations seem obtuse and senseless (i.e., lobotomies, shock therapy, bloodletting etc...). There is no doubt that wholesale dispensation of glasses and laser surgery will one day take their place in that list. Nobody is content with the current state of affairs except the money-makers.

Footnotes

[1] Foucault M, *The birth of the clinic; an archaeology of medical perception*, translated by A.M Sheridan Smith, Routledge, UK, 1993, p.31

[2] <http://www.i-see.org/prevent_myopia.html>

[3] Prescriptions are measured in diopters. A diopter refers to the focussing power of the lense. A D0.25 D lense has its focus 4 metres to the rear, a D1D lense one metre back etc.

[4] Dr. William H. Bates of New York was an ophthalmologist and a musical composer who thought he had discovered the cure for myopia.

[5] The patient puts her/his hands on their face, tips of the finger on the forehead and palms over the eyes, but cupped so they are not touching the eyelids. The darkness is conducive to relaxation.

[6] The most popular form of this is the patient swinging his/her head in the general direction of the sun with her/his eyelids closed.

[7] A Snellen card measurement which most people are familiar with. 20/20 (feet), 6/6 (metres). X/Y = subjective distance/"normal" distance the letter at which it should be seen, so that 20/20 is seeing the 20 foot line at 20 feet, hence normal vision. This test is entirely arbitrary, and many people can see 20/15 (6/5) or even better.

[8] Nakazawa M, Ohtsuki O, "Apparent Accomodation in Pseudophakic Eyes after Implantation of Posterior Chamber Intraocular Lenses: Optical Analysis," *Investigative Ophthalmol & Vis Sci*, 25:1458 Dec 1984. Also see the references cited, which imply the phenomena is not a ÖfreakÖ event which is relatively unknown.

[9] Horton JJ, "Apparent Accommodation in the Aphakic Eye," *American Journal of Ophthalmology*, 12:489 1929.

[10] Duke-Elder, S. *System of Ophthalmology*, Henry Kimpton, UK, 1970, Vol 5, p.342

[11] Au Eong, Tay TH, Lim MK, "Education and Myopia in 110, 236 Young Singaporean Males," *Singapore Med J* 1993; 34: 489-92, quoted by Flitcroft D, 1998, *Br J Ophthalmol* 82: 210-211

[12] The most prominent recent study is Zadnik K, et al. "The effect of parental history of myopia on children's eye size" *Journal of the American Medical Association*, 1994, 271: 1323-7

[13] This view is not well represented in journals, Gardiner PA, "Dietary Treatment of Myopia in Children ," *The Lancet*, May 1958, 1151-1152.

[14] There are many professional studies with huge samples (e.g., The Singaporean study by Au Eong et al., *ibid*). Near work is one of the most popular theories with the most research, and it is not hard to come across articles which find close correlation between near work and myopia, e.g., Morgan et al. "Inuit Myopia: An Environmentally Induced ÖEpidemicÖ," *Canadian Med J*, 122:575-577 March 1975 ; Simensen B, Thorud LO, "Adult Onset Myopia and Occupation," *Acta Ophthalmologica* 72:469-471, 1994; Ong E, Ciuffreda K, "Nearwork-Induced Transient Myopia" (also discusses its transposition into clinical myopia), *Documenta Ophthalmologica*, 91:57-85, 1995.

[15] The main proponent of the strain theory is Bates (*ibid*).

[16] Eulenberg A, "The Case for the Preventability of Myopia," <http://www.i-see.org/prevent_myopia.html>. 1996.

[17] Sivak JG, "Clinical Experience in Halting Myopia," *Opt & Vis Sci* 86:826 1991

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[18] See Sivak, supra, and Goss DA, "Attempts to Reduce the Rate of Increase of Myopia in Young People- A critical literature review," *Am J of Opt & Physio Optics* 59:828-841, 1982

[19] The effects of the extrinsic muscles and their effect on the shape of the eye is a theory that has long been ignored. For instance *The Guinness Book of World Records 2000* p.154, has a picture of two people making their eyeballs protrude by a 2/5 inch. There have also been documented cases of people producing myopia and astigmatism at will.

[20] for instance they only go up in 0.25D levels.

[21] Drucker S, O.D. *Optical Journal-Review*, March 15, 1946 (quoted on Eulenberg's site <http://www.i-see.org/against_glasses.html>.)

[22] Raphaelson J, *Spectacle Hobby*, OD, 1961, (quoted by Eulenberg, ibid.)

[23] Acknowledged by the leading book on practical optometry, Sir Steward Duke-Elder's *Practice of Refraction*, Churchill Livingstone, UK, 1978, p. X

[24] Wissman D, Angle J, "Myopia and Corrective Lenses," *Soc Sci & Med*, 14A, 1980, p.474

[25] Liberman, J, *Take off your glasses and See*, Thornsons, USA, 1995, p.40

[26] Huxley, Aldous, *The Art of Seeing*, Creative Arts Book Co, USA, 1982

[27] Bates W.H., *The Cure of Imperfect Sight by Treatment Without Glasses*, Health Research , USA, 1978 (reprint of 1920 edition), p.82

[28] Through headaches etc.

[29] Again, my own personal experience and that of my friends and colleagues.

[30] There is at least one in my area.

[31] Website: <<http://www.canberraeyehospital.com.au>>

[32] "Information and Request for Excimer Surgery" brochure, given personally to the author at his free consultation.

[33] Duke Elder, S, *The Practice of Refraction*, Churchill Livingstone, UK (distrib USA, UK), 1978, p.44

[34] See also Adams JA, "Axial Elongation, Not Corneal Curvature, as a Basis for Adult Onset Myopia," *Am J Ophthalmol*, 64:150-152, 1987

[35] Grosvenor T, Scott R, "Three Year Changes in Refraction and Its Components in Youth Onset and Early Adult Onset Myopia," *Optom Vis Sci* 1993 Aug 70:8 677-83

[36] Axial elongation is also, apparently, ignored by some doctors involved in Corneal Moulding, another expensive therapy based on reshaping the cornea. See the advert which appeared on the, I-See newsgroup (www.egroups.com), transcribed and posted by Rob Barnett <rbarnett@wsp1.wspice.com> 25 February 1995. For more information on this therapy and its relation to laser surgery see the informative post by Jim H Day, Jr OD, FIOS <JimDayOD@aol.com> on 29 Oct 1995.

[37] *Rogers v. Whitaker* (1992) 175 CLR 479 F.C. 92/045 as per the majority.

[38] See <<http://www.surgicaleyes.com>> for biographical accounts from LASIK/PRK/RK patients. For the effect of consent forms on liability in Australia refer to Bronitt S, Faunce T, "Consent Forms D Forms Without Substance? A Case for Model Disclosure and Consent Forms," *Health Care Analysis*, 1996, Vol 4:4 342-352

[39] McCarthy et al, "Comparison of Results of Excimer Laser Correction of All Degrees of Myopia at 12 Months Postoperatively," *American Journal of Ophthalmology*, April 1996: 372-382

[40] Ellen D Wilson. "Lasik Lawsuits are Preventable, Experts Say." Submitted to author personally. To appear in the April edition of *EyeWorld Magazine* (published by the American Society of Cataract and Refractive Surgeons)

[41] A disorder of vision in which a single object appears double, "double vision."

[42] Administrative Appeals Tribunal, General Admin Division, *Re: Leslie Theresa Smith And: Secretary to the Department of Social Security No. N85/475 AAT No. 2626 (Social Security)*

[43] *Re Touhane and Director-General of Social Security (1984) 6 ALD 147 overturned Re: James Leach And: Director General of Social Security No. W82/46 Social Security Act* which defined 'Permanent blindness' as total and utter blindness.

[44] What these figures mean is beyond me. What exactly is being measured by this percentage? Snellen chart acuity? What are they being compared to?

[45] Also see Lancaster W.B., "Present Status of Eye Exercises for the Improvement of Visual Function" *Archives of Ophthalmology* 32:167 Sept 1944

[46] Pascal J.I., Letter to the *Am J of Ophthalmol*, 26:636, 1943

[47] Crisp W.H., Response to Pascal's letter in *Am J Ophthalmol*, 26:872, 1943

[48] A particularly vicious attack was levelled at Dr. Bates by disputing his medical qualifications and misstating his theory, see Patrick Trevor-Roper, "The Treatment of Myopia" , *British Medical Journal*, 287:1823, 1983.

[49] Thomas R. Quackenbush, author of *Relearning to See*, Natural Eyesight Improvement/Bates Method teacher since 1983, a personal email to me, published on the I-see newsgroup, 8 May 2000

[50] Rose K, Tullio A, "Myopia." Correspondence in the *Br J Ophthalmol*, 82:1220, 1998.

[51] Wissman D, Angle J, "Myopia and Corrective Lenses," *Soc Sci & Med*, 14A, 1980, p.479

[52] Flitcroft D.I., *Br J Ophthalmol*, 82:210-211 1998

[53] See The Complete Copy of Opinion and Order and Permanent Injunction Order in *Wilk, et al., V.AMA, et al.*, written by Federal District Judge Susan Getzendamer (1987), included in Wilk C., *Medicine, monopolies, and malice*, Avery Pub Group, USA, 1996. This book gives a good account of the antitrust litigation.

APPENDIX A

Response Form for Study on Attitudes to Refractive Error, issued by Peter Pullicino, Undergraduate LLB/BA.

NOTE: All responses are **confidential** and are part of personal research into my essay for "Health Law and Ethics" a unit run by Dr. Thomas Faunce. I must state that no university body is funding this study, and the research is not affiliated to the ANU; it is my own.

I. Age (circle) 1-10, 11-20, 20-29, 30+

II. Occupation: _____

III. Number of years you have spent in educational institutions (in any capacity): _____

1. Do you need prescription glasses/contacts? Y N Possibly

2. Do you wear prescription glasses/contacts? Y N

(if No to both then jump to question 13)

4. Do you know what strength your prescription glasses/contacts are?

Right Eye, _____ Left Eye _____
(if you don't know exactly maybe you would like to comment: _____)

5. How long have you worn prescription glasses/contacts? _____

6. How many hours a day do you wear them? _____

7. How many hours do you spend on average reading or in front of a computer? ____

8. Can you live your life without them? How hard would it be to get through your average day without them on this scale

No Problem // Easy // Not without difficulty // Hard // Impossible

9. If you have glasses or contacts, do you like to wear them (e.g., In a fashion sense, tinted lenses etc....)?

10. Why do you wear prescription glasses/contacts, for what condition?

11. Do you know/suspect what caused your need for your corrective lenses?

12. Have you considered the option of laser eye surgery (LASIK etc...)? What has prevented you from following up this option?

13. Do you know anything about laser eye surgery (for instance cost, what change it makes to your eye's anatomy etc...)?

if you know of any risks, list them according to gravity,

[Back to !\[\]\(09573ec3ef1c8293af707326876e8054_img.jpg\) home page...](#)

In the days before today's eyecare practitioners went to medical and optometry school, there were a number of brave doctors of optometry who stepped up and challenged the myth that glasses don't make myopia worse. Here are a few excerpts. --Alex

S. Drucker, O.D. *Optical Journal-Review*, March 15, 1946:

One of my clearest impressions in handling myopia cases is that almost all cases of stationary myopia consist of young people who refuse to wear their correction except for those occasions that make a positive demand for normal vision. Conversely, almost all cases of progressive myopia appear to be individuals who adhere most faithfully to the principle that their corrections must be worn constantly. From a clinical point of view, the conclusion would seem inescapable that minus lenses are an important factor among the causes of progressive myopia.

OPTICAL POISON

From *Spectacle Hobby* by Jacob Raphaelson, OD, 1961:

The bad effects of minus lenses on vision and health have been recognized by many optical men in earlier years, in this and other countries. There have been many voices raised against the promiscuous use of minus glasses at the beginning of th century, and a few feeble voices were heard up to the decade of 1950. In the decade of 1950, the fitting and wearing of minus glasses became the rule rather than the exception.

In the last century, in the land of the Tzars (Russia), minus glasses were sometimes used to evade military conscription. A few months before the appearance for army examination, the conscript went to an optical doctor and got a pair of strong minus glasses which he wore steadily until prior to the examination. He was then sure that he would be rejected on account of his vision. The minus glasses had weakened his eyes and made his distant vision very poor.

...

In 1914, when the state of Maryland secured its optometry law, a clause was inserted to the effect that optometrists could not prescribe minus lenses to children under 15 years of age "except on an order or advice from a physician." In 1938, Neville Schuller, vision specialist of Toronto, Canada, stated, "I would like to have a law established forbidding the prescribing of minus glasses without extenuating circumstances.

O.D. Rasmussen, O.D., Kent England, stated in his book, "Myopia, in more than ninety-five percent of cases, begins between five and ten years of age. It increases largely because the myopic eye is given distance lenses for reading."

C.P. Rakusen, O.D., Shanghai, China, said, "from my experience in this land of myopes (i.e. China) I have formed strong prejudices against the evil of weak minus prescriptions in all ages."

Samuel Druker of Brooklyn, N.Y., in the *Optical Journal* of March 15, 1946, wrote, "The suspicion began to dawn on me slowly that among the causes of progressive myopia it might be necessary to list concave lenses themselves. From many articles that have appeared in the past on the subject of 'Optical Poison,' a familiar term a decade ago, many other optometrists appear to have the same idea."

Joseph Kennebeck, OD (in *Why Eyeglasses are Harmful for Children and Young People*, 1969, pp. 53-54) tells how minus lenses turn functional myopia into structural myopia:

Dr. X said my patient allowed him to go over her eyes, and he reported that he found Miss Y should have minus .50 glasses, the same Rx I found but would not fit at the time, which I told Dr. X. He asked me why I would not prescribe it. I told him that Miss Y's dynamic skiametry findings were plus 2.00 [farsighted], and that I was giving her orthoptic treatment, etc.... He said with WEARING THE MINUS .50 FOR A WEEK OR TWO, THE DYNAMIC SKIAMETRY PLUS 2.00 FINDINGS WOULD BE GONE. What became of the plus 2.00 dynamic skiametry findings? Something had to take place, and change. I reasoned that this was eliminating the plus 2.00 skiametry findings, and creating a worse condition. To think that the wearing of minus .50 would do that, and it would, meaning the refractive media would have to become permanently 2 diopters more convex, and that the circular ciliary muscles would have to become stronger than they were--too strong.



Myopia: A Pernicious Bad Habit

by *Robin Parsons*

Last Revision: September 26, 2000

Myopia or shortsightedness may have been in existence for millions of years ever since the human eye as we know it today became part of the gene program which produces the entire human body. The basic optical anatomy of the eye comprises a focusing lens which can project images of objects in the visual field on to the retina. The lens has a large degree of accommodation which allows the image to fall in front of or behind the retina. This large range of accommodation allows the lens to cope with the change in size of the eyeball through natural growth and also to deal with objects at different distances from the eye. In the early years of development we learn to see at all distances, to focus accurately and to use the binocular vision afforded us by two forward facing eyes.

I do not accept that myopia is a disease or a complaint. It is merely a pernicious bad habit in the visual process, produced in the first instance by incorrect use of the eyes when reading print.

Medical Science has tried hard to identify the cause of myopia and has failed to do so. It naturally follows that attempts to prevent it and eliminate it have also been abortive. The problem is one that affects all vertical thinkers, the logical searchers for the truth. They dig a hole and when nothing is discovered they keep digging in the same hole. When a lateral thinker tackles the hole he tries for a while and then gives up. Then he goes off and digs another one!

Few inventions and discoveries are the result of logical thought. Logicians tread the same path every time with little success. Real innovations are accidents like penicillin. A cure for cancer may come about when a scientist is investigating the mating habits of the purple spotted tree frog in the Amazon jungle.

When Edward de Bono coined the term lateral thinking he might have had in mind Darwin and dare I mention his name, Dr W H Bates. Both men were well ahead of their time. It took the ideas of a nineteenth century naturalist to demolish the Garden of Eden; and an American physician to put forward new ideas on refractive errors of the human eye.

In spite of his abysmal anatomical ignorance, his unusual experiments and his wild claims of extravagant cures, Bates was right in one reasoned judgment: myopia is a self imposed condition due to incorrect use of the eyes and hence curable. I researched the problem for more than forty years, getting glimpses of

better vision which I knew were the result of variations in pupil size. Then I noticed something that Bates said. I must have read it many times without realising the significance of his seemingly casual aside. He said that the myopic eye never sees as well as the normal eye, even at the nearpoint whether or not correcting lenses are worn.

Like most myopes I could always see wonderfully well at reading distance, with or without glasses. Most traditional professional eye doctors claim that the eye is too long from front to back and the eye focuses the image of distant objects in front of the retina. They fit negative lenses to restore the image to its correct place and then assume that the eye is now normal, with a new starting point and a lens system which matches the eyeball.

When, as is almost universal the myopia becomes worse after a few years the traditionalists are rather cagey in their observations. An optician of mine said, "it tends to settle down" when I queried the decline in my vision. Does the eyeball become progressively longer? How many new starting points can the eye endure?

The extra ocular muscles are sometimes blamed for refractive errors; mysterious pressures within the eye are also suggested as the culprits. Mutant genes are said to be a possibility, and the old standby heredity has come in for a lot of stick.

I have a few ideas myself. How can I be sure that myopia has been in existence for millions of years? How could it be otherwise? Every person on the planet, if he has a flexible lens, whether normal sighted or not produces symptoms of myopia many times during the course of every day. Bates claimed he had seen it occur in so called normal eyes, ranging up to twenty dioptries of myopia. I see no reason to argue with this obvious phenomenon.

The individual who is permanently myopic cannot eliminate it until he knows how. Those with normal sight produce myopia for a fraction of a second and then return to their habitual central fixation and high speed shifting. Their activities are the result of the reflex control of the cerebellum, that part of the brain which stores and operates all learned physical actions. The golfer who persistently slices the ball is just as much a victim of his own cerebellum as is the individual with common refractive errors.

The problem where myopia is concerned is that few people seem to understand how accommodation of the eye takes place. Bates certainly had little knowledge of the subject. To his way of thinking the lens was not a factor in accommodation. Instead he adopted the long discredited hypothesis that the extra ocular muscles altered the shape of the eye. It would seem that Bates was trained in a different school from conventional medical men and with one accord his method was disregarded as quackery.

Then the charlatans in the shape of nature cure quacks saw an opportunity to make a fast buck. The gullible public were quick to rally round the new breed of conmen and the professional eyequacks were laughing all the way to the bank. They were assisted in their promotions by the obliging eye pupil which affects visual acuity by its effect on the depth of field of the lens of the eye. In bright light the pupil

contracts and tends to override several dioptres of myopia. When ambient light decreases the pupil dilates and the existing myopia lowers visual acuity considerably.

If a myope really wants to be aware of how bad his vision is without the aid of the smaller pupil, he should visit his ophthalmologist and have him put a few drops of atropine in his eyes. This happened to me recently when I had a test for glaucoma. Under the influence of atropine my pupils enlarged completely and without glasses my visual acuity was worse than I had ever known it before in my life.

Janet Goodrich, a well-known professional vision teacher was once obliged to leave Singapore after making claims of myopia cures. When challenged by the Singapore Eye Institute to substantiate her statements she found out that the doctors intended to see how her clients fared when atropine was used in their eyes. She realised that with pupils dilated her clients' visual acuity would be much reduced and declined the confrontation.

The Bates Method relies for its effect on the activity of the eye pupil. All the Bates drills, such as palming, blinking, flashing and the concentration of the mind on nearby objects in the imagination drills, encourage the contraction of the pupil. This contraction increases the depth of field of the lens and hence improves visual acuity. As it is temporary there is no permanent improvement in vision. Devout addicts of the Bates Method are mainly wishful thinkers and have only themselves to blame when their aspirations fail.

The professional eyequacks are not stupid enough to believe that they can improve myopia. What they can do is teach you how to temporarily control the pupil and affect the depth of field and visual acuity.

This is the worst scenario as portrayed by the NVI gurus. Myopia can be eliminated but not by practising a few exercises at odd times during the day. One has to attack myopia at source, enter the brain computer software and reprogram it in the cerebellum. The whole faulty visual syllabus has to be abandoned and replaced by a correct one.

The conventional experts bury themselves in laboratory experiments, mutilating baby chicks or wretched monkeys in an effort to produce some semblance of credible statistics capable of lasting a brief scrutiny by sceptical colleagues before consigning such meaningless rubbish to the trashcan.

If one requires reliable evidence regarding the prevalence of myopia it is only necessary to consult the obvious statistics which are undeniable. One out of five members of the civilised world develops permanent myopia; two out of five in Japan and China. What is most impressive is the fact that every single one of these individuals, in whatever part of the world he or she lives, develops symptoms of myopia in exactly the same way. In most cases it occurs during the early years of the learning process. There is no training required, no one needs to be shown how, no teacher to coach the method or any diploma to aim for. Unconsciously and insidiously the victim successfully acquires the establishment of long term myopia. It is as easy as falling off a log.

If it is that easy to develop, why is it so difficult to undevelop? The truth is that myopia is very easy to eliminate, always providing that elasticity remains in the lens of the eye. All that is required is to reprogram the brain computer software, the cerebellum.

This sounds like science fiction but is it really? From birth throughout life one programs and reprograms the cerebellum which controls every learned physical movement. Every time we learn a new skill it is not effective until it is installed in the cerebellum and is then used unconsciously. Every person on this planet relies on this part of the brain. Without it we should find it impossible to survive for a second without collapsing in a heap as helpless as a newborn baby kicking its limbs and howling pathetically for attention.

Vision is wholly dependent on the cerebellum. No one knows how long it takes the baby to see effectively, to focus the eyes and become part of its surroundings. We take it for granted that we can see and use our eyes to develop new skills, to become scholars, artisans, musicians, athletes or the thousands of different types of community members.

Whilst we are developing vision in early childhood we are unconsciously feeding the cerebellum with new skills. For millions of years the eye has been the foremost sense, for survival in a hostile environment. It evolved not once but at least forty or more than sixty times to produce independent prototypes. There are still about nine different types of eye in the animal kingdom; ours is the most successful in the human environment. Primitive men with less than perfect sight did not last long in an environment of sharp eyed hungry predators. There was never a surviving gene to find its way to succeeding generations. Natural selection is cruel but brutally efficient.

myopia [mì-o' pi-?], *noun* short-sightedness.

my'ope ([-op]) *noun* or
my'ops ([-ops]) a short-sighted person.

myopic ([-op']) *adjective* short-sighted (also figurative). *noun* a short-sighted person.
[Greek myops short-sighted, from myein to shut, and ops the eye]

The term myopia stems from the appearance of those individuals who screw up their eyes in an effort to see and has no reference to any other characteristic of the eye. Nowadays it is an accepted term for shortsightedness.

It has been pointed out many times by most writers on ophthalmology that although one fifth of the world suffer from established myopia, the vast majority, the four fifths of mankind go through life unscathed although they are subject to the same environmental conditions as their normal sighted brethren. Bates claimed the reason was that the minority strained and the majority did not. Some suggest that strain is caused in numerous ways, boredom, aggressive teachers, fear of failure or any one of the many distractions of the schoolroom. Bates said that relaxation was the obvious cure for myopia and

urged myopes to relax at every available opportunity by adopting various drills, both physical and mental. The results are hardly encouraging.

Lateral thinking is required in this instance. Relaxation does not necessarily improve myopia. Learning to see correctly does bring much relaxation. There is a subtle difference here. The most relaxed individuals on the planet are in churchyards and they do not see worth a damn.

I agree with Bates that strain accompanies myopia. People fail to improve their vision because they are vertical thinkers. They are conditioned to accept that myopia is a strain to see distant objects allowing them to see perfectly at the near point. The lateral thinker has realised that it is a failure to see perfectly at the nearpoint which is the CAUSE of ingrained myopia. Once this condition has been established it is not long before the myope discovers that his vision has become worse at distances beyond a few feet. At the near point he appears to see quite well and he loses interest in outdoor activities and prefers the company of books. It can be demonstrated that myopes cannot see perfectly at any point in the range of vision, whether wearing correcting lenses or not. They always focus the images of all objects in the visual field to some point in front of the retina.

With the development of the printing press the educational process really took off. The young were pressganged into schoolrooms and expected to learn or else. More and more facts were presented for consumption and time became the limiting factor for success in a developing world. To cope with the supply of information it became necessary for pupils to read faster and faster. Four fifths managed to do it the correct way; one fifth did not.

What is the difference between these two species, the myopic and the normal sighted when they both share exactly the same environment? Bates suggested that one strained to see whilst the other did not.

Few people pay much attention to their sight until they lose it. They take it for granted. I can remember the development of myopia when I was a child and today I can recall exactly how it happened. Basically it is simply a case of trying to see too much at the same time.

Let us examine the development of myopia. A lot of thinking people believe there are many different causes, some fairly tenable and others quite bizarre. I cannot accept any of these; they are far too difficult for a simple mind like mine to grasp. There are more than a billion myopes on the planet, scattered throughout the civilised world and without exception there is one cause. It has to be simple; otherwise how could it effect every nation on Earth, in exactly the same environment and conditions at roughly the same time, namely developing youth during the educational system? No one deliberately learns to be myopic; there are no courses to attend, no diplomas to aim for.

Some authorities claim that the eyeball elongates to produce myopia. There has been some experimental work on this hypothesis which has produced a few meaningless statistics which have as much relevance to myopia as one's size in shoes. It is said that measurements have been made which prove that myopes have more elongated eyeballs than the normal sighted. There may be some eyeballs which are a teeney-

weeey bit larger or smaller than others but they are equally distributed amongst the 6 billion members of the planet whatever their refractive state. How many millions have been measured anyway?

Then there is the old chestnut cited by Bates: that accommodation is controlled by the extra ocular muscles. If you believe that you will accept the fairies who live at the bottom of my garden.

I have already mentioned lateral thinking, the stuff of inventions and discoveries of all kinds. It is generally accepted that being short-sighted is a failure to see distant objects. I say it is nothing of the kind. It is the inability to see clearly and efficiently at the near point. Most myopes see well at reading distance, whether wearing glasses or not. **AT LEAST THEY THINK THEY DO.** I shall endeavour to show you the truth of my argument. I can assure you that unless you can understand me your chances of eliminating myopia are precisely nil. The vertical thinkers believe that they have to restore distant vision. Lateral thinkers know different; they have to learn to read correctly, with central fixation and ultra fast high speed shifting at the near point particularly when reading, the only way the eye has evolved to perform in conjunction with the brain computer and the cerebellum. As correct reading is established at the near point then clear distant vision returns as surely as night follows day.

To understand how and why myopia develops it is necessary to examine the way in which the eye signals information to the brain. The retina receives an image of the visual field but very little of it is processed in the brain to activate memory paths and the intelligence sector. Only a minute part of the retina, the fovea, is used for this purpose and it might be compared with the finger on the keyboard of a computer passing single units of intelligence to the software within. Our units of intelligence are nothing more than minute currents of electricity flowing in the brain as cell switches are turned on and off. As in manmade computers it is the combinations of these cell pathways, which we accept as intelligence.

Photons of light striking the cells in the retina activate them and cause them to pass tiny electric current flows to the brain. Without constant activity the retinal cells cease to pass information. A still picture on the retina is ineffective and after a second or so the eye becomes temporarily blind. The eye is in constant movement and the fovea shifts at high speed to send minute signals to the brain.

When a child first learns to read he starts with single letters. The eye traces out the shape of the letter sometimes with the aid of finger or a pointer. Each letter is recorded in the brain as a memory pathway. When this pathway is reactivated in the brain the individual recalls it as the letter so laboriously learned by continual shifting of the eye about the letter. As the letters of the alphabet are learned they are assembled to form words. To recall a memory of a word the shifting process has to be repeated in the brain letter by letter. This is a remarkably simple process but as they say, from acorns great oak trees grow. From the 26 letters of the alphabet just think of the wealth of literary knowledge which flows. And it all starts from that succession of little foveal shifts in the infant schoolroom.

We all forget the beginnings. As we progress in the educational system we read faster and faster. The foveal shifting continues at high speed up to about seventy shifts a second. At higher speeds there is a phenomenon known as persistence of vision. A flashing light which exceeds about seventy flashes a

second will be seen as a stationary light. Somewhere in the modus operandi the myope comes on stage. He tries to extend the information signalled by the fovea by including the area of the retina adjacent to the fovea. To do this he needs to slightly defocus the image so that it spreads from a sharp point of focus on the fovea to the retinal cells adjacent to it. This is achieved by a change in shape of the lens which becomes more convex. In this way the incoming image is sharply focused at a point in front of the retina and arrives at the retina out of focus. The detail of reading matter is large enough to be seen quite easily at the near point and as far as the myope is concerned he has gained an increase in reading speed. He now sees in blobs of print instead of a rapidly shifting series of minute foveal shifts, letter by letter.

The learner myope then discovers his problems at the distance where detail is so much smaller and needs the rapid foveal shifts to interpret it. His blob reading technique is now a handicap rather than an advantage. He still focuses incoming images in front of the retina. Why does he not focus the image on to the retina instead of in front of it?

It is not normally possible to voluntarily focus the lens of the eye. When one looks from point A to point B the eyes converge or diverge to direct attention to a desired spot in the field of view. This results in a change of the angle subtended by the optical axes of the eyes and it is this angle which is ganged to the focusing lens suspended in the ciliary muscle. We learn to judge distance this way as in a mechanical rangefinder. Every movement of the eyes automatically changes the focus whether we like it or not.

The problem now for the myope is this relationship between the angle subtended by the optical axes of the eyes and the focusing mechanism. When looking at distant objects the eyes are parallel. As has been said before you cannot voluntarily focus the eyes unless you move them to a state of convergence or divergence. The degree of focusing is ganged to the angle subtended by the optical axes of the eyes. If the eyes are parallel and the image is focused in front of the retina the only way the focusing can alter and project the image on to the retina is by means of diverging the eyes.

Over the course of time, the myope has developed the habit of looking at blobs of detail at all distances both near and far. His eyes are directed at the same spot in order to present a single picture to the brain. This image is slightly out of focus since the sharply defined one is registered in front of the retina. Wherever he looks there is no sharp image to interpret. At reading distance the position is exactly the same but the detail is large enough to distinguish reasonably well. Central fixation is reduced to a more or less degree and rapid shifting is also absent.

Divergence of the eyes is necessary to flatten the lens; convergence causes the lens to become more convex. When the eyes are directed to the same point of attention either movement of the eyes would immediately result in two different images being presented to the brain. Normally only one image, that of the dominant eye would be accepted. Therefore we always direct the eyes to the same point of attention in the visual field.

The myope has a dilemma wherever he looks but the serious problem becomes more apparent when he looks at a distant object. The optical axes of his eyes are parallel and any attempt to focus involves an

attempt to diverge the eyes. If successful not only would this produce a double image but in addition there would be the effort to develop a divergent squint. This will cause discomfort and pain which are the distressing symptoms experienced by all myopes when they try to perform this impossible contortion.

It follows that any conventional attempts to exercise the eyes in an effort to strengthen vision will be abortive. In addition the improvement in visual acuity produced by changes in pupil size has no effect on accommodation although those who experience such temporary effects do not understand the futility of their efforts. In spite of continual disappointments when permanent improvements in vision are not established they still persist in the same old routines prescribed by professional NVI teachers.

The fitting of negative lenses temporarily relieves the situation but almost at once the myope starts to re-establish the old accustomed habit of looking at blobs of detail. Rapid shifting of the normal sighted eye is absent through disuse. The old merry go round goes on and on. The unfortunate ones develop a very high degree of myopia which worsens until presbyopia hardens the lens and prevents further deterioration of the complaint.

The majority of myopes seem to cope adequately with negative lenses. Unconsciously they redevelop a degree of normal central fixation and shifting. Opticians are aware of the limitations of traditional treatment and will admit that myopia does not regress too much in all cases. Those that do are generally ignored as being incorrigible.

The only way to eliminate myopia is to reprogram the cerebellum, an almost impossible task for an adult who has developed myopia as a child and permanently worn glasses of increasingly powerful strength. It can be done but it needs a complete reversal of the myopic habit and the reinstallation of the correct habits of the normal eye. Every time one looks it needs to be done with central fixation accompanied by high speed shifting. How does one do this?

It is quite simple really but as Bates says, it can be exceedingly tedious in the early stages. One attends to the reading of print and practises central fixation on it, letter by letter. There will be little noticeable result for many years. Some will be more successful than others. There will be occasional flickering shifts as the eye builds up speed. Eventually it becomes possible to read with the eye shifting letter by letter. Perhaps after many years the process will become habitual. Few have the dedication to be successful.

Relearning how to read print with central fixation and rapid small scale shifting produces almost miraculous results but it can take a very long time. Once one becomes accustomed to the principle of looking at small areas in rapid succession there are little instances of success in the appearance of real vision. These will instil confidence and inspire further practice. Most convincing of all is the extraordinary relaxation which seems to involve every nerve in the body. As near vision improves so too will distance vision. Logically how could it do otherwise?

Aldous Huxley, in his book *The Art of Seeing* describes an incredibly simple little device which I found

indispensable in practising central fixation and high speed shifting when reading. It consists of a piece of black card about the size of a book page with a horizontal slot cut in the middle. The width of the slot is arbitrary; I find two or three lines about right. The card blots out much of the printed material and encourages attention to be directed to the print in the slot thus avoiding the tendency of the myope to stare.

As one progresses one becomes aware of a blackening of the print and a concentration on small areas of the print, individual letters or parts thereof. There is also a noticeable feeling of relaxation as previously mentioned.

Since the myope has been used to gobbling up whole chunks of printed material at high speed, to suggest that he slows down his reading to such an extent will hardly be easy, especially as he needs speed to cope with his job of earning a living. In time the new correct reading habit will replace the old one and reading speed with rapid shifting will gradually build up. As I emphasise, much practice is required. If it is any consolation it is the only way back to normality. There is no other way!

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Perfect Sight Without Glasses

William Horatio Bates (1860-1931) first published his treatise, *The Cure of Imperfect Sight by Treatment Without Glasses* (title page), also known as *Perfect Sight Without Glasses* (cover), in 1920.

In 1943, Dr. Bates's wife Emily Bates had an abridged version of the book published under the title *Better Eyesight Without Glasses*. That book, which is still in print (by Henry Holt), omitted many experimental details, most scholarly references, and all photographs. It also omitted references to the supposed safety of looking directly at the sun (an omission that is repeated in this electronic version).

In 1978, after the copyright on the original edition had expired, [Health Research Books](#) began to sell reprints, which are still available.

Except where noted, this electronic version contains the entire text of the original edition.

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*abridged

Credits

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THE FUNDAMENTAL PRINCIPLE

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best where you are looking; that you see other words, or other letters, just as well as or better than the one you are looking at? Do you observe also that the harder you try to see the worse you see?

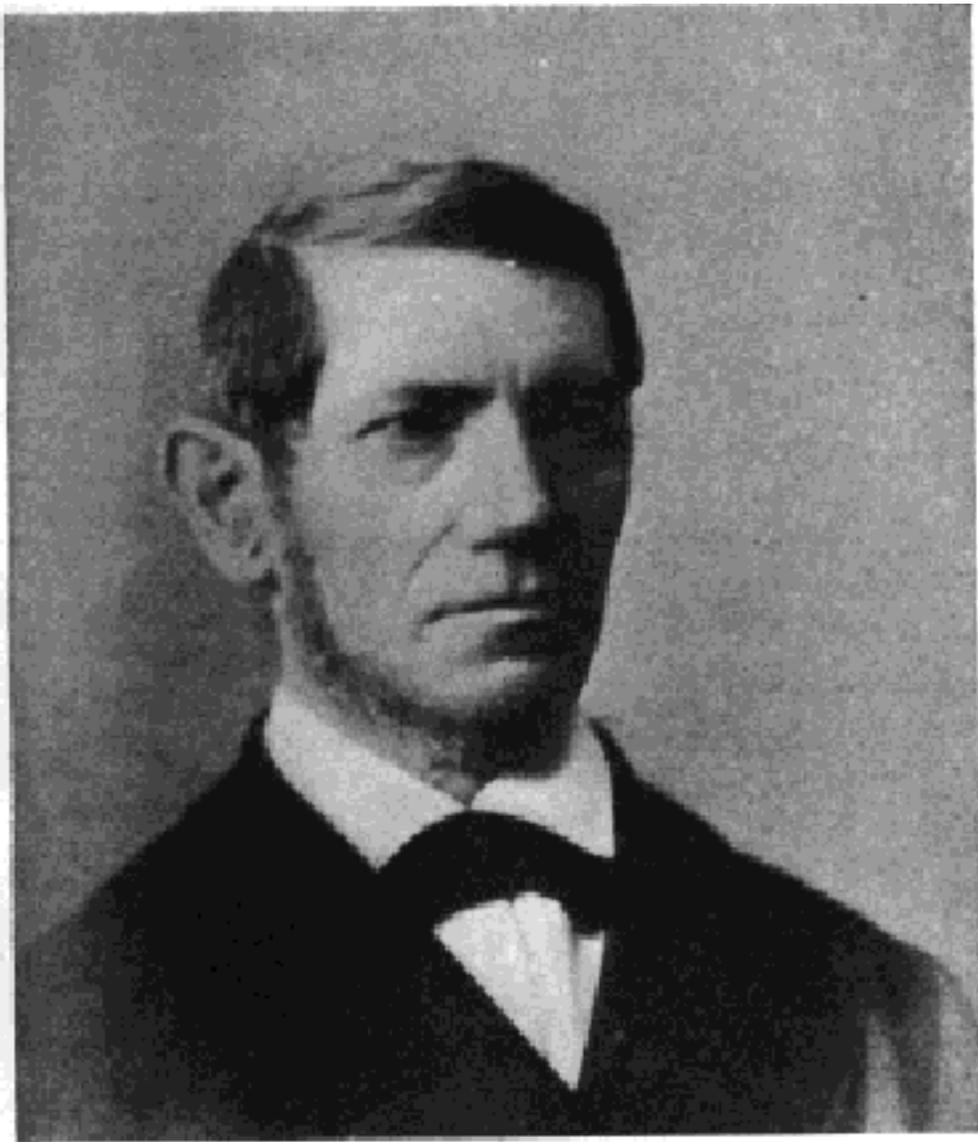
Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and look at the first word or letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely, you will have a flash of improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principle of the cure of imperfect sight by treatment without glasses.

If you fail, ask someone with perfect sight to help you.



FERDINAND VON ARLT

(1812-1887)

Distinguished Austrian ophthalmologist, Professor of Diseases of the Eye at Vienna who believed for a time that accommodation was produced by an elongation of the visual axis, but finally, accepted the conclusions of Cramer and Helmholtz.

The Cure of Imperfect Sight

by Treatment Without Glasses

By

W. H. BATES, M.D.

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By W. H. BATES, M.D.



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NEW YORK

On a tomb in the Church of Santa Maria Maggiore in Florence was found an inscription which read: "Here lies Salvino degli Armati, Inventor of Spectacles. May God pardon him his sins."

Nuova Enciclopedia Italiana, Sixth Edition.

TO THE MEMORY

OF THE
PIONEERS OF OPHTHALMOLOGY
THIS BOOK IS GRATEFULLY DEDICATED

PREFACE

This book aims to be a collection of facts and not of theories, and insofar as it is, I do not fear successful contradiction. When explanations have been offered it has been done with considerable trepidation, because I have never been able to formulate a theory that would withstand the test of the facts either in my possession at the time, or accumulated later. The same is true of the theories of every other man, for a theory is only a guess, and you cannot guess or imagine the truth. No one has ever satisfactorily answered the question, "Why ?" as most scientific men are well aware, and I did not feel that I could do better than others who had tried and failed. One cannot even draw conclusions safely from facts, because a conclusion is very much like a theory, and may be disproved or modified by facts accumulated later. In the science of ophthalmology, theories, often stated as facts, have served to obscure the truth and throttle investigation for more than a hundred years. The explanations of the phenomena of sight put forward by Young, von Graefe, Helmholtz and Donders have caused us to ignore or explain away a multitude of facts which otherwise would have led to the discovery of the truth about errors of refraction and the consequent prevention of an incalculable amount of human misery.

In presenting my experimental work to the public, I desire to acknowledge my indebtedness to Mrs. E. C. Lierman, whose co-operation during four years of arduous labor and prolonged failure made it possible to carry

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the work to a successful issue. I would be glad, further, to acknowledge my debt to others who aided me with suggestions, or more direct assistance, but am unable to do so, as they have requested me not to mention their names in this connection.

As there has been a considerable demand for the book from the laity, an effort has been made to present the subject in such a way as to be intelligible to persons unfamiliar with ophthalmology.

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THE CURE OF IMPERFECT SIGHT BY TREATMENT WITHOUT GLASSES

CHAPTER I

INTRODUCTORY

MOST writers on ophthalmology appear to believe that the last word about problems of refraction has been spoken, and from their viewpoint the last word is a very depressing one. Practically everyone in these days suffers from some form of refractive error. Yet we are told that for these ills, which are not only so inconvenient, but often so distressing and dangerous, there is not only no cure, and no palliatives save those optic crutches known as eyeglasses, but, under modern conditions of life, practically no prevention.

It is a well known fact that the human body is not a perfect mechanism. Nature, in the evolution of the human tenement, has been guilty of some maladjustments. She has left, for instance, some troublesome bits of scaffolding, like the vermiform appendix, behind. But nowhere is she supposed to have blundered so badly as in the construction of the eye. With one accord ophthalmologists tell us that the visual organ of man was never intended for the uses to which it is now put. Eons before there were any schools or printing presses, electric lights or moving pictures, its evolution was complete. In those days it served the needs of the human animal perfectly. Man was a hunter, a herdsman, a farmer, a fighter. He needed, we are told, mainly distant vision;

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and since the eye at rest is adjusted for distant vision, sight is supposed to have been ordinarily as passive as the perception of sound, requiring no muscular action whatever. Near vision, it is assumed, was the exception,

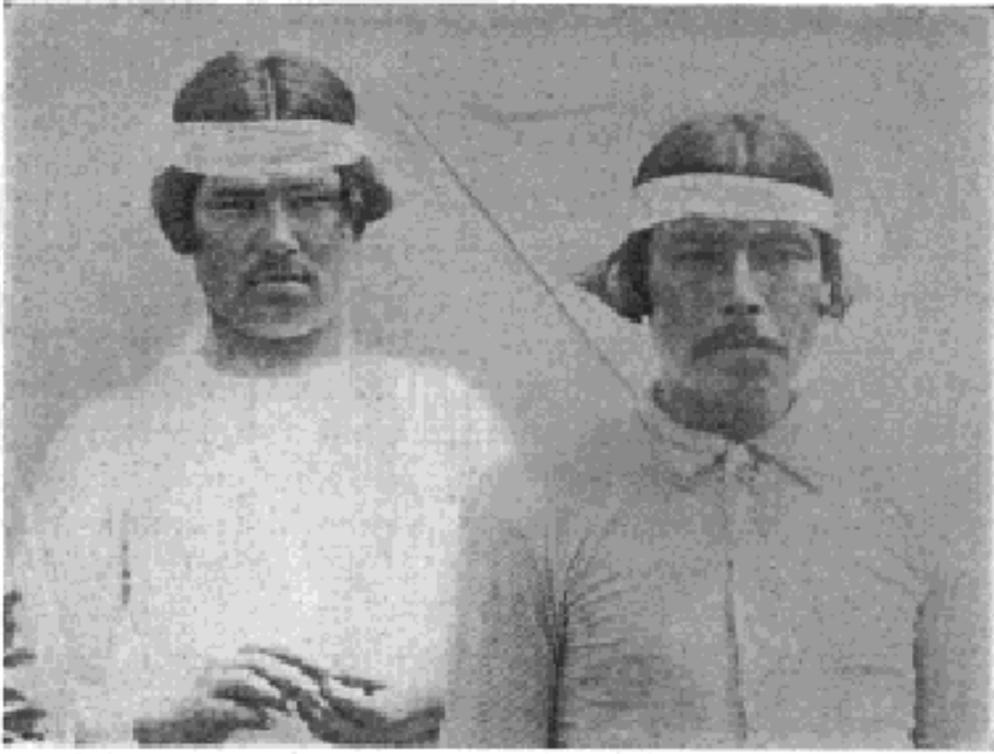


Fig. 1. Patagonians

The sight of this primitive pair and of the following groups of primitive people was tested at the World's Fair in St. Louis and found to be normal. The unaccustomed experience of having their pictures taken, however, has evidently so disturbed them that they were all, probably, myopic when they faced the camera. (see Chapter IX.)

necessitating a muscular adjustment of such short duration that it was accomplished without placing any appreciable burden upon the mechanism of accommodation. The fact that primitive woman was a seamstress, an embroiderer, a weaver, an artist in all sorts of fine and beautiful work, appears to have been generally forgotten. Yet

New Demands Upon the Eye 3

women living under primitive conditions have just as good eyesight as the men.

When man learned how to communicate his thoughts to others by means of written and printed forms, there came some undeniably new demands upon the eye, af-

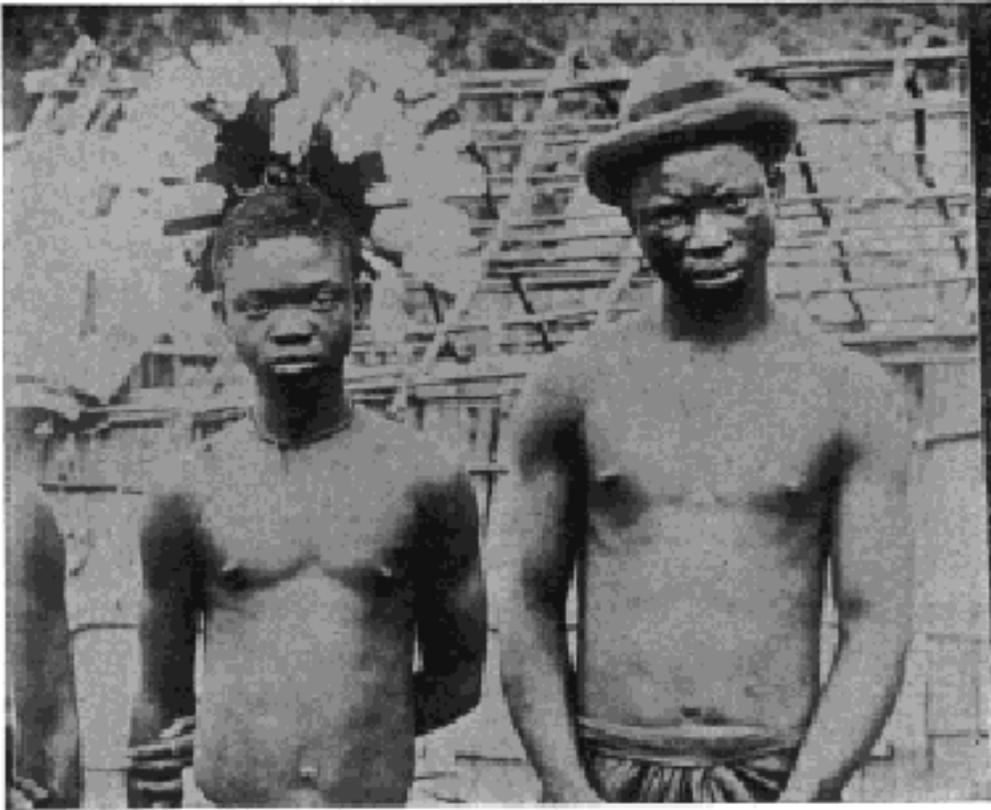


Fig. 2. African Pigmies

They had normal vision when tested, but their expressions show that they could not have had it when photographed.

fecting at first only a few people, but gradually including more and more, until now, in the more advanced countries, the great mass of the population is subjected to their influence. A few hundred years ago even princes were not taught to read and write. Now we compel everyone to go to school, whether he wishes to or not,

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even the babies being sent to kindergarten. A generation or so ago books were scarce and expensive. Today, by means of libraries of all sorts, stationary and traveling, they have been brought within the reach of practically everyone. The modern newspaper, with its endless columns of badly printed reading matter, was made possible only by the discovery of the art of manufacturing paper from wood, which is a-thing of yesterday. The tallow candle has been but lately displaced by the various forms of artificial lighting, which tempt most of us to prolong our vocations and avocations into hours when primitive man was forced to rest, and within the last couple of decades has come the moving picture to complete the supposedly destructive process.

Was it reasonable to expect that Nature should have provided for all these developments, and produced an

organ that could respond to the new demands? It is the accepted belief of ophthalmology to-day that she could not and did not,¹ and that, while the processes of civilization depend upon the sense of sight more than upon any other, the visual organ is but imperfectly fitted for its tasks.

There are a great number of facts which seem to justify this conclusion. While primitive man appears to have suffered little from defects of vision, it is safe to say that

¹ The unnatural strain of accommodating the eyes to close work (for which they were not intended) leads to myopia in a large proportion of growing children - Rosenau Preventive Medicine and Hygiene, third edition, 1917, p. 1093.

The compulsion of fate as well as an error of evolution has brought it about that the unaided eye must persistently struggle against the astonishing difficulties and errors inevitable in its structure function and circumstance - Gould The Cause, Nature and Consequences of Eyestrain, Pop Sci Monthly,

Dec., 1905.

With the invention of writing and then with the invention of the printing-press a new element was introduced, and one evidently not provided for by the process of evolution The human eye which had been evolved for distant vision is being forced to perform a new part, one for which it had not been evolved, and for which it is poorly adapted The difficulty is being daily augmented - Scott The Sacrifice of the Eyes of School Children, Pop

Sci Monthly, Oct., 1907

Military Visual Standards 5

of persons over twenty-one living under civilized conditions nine out of every ten have imperfect sight, and as the age increases the proportion increases, until at forty it is almost impossible to find a person free from visual defects. Voluminous statistics are available to prove these assertions, but the visual standards of the modern army ¹ are all the evidence that is required.

In Germany, Austria, France and Italy the- vision with glasses determines acceptance or rejection for military service, and in all these countries more than six diopters ² of myopia are allowed, although a person so handicapped cannot, without glasses, see anything clearly at more than six inches from his eyes. In the German Army a recruit for general service is required - or was required under the former government - to have a corrected vision of 6/12 in one eye. That is, he must be able to read with this eye at six metres the line normally read at twelve metres. In other words, he is considered fit for military service if the vision of one eye can be brought up to one-half normal with glasses. The vision in the other eye may be minimal, end in the Landsturm one eye may be blind. Incongruous as the eyeglass seems upon the soldier, military authorities upon the European continent have come to the conclusion that a man with 6/12 vision wearing glasses is more serviceable than a man with 6/24 vision (one-quarter normal)

without them.

In Great Britain it was formerly uncorrected vision that determined acceptance or rejection for military service. This was probably due to the fact that previous to the recent war the British Army was used chiefly for

1 Ford Details of Military Medical Administration published with the approval of the Surgeon General, U.S. Army, second revised edition, 1918, pp. 498-499.

2 A diopter is the focussing power necessary to bring parallel rays to a focus at one metre.

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foreign service, at such distances from its base that there might have been difficulty in providing glasses. The standard at the beginning of the war was 6/24 (uncorrected) for the better eye and 6/60 (uncorrected) for the



Fig. 3. Moros from the Philippines

With sight ordinarily normal all were probably myopic when photographed except the one at the upper left whose eyes are shut.

poorer, which was required to be the left. Later, owing to the difficulty of securing enough men with even this moderate degree of visual acuity, recruits were accepted whose vision in the right eye could be brought up to 6/12 by correction, provided the vision of one eye was 6/24 without correction.¹

¹ Tr. Ophth. Soc. U. Kingdom, vol. xxxviii, 1918, pp. 130-131.

Lowering of American Standards 7

Up to 1908 the United States required normal vision in recruits for its military service. In that year Bannister and Shaw made some experiments from which they concluded that a perfectly sharp image of the target was not necessary for good shooting, and that, therefore, a visual acuity of 20/40 (the equivalent in feet of 6/12 in metres), or even 20/70, in the aiming eye only, was sufficient to make an efficient soldier. This conclusion was not accepted without protest, but normal vision had become so rare that it probably seemed to those in authority that there was no use insisting upon it; and the visual standard for admission to the Army was accordingly lowered to 20/40 for the better eye and 20/100 for the poorer, while it was further provided that a recruit might be accepted when unable with the better eye to read all the letters on the 20/40 line, provided he could read some of the letters on the 20/30 line.¹

In the first enrollment of troops for the European war it is a matter of common knowledge that these very low standards were found to be too high and were interpreted with great liberality. Later they were lowered so that men might be "unconditionally accepted for general military service" with a vision of 20/100 in each eye without glasses, provided that the sight of one eye could be brought up to 20/40 with glasses, while for limited service 20/200 in each eye was sufficient, provided the vision of one eye might be brought up to 20/40 with glasses.² Yet 21.68 per cent of all rejections in the first draft, 13 per cent more than for any other single cause, were for

¹ Harvard Manual of Military Hygiene for the Military Services of the United States, published under the authority and with the approval of the Surgeon General, U. S. Army third revised edition, 1917, p. 195.

² Standards of Physical Examination for the Use of Local Boards, District Boards, and Medical Advisory Boards under the Selective Service Regulations, issued through the office of the Provost Marshal General, 1918.

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eye defects,¹ while under the revised standards these defects still constituted one of three leading causes of rejection. They were responsible for 10.65 per cent of the rejections, while defects of the bones and joints and of the heart and bloodvessels ran, respectively, about two and two and a half per cent higher.²

For more than a hundred years the medical profession has been seeking for some method of checking the ravages of civilization upon the human eye. The Germans, to whom the matter was one of vital military

importance, have spent millions of dollars in carrying out the suggestions of experts, but without avail; and it is now admitted by most students of the subject that the methods which were once confidently advocated as reliable safeguards for the eyesight of our children - have accomplished little or nothing. Some take a more cheerful view of the matter, but their conclusions are hardly borne out by the army standards just quoted.

For the prevailing method of treatment, by means of compensating lenses, very little was ever claimed except that these contrivances neutralized the effects of the various conditions for which they were prescribed, as a crutch enables a lame man to walk. It has also been believed that they sometimes checked the progress of these conditions; but every ophthalmologist now knows that their usefulness for this purpose, if any, is very limited. In the case of myopia ~~~~ (shortsight), Dr. Sidler-Huguenin of Zurich, in a striking paper recently pub

1 Report of the Provost Marshal General to the Secretary of War on the First Draft under the Selective Service Act, 1917.

2 Second Report of the Provost Marshal General to the Secretary of War on the Operations of the Selective Service System to December 20, 1918.

3 From the Greek *myein*, to close, and *ops*, the eye, literally a condition in which the subject closes the eye, or blinks.

Present Methods of Treatment Futile 9

lished,¹ expresses the opinion that glasses and all methods now at our command are "of but little avail" in preventing either the progress of the error of refraction, or the development of the very serious complications with which it is often associated.

These conclusions are based on the study of thousands of cases in Dr. Huguenin's private practice and in the clinic of the University of Zurich, and regarding one group of patients, persons connected with the local educational institutions, he states that the failure took place in spite of the fact that they followed his instructions for years "with the greatest energy and pertinacity," sometimes even changing their professions.

I have been studying the refraction of the human eye for more than thirty years, and my observations fully confirm the foregoing conclusions as to the uselessness of all the methods heretofore employed for the prevention and treatment of errors of refraction. I was very early led to suspect, however, that the problem was by no means an unsolvable one

Every ophthalmologist of any experience knows that the theory of the incurability of errors of refraction does not fit the observed facts. Not infrequently such cases recover spontaneously, or change from one form to another. It has long been the custom either to ignore these troublesome facts, or to explain them

away, and fortunately for those who consider it necessary to bolster up the old theories at all costs, the role attributed to the lens in accommodation offers, in the majority of cases, a plausible method of explanation. According to this

¹ Archiv f Augenh, vol. lxxix, 1915, translated in Arch. Ophth., vol. xlv, No. 6, Nov., 1916.

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theory, which most of us learned at school, the eye changes its focus for vision at different distances by altering the curvature of the lens; and in seeking for an explanation for the inconstancy of the theoretically constant error of refraction the theorists hit upon the very ingenious idea of attributing to the lens a capacity for changing its curvature, not only for the purpose of normal accommodation, but to cover up or to produce accommodative errors. In hypermetropia¹ - commonly but improperly called farsight, although the patient with such a defect can see clearly neither at the distance nor the nearpoint - the eyeball is too short from the front backward, and all rays of light, both the convergent ones coming from near objects, and the parallel ones coming from distant objects, are focussed behind the retina, instead of upon it. In myopia it is too long, and while the divergent rays from near objects come to a point upon the retina, the parallel ones from distant objects do not reach it. Both these conditions are supposed to be permanent, the one congenital, the other acquired. When, therefore, persons who at one time appear to have hypermetropia, or myopia, appear at other times not to have them, or to have them in lesser degrees, it is not permissible to suppose that there has been a change in the shape of the eyeball. Therefore, in the case of the disappearance or lessening of hypermetropia, we are asked to believe that the eye, in the act of vision, both at the near-point and at the distance, increases the curvature of the lens sufficiently to compensate, in whole or in part, for the flatness of the eyeball. In myopia, on the

¹ From the Greek *hyper*, over, *metrons*, measure, and *ops*, the eye.

An Ingenious Theory 11

contrary, we are told that the eye actually goes out of its way to produce the condition, or to make an existing condition worse. In other words, the so-called "ciliary

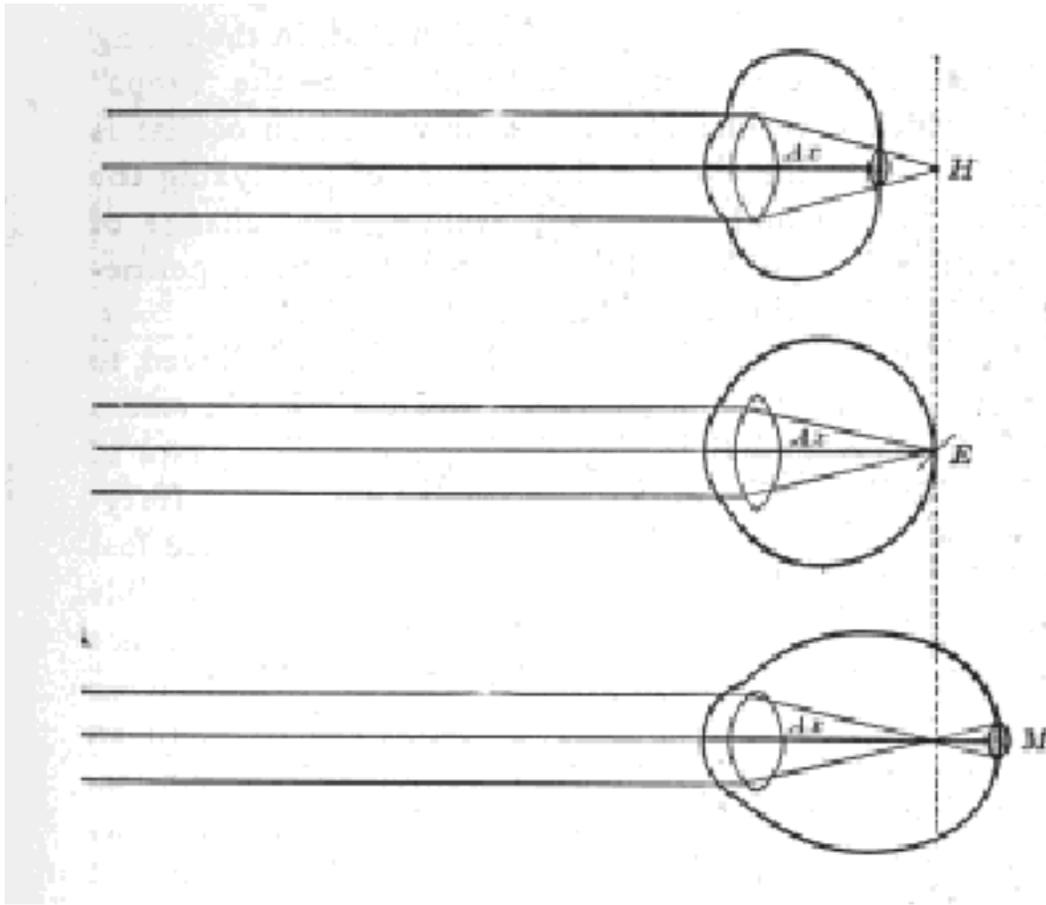


Fig. 4. Diagram of the Hypermetropic, Emmetropic and
Myopic Eyeballs

H, hypermetropia; E, emmetropia; M, myopia; Ax, optic axis. Note that in hypermetropia and myopia the rays, instead of coming to a focus, form a round spot upon the retina.

muscle," believed to control the shape of the lens, is credited with a capacity for getting into a more or less continuous state of contraction, thus keeping the lens continuously in a state of convexity which, according

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to the theory, it ought to assume only for vision at the nearpoint. These curious performances may seem unnatural to the lay mind; but ophthalmologists believe the tendency to indulge in them to be so ingrained in the constitution of the organ of vision that, in the fitting of glasses, it is customary to instill atropine - the "drops" with which everyone who has ever visited an oculist is familiar - into the eye, for the purpose of paralyzing the ciliary muscle and thus, by preventing any change of curvature in the lens, bringing out "latent hypermetropia" and getting rid of "apparent myopia."

The interference of the lens, however, is believed to account for only moderate degrees of variation in

errors of refraction, and that only during the earlier years of life. For the higher ones, or those that occur after fortyfive years of age, when the lens is supposed to have lost its elasticity to a greater or less degree, no plausible explanation has ever been devised. The disappearance of astigmatism,' or changes in its character, present an even more baffling problem. Due in most cases to an unsymmetrical change in the curvature of the cornea, and resulting in failure to bring the light rays to a focus at any point, the eye is supposed to possess only a limited power of overcoming this condition; and yet astigmatism comes and goes with as much facility as do other errors of refraction. It is well known, too, that it can be produced voluntarily. Some persons can produce as much as three diopters. I myself can produce one and a half.

Examining 30,000 pairs of eyes a year at the New York Eye and Ear Infirmary and other institutions, I observed

1 From the Greek *a*, without, and *stigma*, a point

Orthodox Explanations Fail 13

many cases in which errors of refraction either recovered spontaneously, or changed their form, and I was unable either to ignore them, or to satisfy myself with

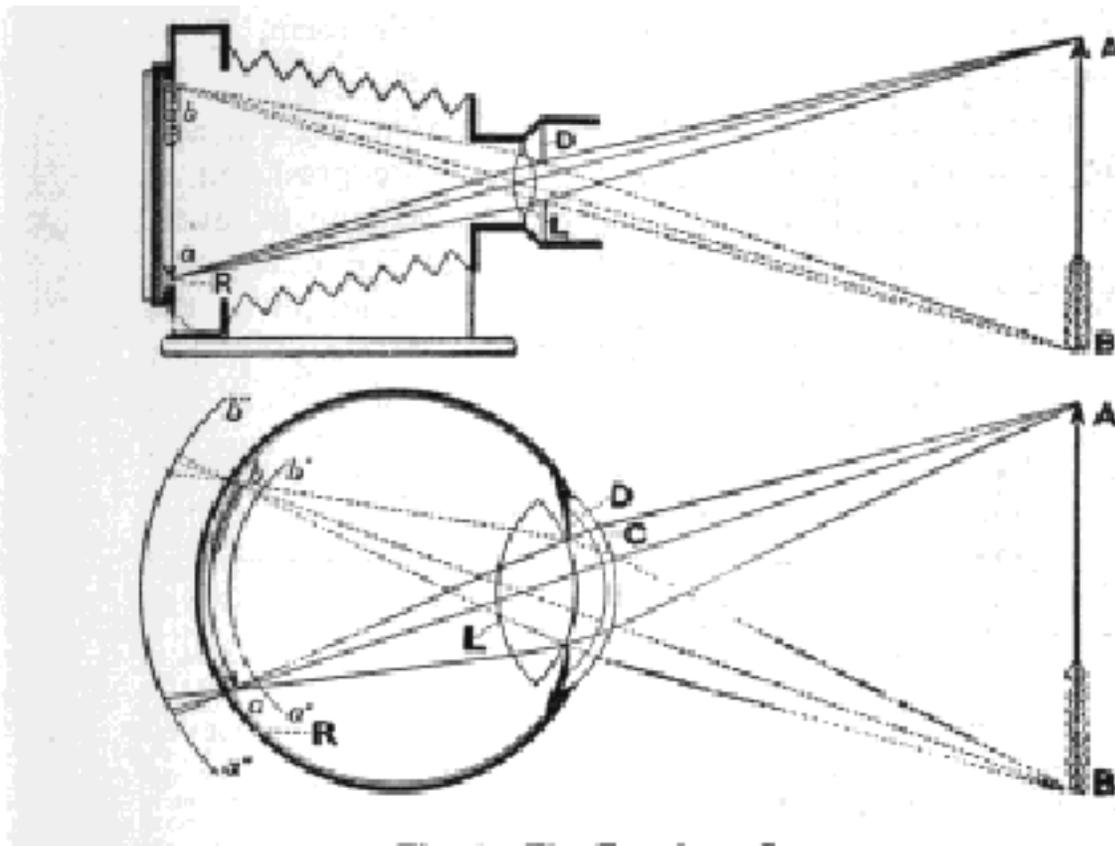


Fig. 5. The Eye As a Camera

The photographic apparatus: D, diaphragm made of circular overlapping plates of metal by means of

which the opening through which the rays of light enter the chamber can be enlarged or contracted- L, lens; R, sensitive plate (the retina of the eye); AB, object to be photographed; ab, image on the sensitive plate.

The eye: C, cornea where the rays of light undergo a first refraction; D, iris (the diaphragm of the camera); L, lens, where the light rays are again refracted; R, retina of the normal eye; AB, object of vision; ab, image in the normal or emmetropic eye- at b', image in the hypermetropic eye; a" b", image in the myopic eye. Note that in a' b' and a" b" the rays are spread out upon the retina instead of being brought to a focus as in ab, the result being the formation of a blurred image.

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the orthodox explanations, even where such explanations were available. It seemed to me that if a statement is a truth it must always be a truth. There can be no exceptions. If errors of refraction are incurable, they should not recover, or change their form, spontaneously.

In the course of time I discovered that myopia and hypermetropia, like astigmatism, could be produced at will; that myopia was not, as we have so long believed, associated with the use of the eyes at the near-point, but with a strain to see distant objects, strain at the near-point being associated with hypermetropia; that no error of refraction was ever a constant condition; and that the lower degrees of refractive error were curable, while higher degrees could be improved.

In seeking for light upon these problems I examined tens of thousands of eyes, and the more facts I accumulated the more difficult it became to reconcile them with the accepted views. Finally, about half a dozen years ago, I undertook a series of observations upon the eyes of human beings and the lower animals the results of which convinced both myself and others that the lens is not a factor in accommodation, and that the adjustment necessary for vision at different distances is affected in the eye, precisely as it is in the camera, by a change in the length of the organ, this alteration being brought about by the action of the muscles on the out

side of the globe. Equally convincing was the demonstration that errors of refraction, including presbyopia, are due, not to an organic change in the shape of the eyeball, or in the constitution of the lens, but to a functional and therefore curable derangement in the action of the extrinsic muscles.

The Compulsion of Facts 15

In making these statements I am well aware that I am controverting the practically undisputed teaching of ophthalmological science for the better part of a century;

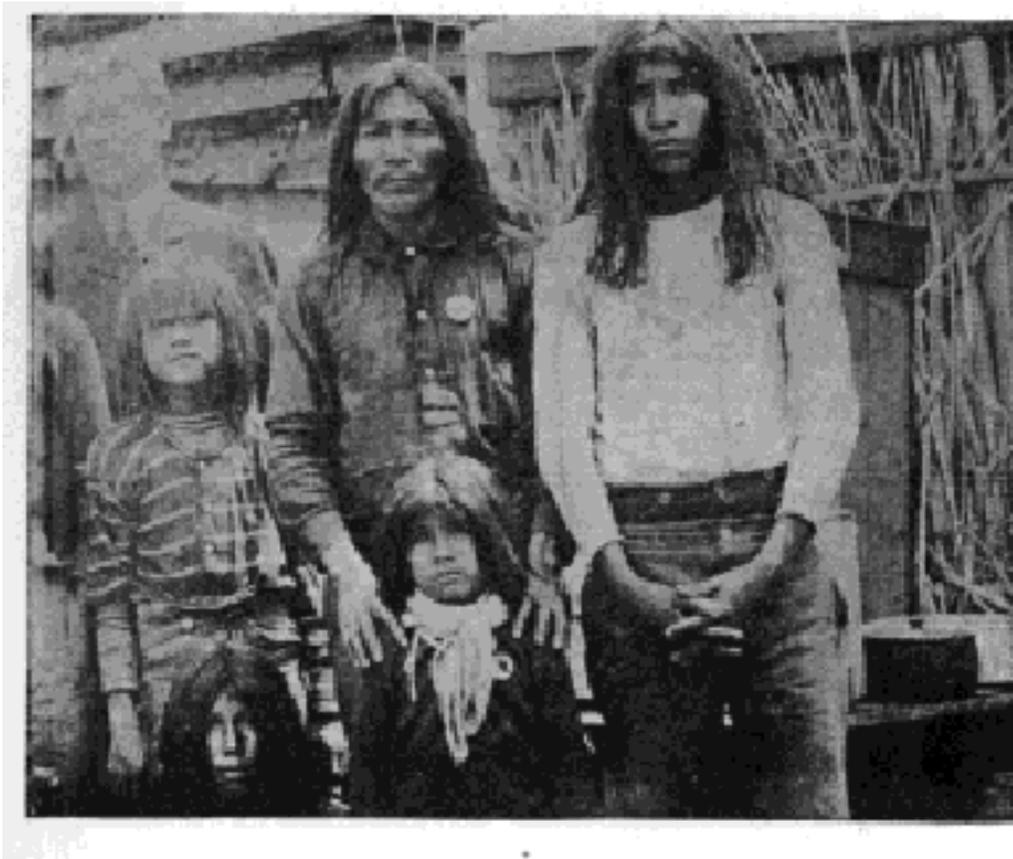


Fig. 6. Mexican Indians

With normal sight when tested all the members of this primitive group are now either squinting or staring.

but I have been driven to the conclusions which they embody by the facts, and that so slowly that I am now surprised at my own blindness. At the time I was improving high degrees of myopia; but I wanted to be conservative, and I differentiated between functional myopia,

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which I was able to cure, or improve, and organic myopia, which, in deference to the orthodox tradition, I accepted as incurable.



Fig. 7. Ainus, the Aboriginal Inhabitants of Japan

All show signs of temporary imperfect sight.

CHAPTER II

SIMULTANEOUS RETINOSCOPY

MUCH of my information about the eyes has been obtained by means of simultaneous retinoscopy.

The retinoscope is an instrument used to measure the refraction of the eye. It throws a beam of light into the pupil by reflection from a mirror,; the light being either outside the instrument - above and behind the subject - or arranged within it by means of an electric battery. On looking through the sight-hole one sees a larger or smaller part of the pupil filled with light, which in normal human eyes is a reddish yellow, because this is the color of the retina, but which is green in a cat's eye, and might be white if the retina were diseased. Unless the eye is exactly focussed at the point from which it is being observed, one sees also a dark shadow at the edge of the pupil, and it is the behavior of this shadow when the mirror is moved in various directions which reveals the refractive condition of the eye. If the instrument is used at a distance of six feet or more, and the shadow moves in a direction opposite to the movement of the mirror, the eye is myopic. If it moves in the same direction as the mirror, the eye is either hypermetropic or normal; but in the case of hypermetropia the movement is more pronounced than in that of normality, and an expert can usually tell the difference between the two states merely by the nature of the move-

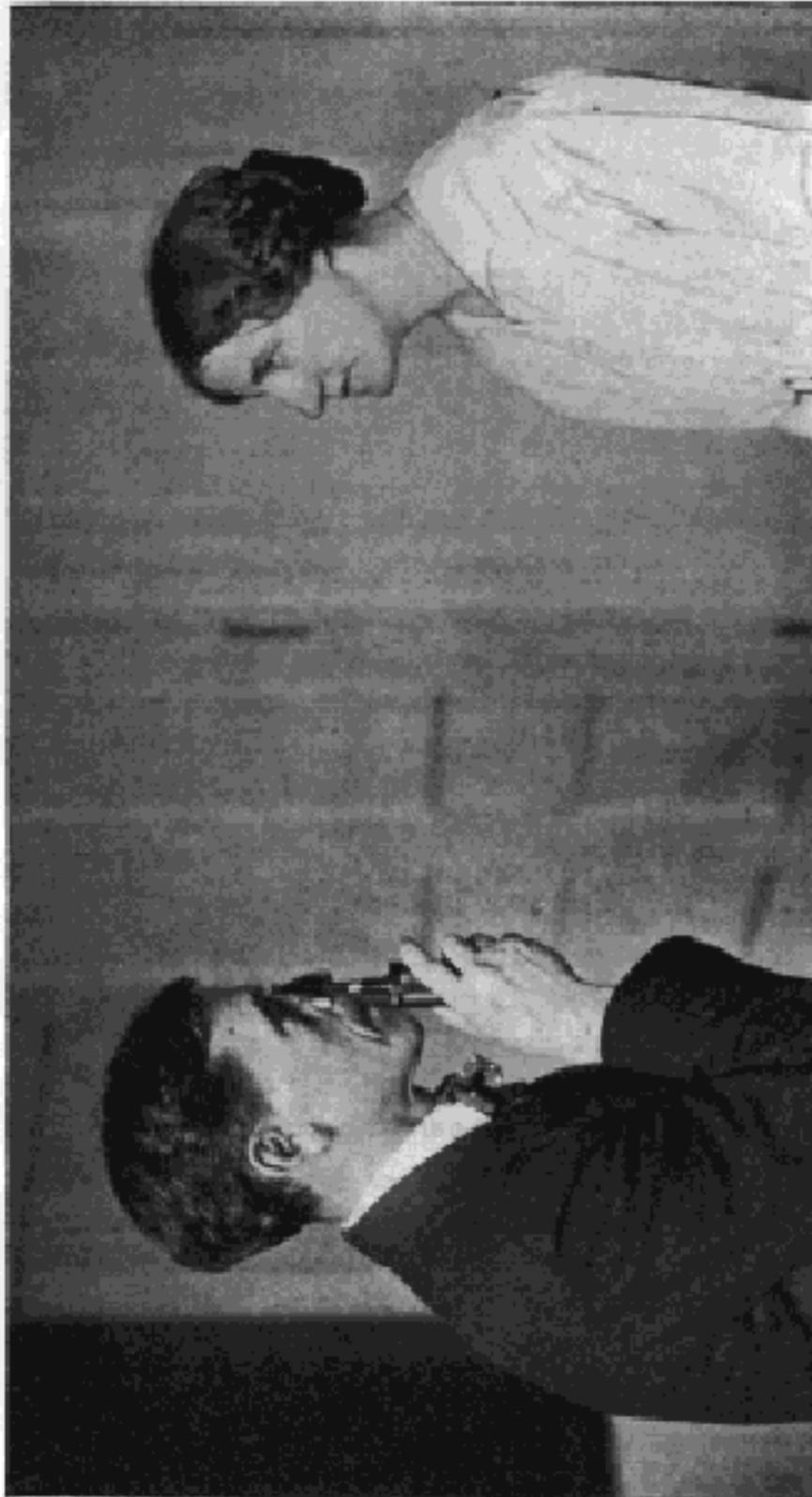


Fig. 8. The Usual Method of Using the Retinoscope

The observer is so near the subject that the latter is made nervous, and this changes the refraction.

Possibilities of Retinoscopy 19

ment. In astigmatism the movement is different in different meridians. To determine the degree of the error, or to distinguish accurately between hypermetropia and normality, or between the different kinds of astigmatism, it is usually necessary to place a glass before the eye of the subject. If the mirror is concave instead of plane, the movements described will be reversed; but the plane mirror is the one most commonly used.

This exceedingly useful instrument has possibilities which have not been generally realized by the medical profession. Most ophthalmologists depend upon the Snellen' test card, supplemented by trial lenses, to determine whether the vision is normal or not, and to determine the degree of any abnormality that may exist. This is a slow, awkward and unreliable method of testing the vision, and absolutely unavailable for the study of the refraction of the lower animals, of infants, and of adult human beings under the conditions of life.

The test card and trial lenses can be used only under certain favorable conditions, but the retinoscope can be used anywhere. It is a little easier to use it in a dim light than in a bright one, but it may be used in any light, even with the strong light of the sun shining directly into the eye. It may also be used under many other unfavorable conditions.

It takes a considerable time, varying from minutes to hours, to measure the refraction with the Snellen test card and trial lenses. With the retinoscope, however, it can be determined in a fraction of a second. By the

1 Herman Snellen (1835-1908). Celebrated Dutch ophthalmologist, professor of ophthalmology in the University of Utrecht and director of the Netherlandic Eye Hospital. The present standards of visual acuity were proposed by him, and his test types became the model for those now in use.

20 Simultaneous Retinoscopy

former method it would be impossible, for instance, to get any information about the refraction of a baseball player at the moment he swings for the ball, at the moment he strikes it, and at the moment after he strikes it. But with the retinoscope it is quite easy to determine whether his vision is normal, or whether he is myopic, hypermetropic, or astigmatic, when he does these things; and if any errors of refraction are noted, one can guess their degree pretty accurately by the rapidity of the movement of the shadow.

With the Snellen test card and trial lenses conclusions must be drawn from the patient's statements as to what he sees; but the patient often becomes so worried and confused during the examination that he does not know what he sees, or whether different glasses make his sight better or worse; and, moreover, visual acuity is not reliable evidence of the state of the refraction. One patient with two diopters of myopia may see twice as much as another with the same error of refraction. The evidence of the test card is, in fact,

entirely subjective; that of the retinoscope is entirely objective, depending in no way upon the statements of the patient.

In short, while the testing of the refraction by means of the Snellen test card and trial lenses requires considerable time, and can be done only under certain artificial conditions, with results that are not always reliable, the retinoscope can be used under all sorts of normal and abnormal conditions on the eyes both of human beings and the lower animals; and the results, when it is used properly, can always be depended upon. This means that it must not be brought nearer to the eye than six feet; otherwise the subject will be made nervous, the refraction, for reasons which will be ex-

Retinoscope Reveals New Facts 21

plained later, will be changed, and no reliable observations will be possible. In the case of animals it is often necessary to use it at a much greater distance.

For thirty years I have been using the retinoscope to study the refraction of the eye. With it I have examined the eyes of tens of thousands of school children, hundreds of infants and thousands of animals, including cats, dogs, rabbits, horses, cows, birds, turtles, reptiles and fish. I have used it when the subjects were at rest and when they were in motion - also when I myself was in motion; when they were asleep and when they were awake or even under ether and chloroform. I have used it in the daytime and at night, when the subjects were comfortable and when they were excited; when they were trying to see and when they were not; when they were lying and when they were telling the truth; when the eyelids were partly closed, shutting off part of the area of the pupil, when the pupil was dilated, and also when it was contracted to a pin-point; when the eye was oscillating from side to side, from above downward and in other directions. In this way I discovered many facts which had not previously been known, and which I was quite unable to reconcile with the orthodox teachings on the subject. This led me to undertake the series of experiments already alluded to. The results were in entire harmony with my previous observations, and left me no choice but to reject the entire body of orthodox teaching about accommodation and errors of refraction. But before describing these experiments I must crave the readers patience while I present a resume of the evidence upon which the accepted views of accommodation are based. This evidence, it seems to me, is as

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strong an argument as any I could offer against the doctrine that the lens is the agent of accommodation, while an understanding of the subject is necessary to an understanding of my experiments.

CHAPTER III

EVIDENCE FOR THE ACCEPTED THEORY OF
ACCOMMODATION

THE power of the eye to change its focus for vision at different distances has puzzled the scientific mind ever since Kepler¹ tried to explain it by supposing a change in the position of the crystalline lens. Later on every imaginable hypothesis was advanced to account for it. The idea of Kepler had many supporters. So also had the idea that the change of focus was effected by a lengthening of the eyeball. Some believed that the contractive power of the pupil was sufficient to account for the phenomenon, until the fact was established, by the operation for the removal of the iris, that the eye accommodated perfectly without this part of the visual mechanism. Some, dissatisfied with all these theories, discarded them all, and boldly asserted that no change of focus took place,² a view which was conclusively disproven when the invention of the ophthalmoscope made it possible to see the interior of the eye.

The idea that the change of focus might be brought about by a change in the form of the lens appears to have been first advanced, according to Landolt,³ by the

1 Johannes Kepler (1571-1630). German theologian, astronomer and physicist. Many facts of physiological optics were either discovered, or first clearly stated, by him.

2 Donders: *On the Anomalies of Accommodation and Refraction of the Eye*. English translation by Moore, 1864, p. 10. Frans Cornelis Donders (1818-1889) was professor of physiology and ophthalmology at the University of Utrecht, and is ranked as one of the greatest ophthalmologists of all time.

3 Edmund Landolt (1846-) Swiss ophthalmologist who settled in Paris in 1874, founding an eye clinic which has attracted many students.

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24 Accepted Theory of Accommodation

Jesuit, Scheiner (1619). Later it was put forward by Descartes (1637). But the first definite evidence in support of the theory was presented by Dr. Thomas Young in a paper read before the Royal Society in 1800.¹ "He adduced reasons," says Donders, "which, properly under

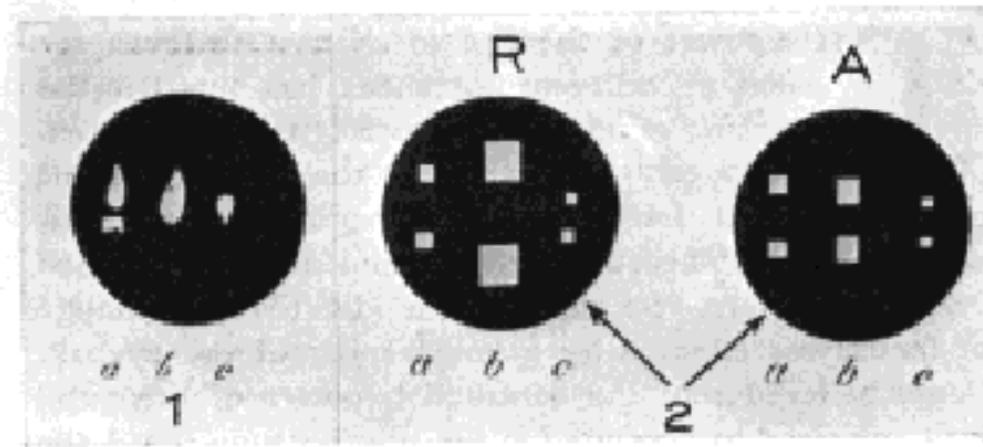


Fig. 9. Diagrams of the Images of Purkinje

No. 1. - Images of a candle: a, on the cornea; b, on the front of the lens- c, on the back of the lens.

No. 2. - Images of lights shining through rectangular openings in a screen while the eye is at rest (R) and during accommodation (A): a, on the cornea; b, on the front of the lens; c, on the back of the lens (after Helmholtz).

Note that in No. 2, A, the central images are smaller and have approached each other, a change which, if it actually took place would indicate an increase of curvature in the front of the lens during accommodation.

stood, should be taken as positive proofs."² At the time, however, they attracted little attention.

About half a century later it occurred to Maximilian Langenbeck³ to seek light on the problem by the aid of

¹ On the Mechanism of the Eye, Phil. Tr. Roy. Soc., London, 1801.

² On the Anomalies of Accommodation and Refraction of the Eye, pp. 10-11.

³ Maximilian Adolf Langenbeck (1518-1877). Professor of anatomy, surgery and ophthalmology at Gottingen, from 1846 to 1851. Later settled in Hanover.

Studies of the Images of Purkinje 25

what are known as the images of Purkinje.¹ If a small bright light, usually a candle, is held in front of and a little to one side of the eye, three images are seen: one bright and upright; another large, but less bright, and also upright; and a third small, bright and inverted. The first comes from the cornea, the transparent covering of the iris and pupil, and the other two from the lens, the upright one from the front and the

inverted one from the back. The corneal reflection was known to the ancients, although its origin was not discovered till later; but the two reflections from the lens were first observed in 1823 by Purkinje; whence the trio of images is now associated with his name. Langenbeck examined these images with the naked eye, and reached the conclusion that during accommodation the middle one became smaller than when the eye was at rest. And since an image reflected from a convex surface is diminished in proportion to the convexity of that surface, he concluded that the front of the lens became more convex when the eye adjusted itself for near vision. Donders repeated the experiments of Langenbeck, but was unable to make any satisfactory observations. He predicted, however, that if the images were examined with a magnifier they would "show with certainty" whether the form of the lens changed during accommodation. Cramer,² acting on this suggestion, examined the images as magnified from ten to twenty times, and thus convinced himself that the one reflected from the front of the lens became considerably smaller during accommodation.

1 Johannes Evangelista von Purkinje (1787-1869). Professor of physiology at Breslau and Prague, and the discoverer of many important physiological facts.

2 Antonie C. Cramer (1822-1855). Dutch ophthalmologist.

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Subsequently Helmholtz, working independently, made a similar observation, but by a somewhat different method. Like Donders, he found the image obtained by the ordinary methods on the front of the lens very unsatisfactory, and in his "Handbook of Physiological Optics" he describes it as being "usually so blurred that the form of the flame cannot be definitely distinguished."¹ So he placed two lights, or one doubled by reflection from a mirror, behind a screen in which were two small rectangular openings, the whole being so arranged that the lights shining through the openings of the screen formed two: images on each of the reflecting surfaces. During accommodations, it seemed to him that the two images on the front of the lens became smaller and approached each other, while on the return of the eye to a state of rest they grew larger again and separated. This change, he said, could be seen "easily and distinctly."² The observations of Helmholtz regarding the behavior of the lens in accommodation, published about the middle of the last century, were soon accepted as facts, and have ever since been stated as such in every text-book dealing with the subject.

"We may say," writes Landolt, "that the discovery of the part played by the crystalline lens in the act of accommodation is one of the finest achievements of medical physiology, and the theory of its working is certainly one of the most firmly established; for not only have "savans" furnished lucid and mathematical proofs of its correctness, but all other theories which have been advanced as explaining accommodation have been easily

1 Handbuch der physiologischen Optik, edited by Nagel, 1909-11, vol. i, p. 121.

2 Ibid. vol. i, p. 122.

and entirely overthrown.... The fact that the eye is accommodated for near vision by an increase in the curvature of its crystalline lens, is, then, incontestably proved."¹

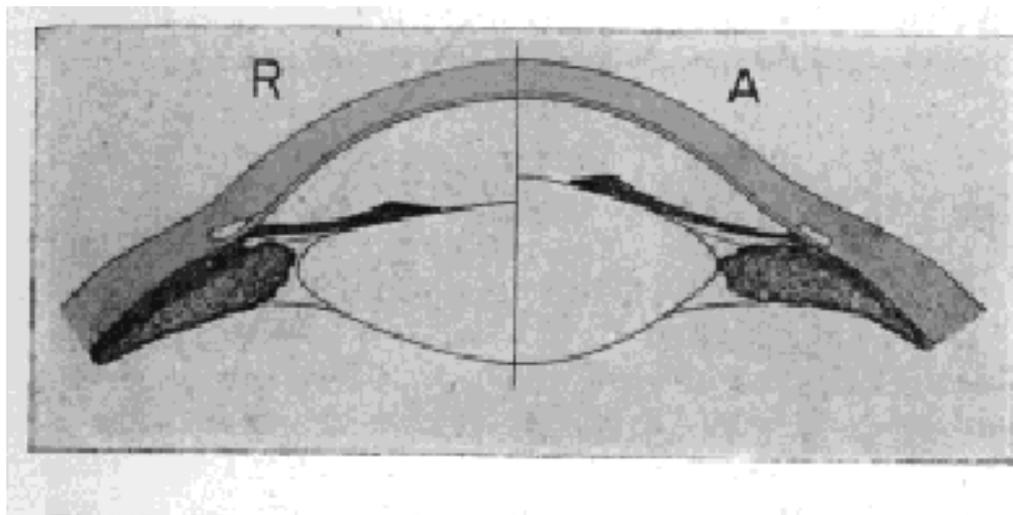


Fig. 10. Diagram by Which Helmholtz Illustrated His Theory of Accommodation

R is supposed to be the resting state of the lens, in which it is adjusted for distant vision. In A the suspensory ligament is supposed to have been relaxed through the contraction of the ciliary muscle, permitting the lens to bulge forward by virtue of its own elasticity.

"The question was decided," says Tscherning, "by the observation of the changes of the images of Purkinje during accommodation, which prove that accommodation is effected by an increase of curvature of the anterior surface of the crystalline lens."²

¹ The Refraction and Accommodation of the Eye and their Anomalies,

authorized translation by Culver, 1886, p. 151.

² Physiologic Optics, authorized translation by Weiland, 1904, p. 163.

Marius Hans Erik Tscherning (1854 -) is a Danish ophthalmologist who

for twenty-five years was co-director and director of the ophthalmological

laboratory of the Sorbonne. Later he became professor of ophthalmology in

the University of Copenhagen.



Fig. 11. Thomas Young (1773-1829)

English physician and man of science who was the first to present a serious argument in support of the view that accommodation is brought about by the agency of the lens.

"The greatest thinkers," says Cohn, "have mastered a host of difficulties in discovering this arrangement,

and it is only in very recent times that its processes have been clearly and perfectly set forth in the works of Sanson, Helmholtz, Brucke, Hensen and Volckers."¹

Huxley refers to the observations of Helmholtz as the "facts of adjustment with which all explanations of that process must accord,"² and Donders calls his theory the "true principle of accommodation."³

Arlt, who had advanced the elongation theory and believed that no other was possible, at first opposed the conclusions of Cramer and Helmholtz,⁴ but later accepted them.⁵

Yet in examining the evidence for the theory we can only wonder at the scientific credulity which could base such an important department of medical practice as the treatment of the eye upon such a mass of contradictions. Helmholtz, while apparently convinced of the correctness of his observations indicating a change of form in the lens during accommodation, felt himself unable to speak with certainty of the means by which the supposed change was effected,³ and strangely enough the question is still being debated. Finding, as he states, "absolutely nothing but the ciliary muscle to which accommodation could be attributed,"⁷ Helmholtz concluded that the changes which he thought he had observed in the curvature of the lens must be effected by the action of this muscle; but he was unable to offer any satisfac-

1 *The Hygiene of the Eye in Schools*, English translation edited by Turnbull, 1886, p. 23. Hermann Cohn (1838-1906) was professor of ophthalmology in the University of Breslau, and is known chiefly for his contributions to ocular hygiene.

2 *Lessons in Elementary Physiology*, sixth edition, 1872, p. 231.

3 *On the Anomalies of Accommodation and Refraction of the Eye*, p. 13.

4 *Krankheiten des Auges*, 1853-56, vol. iii, D. 219, et seq.

5 *Ueber die Ursachen und die Entstehung der Kurzsichtigkeit*, 1876. Vorwort.

6 *Handbuch der physiologischen Optik*, vol. i, pp. 124 and 145.

7 *Ibid*, vol. i. P. 144.

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tory theory of the way it operated to produce these results, and he explicitly stated that the one he suggested possessed only the character of probability. Some of his disciples, "more loyal than the king," as Tscherning has pointed out, "have proclaimed as certain what he himself with much reserve explained as probable,"¹ but there has been no such unanimity of acceptance in this case as in that of the observations regarding the behavior of the images reflected from the lens. No one except the present writer, so far as I am aware, has ventured to question that the ciliary muscle is the agent of accommodation; but as to the mode of its

operation there is generally felt to be much need for more light. Since the lens is not a factor in accommodation, it is not strange that no one was able to find out how it changed its curvature. It "is" strange, however, that these difficulties have not in any way disturbed the universal belief that the lens does change.

When the lens has been removed for cataract the patient usually appears to lose his power of accommodation, and not only has to wear a glass to replace the lost part, but has to put on a stronger glass for reading. A minority of these cases, however, after they become accustomed to the new condition, become able to see at the near-point without any change in their glasses. The existence of these two classes of cases has been a great stumbling block to ophthalmology. The first and more numerous appeared to support the theory of the agency of the lens in accommodation; but the second was hard to explain away, and constituted at one time, as Dr. Thomas Young observed, the "grand objection" to this idea. A number of these cases of apparent change of focus

1 Physiologic Optics, p. 166.





Herman- Ludwig Ferdinand von Helmholtz (1821-1894)

whose observations regarding the behavior of images reflected from the front of the lens are supposed to have demonstrated that the curvature of this body changes during accommodation.

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in the lensless eye having been reported to the Royal Society by competent observers, Dr. Young, before bringing forward his theory of accommodation, took the trouble to examine some of them, and considered himself justified in concluding that an error of observation had been made. While convinced, however, that in such eyes the "actual focal distance is totally unchangeable," he characterized his own evidence in support of this view as only "tolerably satisfactory." At a later period Donders made some investigations from which he concluded that "in aphakial not the slightest trace of accommodative power remains."² Helmholtz expressed similar views, and von Graefe, although he observed a "slight residuum" of accommodative power in lensless eyes, did not consider it sufficient to discredit the theory of Cramer and Helmholtz. It might be due, he said, to the accommodative action of the iris, and possibly also to a lengthening of the visual axis through the action of the external muscles.³

For nearly three-quarters of a century the opinions of these masters have echoed through ophthalmological literature. Yet it is to-day a perfectly well-known and undisputed fact that many persons, after the removal of the lens for cataract, are able to see perfectly at different distances without any change in their glasses. Every ophthalmologist of any experience has seen cases of this kind, and many of them have been reported in the literature.

In 1872, Professor Forster of Breslau, reported⁴ a

¹ Absence of the lens.

² On the Anomalies of Accommodation and Refraction of the Eye, p. 320.

3 *Archiv. f. Opth.*, 1855, vol. ii, part 1, p. 187 et seq. Albrecht von Graefe (1828-1870) was professor of ophthalmology in the University of Berlin, and is ranked with Donders and Arlt as one of the greatest ophthalmologists of the nineteenth century.

4 *Klin. Monatsbl. f. Augenh.*, Erlangen, 1872, vol. x, p. 39, et seq.

Not To Be Disputed 33

series of twenty-two cases of apparent accommodation in eyes from which the lens had been removed for cataract. The subjects ranged in age from eleven to seventyfour years, and the younger ones had more accommodative power than the elder. A year later Woinow of Moscow¹ reported eleven cases, the subjects being from twelve to sixty years of age. In 1869 and 1870, respectively, Loring reported² to the New York Ophthalmological Society and the American Ophthalmological Society the case of a young woman of eighteen who, without any change in her glasses, read the twenty line on the Snellen test card at twenty feet and also read diamond type at from five inches to twenty. On October 8, 1894, a patient of Dr. A. E. Davis who appeared to accommodate perfectly without a lens consented to go before the New York Ophthalmological Society. "The members," Dr. Davis reports,³ "were divided in their opinion as to how the patient was able to accommodate for the nearpoint with his distance glasses on"; but the fact that he could see at this point without any change in his glasses was not to be disputed.

The patient was a chef, forty-two years old, and on January 27, 1894, Dr. Davis had removed a black cataract from his right eye, supplying him at the same time with the usual outfit of glasses, one to replace the lens, for distant vision, and a stronger one for reading. In October he returned, not because his eye was not doing well, but because he was afraid he might be "straining" it. He had discarded his reading glasses after a few weeks, and had since been using only his distance glasses. Dr.

1 *Archiv. f. Opth.*, 1873, vol. xix, part 3, p. 107.

2 Flint: *Physiology of Man*, 1875, vol. v, pp. 110-111.

3 Davis: *Accommodation in the Lensless Eye*, Reports of the Manhattan Eye and Ear Hospital, Jan., 1895. The article gives a review of the whole subject.

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Davis doubted the truth of his statements, never having seen such a case before, but found them, upon investigation, to be quite correct. With his lensless eye and a convex glass of eleven and a half diopters, the patient read the ten line on the test card at twenty feet, and with the same glass, and without any change in its position, he read fine print at from fourteen to eighteen inches. Dr. Davis then presented the case to the Ophthalmological Society but, as has been stated, he obtained no light from that source. Four months later, February 4, 1895, the patient still read 20/10 at the distance and his range at the near-point had increased so that he read diamond type at from eight to twenty-two and a half inches. Dr. Davis subjected him to

numerous tests, and though unable to find any explanation for his strange performances, he made some interesting observations. The results of the tests by which Donders satisfied himself that the lensless eye possessed no accommodative power were quite different from those reported by the Dutch authority, and Dr. Davis therefore concluded that these tests were "wholly inadequate to decide the question at issue." During accommodation the ophthalmometer¹ showed that the corneal curvature was changed and that the cornea moved forward a little. Under scopolamine, a drug sometimes used instead of atropine to paralyze the ciliary muscle (1/10 per cent solution every five minutes for thirty-five minutes, followed by a wait of half an hour), these changes took place as before; they also took place when the lids were held up. With the possible influence of lid pressure and of the ciliary muscle eliminated, therefore, Dr. Davis felt himself bound to conclude that the changes "must

1 An instrument for measuring the curvature of the cornea.

Another Puzzling Case 35

have been produced by the action of the external muscles." Under scopolamine, also, the man's accommodation was only slightly affected, the range at the nearpoint being reduced only two and a half inches.

The ophthalmometer further showed the patient to have absolutely no astigmatism. It had showed the same thing about three months after the operation, but three and a half weeks after it he had four and a half diopters.

Seeking further light upon the subject Dr. Davis now subjected to similar tests a case which had previously been reported by Webster in the "Archives of Pediatrics." ¹ The patient had been brought to -Dr. Webster at the age of ten with double congenital cataract. The left lens had been absorbed as the result of successive needlings, leaving only an opaque membrane, the lens capsule, while the right, which had not been interfered with, was sufficiently transparent around the edge to admit of useful vision. Dr. Webster made an opening in the membrane filling the pupil of the left eye, after which the vision of this eye, with a glass to replace the lens, was about equal to the vision of the right eye without a glass. For this reason Dr. Webster did not think it necessary to give the patient distance glasses, and supplied him with reading glasses only - plane glass for the-right eye and convex 16D for the left. On March 14, 1893, he returned and stated that he had been wearing his reading glasses all the time. With this glass it was found that he could read the twenty line of the test card at twenty feet, and read diamond type easily at fourteen inches. Subsequently the right lens was removed, after which no accommodation was observed in this eye. Two years later,

1 Nov., 1893, p. 932.

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March 16, 1895, he was seen by Dr. Davis, who found that the left eye now had an accommodative range of from ten to eighteen inches. In this case no change was observed in the cornea. The results of the

Donders tests were similar to those of the earlier case, and under scopolamine the eye accommodated as before, but not quite so easily. No accommodation was observed in the right eye.

These and similar cases have been the cause of great embarrassment to those who feel called upon to reconcile them with the accepted theories. With the retinoscope the lensless eye can be seen to accommodate; but the theory of Helmholtz has dominated the ophthalmological mind so strongly that even the evidence of objective tests was not believed. The apparent act of accommodation was said not to be real, and many theories, very curious and unscientific, have been advanced to account for it. Davis is of the opinion that "the slight change in the curvature of the cornea, and its slight advancement observed in some cases, may, in those cases, account for some of the accommodative power present, but it is such a small factor that it may be eliminated entirely, since in some of the most marked cases of accommodation in aphakial eyes no such changes have been observed."

The voluntary production of astigmatism is another stumbling block to the supporters of the accepted theories, as it involves a change in the shape of the cornea, and such a change is not compatible with the idea of an "inextensible"¹ eyeball. It seems to have given them less trouble, however, than the accommodation of the lensless

¹ Inasmuch as the eye is inextensible, it cannot adapt itself for the perception of objects situated at different distances by increasing the length of its axis, but only by increasing the refractive power of its lens. - De Schweinitz: Diseases of the Eye, eighth edition, 1916, pp. 35-36.

Voluntary Production of Astigmatism 37

eye, because fewer of these cases have been observed and still fewer have been allowed to get into the literature. Some interesting facts regarding one have fortunately been given by Davis, who investigated it in connection with the corneal changes noted in the lensless eye. The case was that of a house surgeon at the Manhattan Eye and Ear Hospital, Dr. C. H. Johnson. Ordinarily this gentleman had half a diopter of astigmatism in each eye; but he could, at will, increase this to two diopters in the right eye and one and a half in the left. He did this many times, in the presence of a number of members of the hospital staff, and also did it when the upper lids were held up, showing that the pressure of the lids had nothing to do with the phenomenon. Later he went to Louisville, and here Dr. J. M. Ray, at the suggestion of Dr. Davis, tested his ability to produce astigmatism under the influence of scopolamine (four instillations, 1/5 per cent solution). While the eyes were under the influence of the drug the astigmatism still seemed to increase, according to the evidence of the ophthalmometer, to one and a half diopters in the right eye and one in the left. From these facts, the influence of the lids and of the ciliary muscle having been eliminated, Dr. Davis concluded that the change in the cornea was "brought about mainly by the external muscles." What explanation others offer for such phenomena I do not know.

CHAPTER IV

THE TRUTH ABOUT ACCOMMODATION AS DEMONSTRATED BY EXPERIMENTS ON THE EYE MUSCLES OF FISH, CATS, DOGS, RABBITS AND OTHER ANIMALS

THE function of the muscles on the outside of the eyeball, apart from that of turning the globe in its socket, has been a matter of much dispute; but after the supposed demonstration by Helmholtz that accommodation depends upon a change in the curvature of the lens, the possibility of their being concerned in the adjustment of the eye for vision at different distances, or in the production of errors of refraction, was dismissed as no longer worthy of serious consideration. "Before physiologists were acquainted with the changes in the dioptic system,"¹ says Donders, "they often attached importance to the external muscles in the production of accommodation. Now that we know that accommodation depends on a change of form in the lens this opinion seems scarcely to need refutation." He states positively that "many instances occur where the accommodation is wholly destroyed by paralysis, without the external muscles being the least impeded in their action," and also that "some cases are on record of paralysis of all or nearly all of the muscles of the eye, and of deficiency of the same, without diminution of the power of accommodation."²

If Donders had not considered the question settled, he

1 The refractive system.

2 On the Anomalies of Accommodation and Refraction of the Eye, p. 22.

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The External Muscles of the Eyeball 39

might have inquired more carefully into these cases, and if he had, he might have been less dogmatic in his statements; for, as has been pointed out in the preceding chapter, there are plenty of indications that the contrary is the case. In my own experiments upon the extrinsic eye muscles of fish, rabbits, cats, dogs and other animals, the demonstration seemed to be complete that in the eyes of these animals accommodation depends wholly upon the action of the extrinsic muscles and not at all upon the agency of the lens. By the manipulation of these muscles I was able to produce or prevent accommodation at will, to produce myopia, hypermetropia and astigmatism, or to prevent these conditions. Full details of these experiments will be found in the "Bulletin of the New York Zoological Society" for November, 1914, and in the "New York Medical Journal" for May 8, 1915; and May 18, 1918; but for the benefit of those who have not the time or inclination to read these papers, their contents are summarized below.

There are six muscles on the outside of the eyeball, four known as the "recti" and two as the "obliques." The obliques form an almost complete belt around the middle of the eyeball, and are known, according to

their position, as "superior" and "inferior." The recti are attached to the sclerotic, or outer coat of the eyeball, near the front, and pass directly over the top, bottom and sides of the globe to the back of the orbit, where they are attached to the bone round the edges of the hole through which the optic nerve passes. According to their position, they are known as the "superior," "inferior," "internal" and "external" recti.- The obliques are the muscles of accommodation; the recti are concerned in the production of hypermetropia and astigmatism.

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In some cases one of the obliques is absent or rudimentary, but when two of these muscles were present and active, accommodation, as measured by the objective test

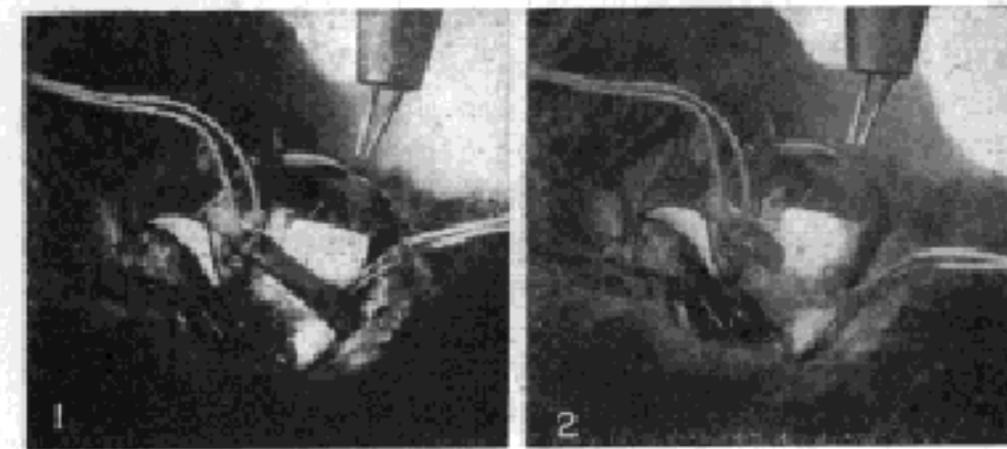
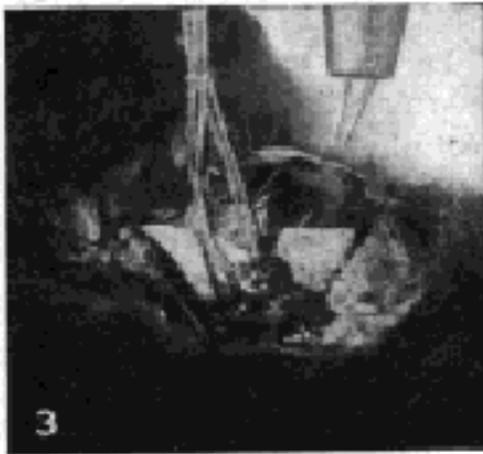


Fig. 13. Demonstration Upon the Eye of a Rabbit that the Inferior Oblique Muscle is an Essential Factor in Accommodation



No. 1. - The inferior oblique muscle has been exposed and two sutures are attached to it. Electrical stimulation of the eyeball produces accommodation as demonstrated by simultaneous retinoscopy.

No. 2. - The muscle has been cut. Electrical stimulation produces no accommodation.

No. 3. - The muscle has been sewed together. Electrical stimulation produces normal accommodation.

of retinoscopy, was always produced by electrical stimulation either of the eyeball, or of the nerves of accommodation near their origin in the brain. It was also pro-

Oblique Muscles Inactive: No Accommodation

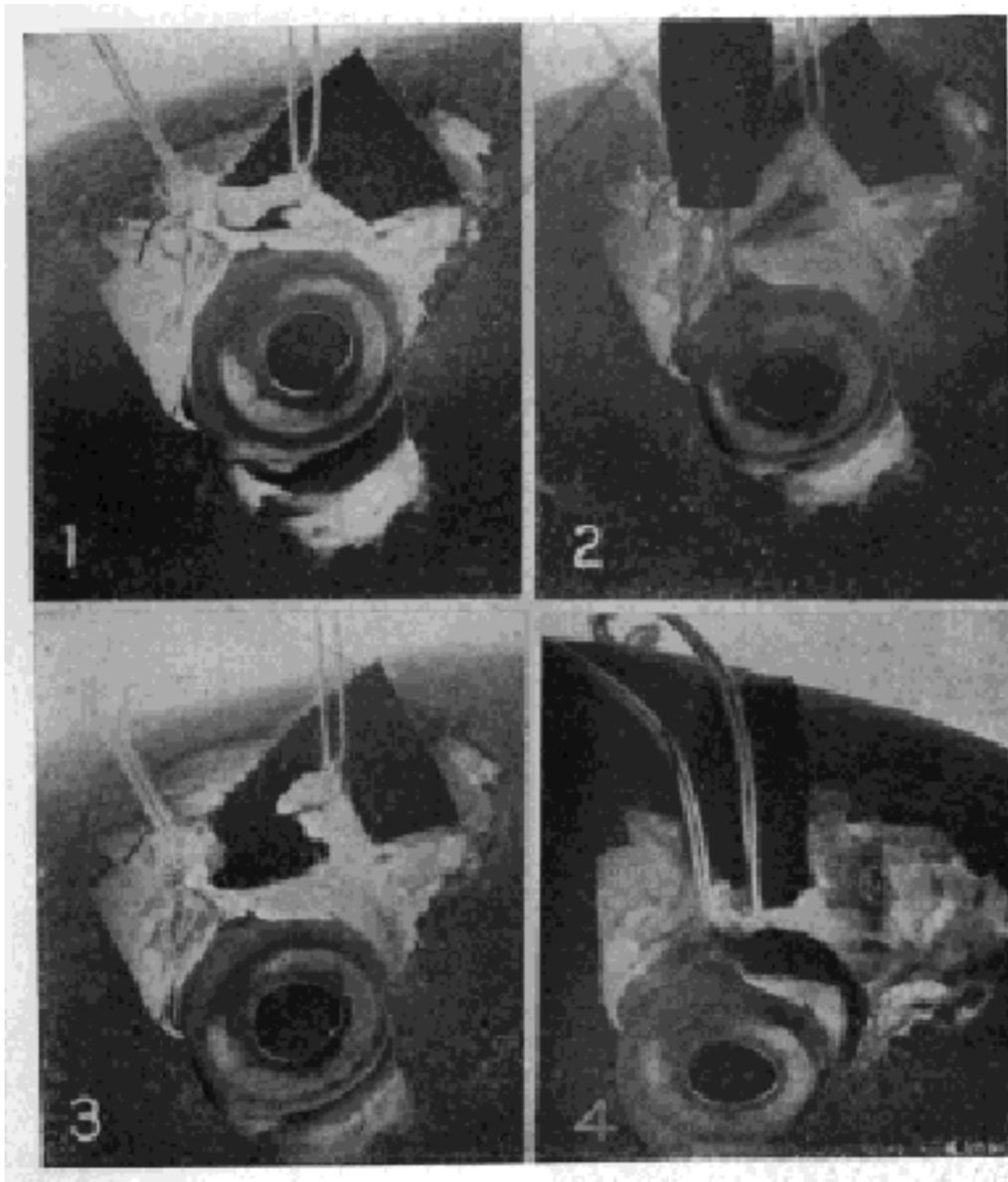


Fig. 14. Demonstration Upon the Eye of a Carp That the Superior Oblique Muscle Is Essential to Accommodation.

No. 1. - The superior oblique is lifted from the eyeball by two sutures, and the retinoscope shows no error

of refraction. No. 2. - Electrical stimulation produces accommodation, as determined by the retinoscope. No. 3. - The muscle has been cut. Stimulation of the eyeball with electricity fails to produce accommodation. No. 4. - The divided muscle has been reunited by tying the sutures. Accommodation follows electrical stimulation as before.

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duced by any manipulation of the obliques whereby their pull was increased. This was done by a tucking operation of one or both muscles, or by an advancement of the

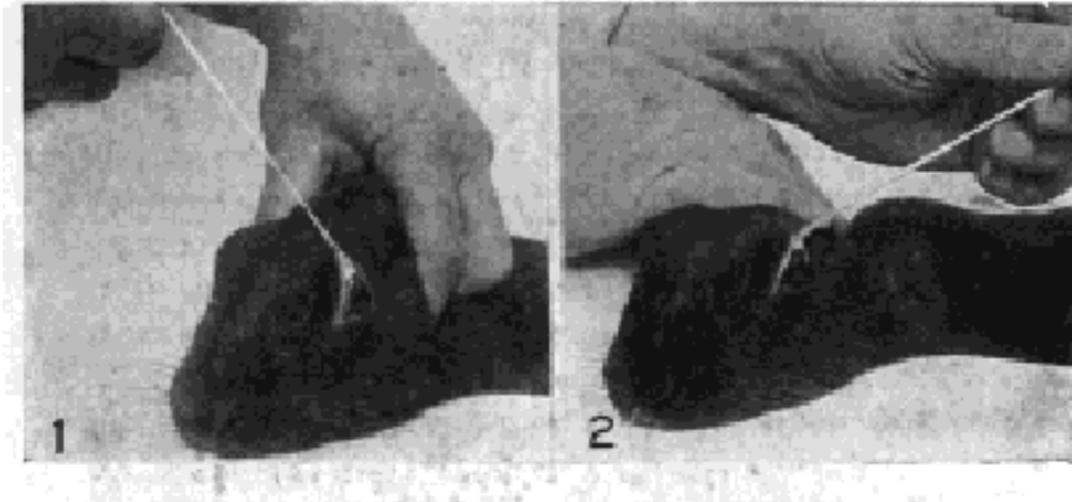
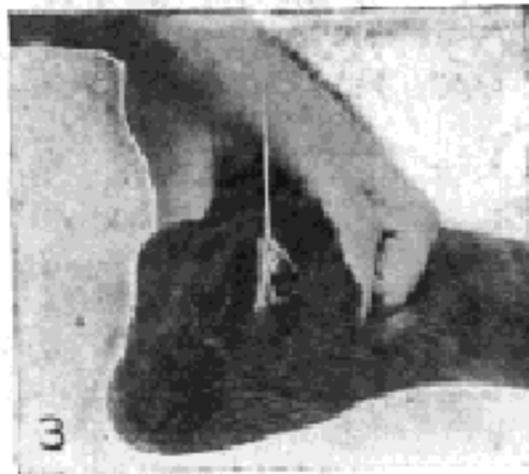


Fig. 15. Demonstration Upon the Eye of a Rabbit That the Production of Refractive Errors Is Dependent Upon the

Action of the External Muscles. The String Is Fastened to the Insertion of the Superior Oblique and Rectus Muscles



No. 1. - Backward pull. Myopia is produced.

No. 2. - Forward pull. Hypermetropia is produced.

No. 3. - Upward pull in the plane of the iris. Mixed astigmatism is produced.

point at which they are attached to the sclerotic. When; one or more of the recti had been cut, the effect of operations increasing the pull of the obliques was intensified.

The Extrinsic Muscles in Refractive Errors 43

After one or both of the obliques had been cut across, or after they had been paralyzed by the injection of atropine deep into the orbit, accommodation could never be

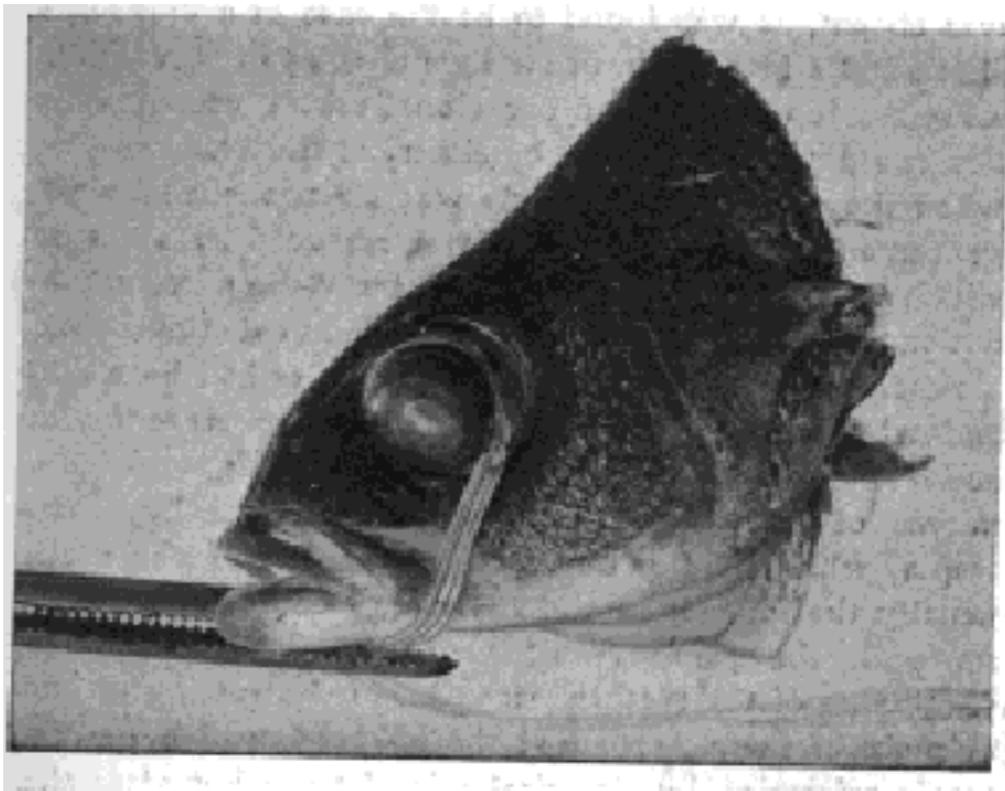


Fig. 16. Demonstration Upon the Eye of a Fish That the Production of Myopic and Hypermetropic Refraction Is Dependent Upon the Action of the Extrinsic Muscles.

Suture tied to the insertion of the superior rectus muscle. By means of strong traction upon the suture the eyeball is turned in its socket, and by tying the thread to a pair of fixation forceps which grasp! the lower jaw, it is maintained in this position. A high degree of mixed astigmatism is produced, as demonstrated by simultaneous retinoscopy. When the superior oblique is divided the myopic part of the astigmatism disappears, and when the inferior rectus is cut the hypermetropic part disappears, and the eye becomes normal - adjusted for distant vision - although the same amount of traction is maintained. It is evident that these muscles are essential factors in the production of myopia and hypermetropia.

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produced by electrical stimulation; but after the effects of the atropine had passed away, or a divided muscle had been sewed together, accommodation followed electrical stimulation just as usual. Again when one oblique muscle was absent, as was found to be the case in a dogfish, a shark and a few perch, or rudimentary, as in all cats observed, a few fish and an occasional rabbit, accommodation could not be produced by electrical stimulation. But when the rudimentary muscle was strengthened by advancement, or the absent one was replaced by a suture which supplied the necessary countertraction, accommodation could always be produced by electrical stimulation.

After one or both of the oblique muscles had been cut, and while two or more of the recti were present and active,¹ electrical stimulation of the eyeball, or of the nerves of accommodation, always produced hypermetropia, while by the manipulation of one of the recti, usually the inferior or the superior, so as to strengthen its pull, the same result could be produced. The paralyzing of the recti by atropine, or the cutting of one or more of them, prevented the production of hypermetropic refraction by electrical stimulation; but after the effects of the atropine had passed away, or after a divided muscle had been sewed together, hypermetropia was produced as usual by electrical stimulation.

It should be emphasized that in order to paralyze either the recti muscles, or the obliques, it was found necessary to inject the atropine far back behind the eyeball with a hypodermic needle. This drug is supposed to paralyze the accommodation when dropped into the eyes of human

¹ In many animals, notably in rabbits, the internal and external recti are either absent or rudimentary, so that, practically, in such cases, there are only two recti, just as there are only two obliques. In others, as in many fish, the internal rectus is negligible.

Production of Astigmatism 45

beings or animals, but in all of my experiments it was found that when used in this way it had very little effect upon the power of the eye to change its focus.

Astigmatism was usually produced in combination

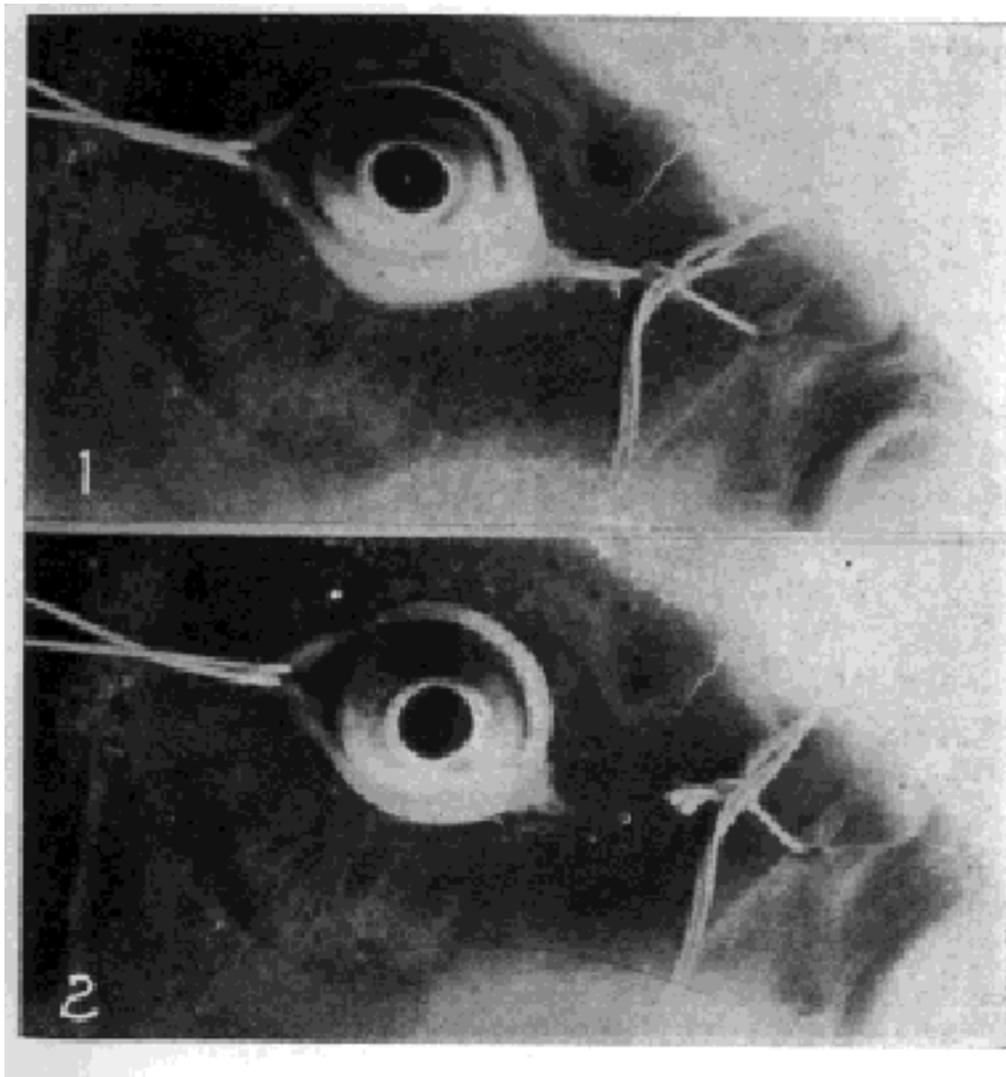


Fig. 17.

No. 1. - Production of mixed astigmatism in the eye of a carp by pulling strings attached to the conjunctiva in opposite directions. Note the oval shape of the front of the eyeball.

No. 2. - With the cutting of the strings the eyeball returns to its normal shape, and the refraction becomes normal.

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with myopic or hypermetropic refraction. It was also produced by various manipulations of both the oblique and recti muscles. Mixed astigmatism, which is a combination of myopic with hypermetropic refraction, was

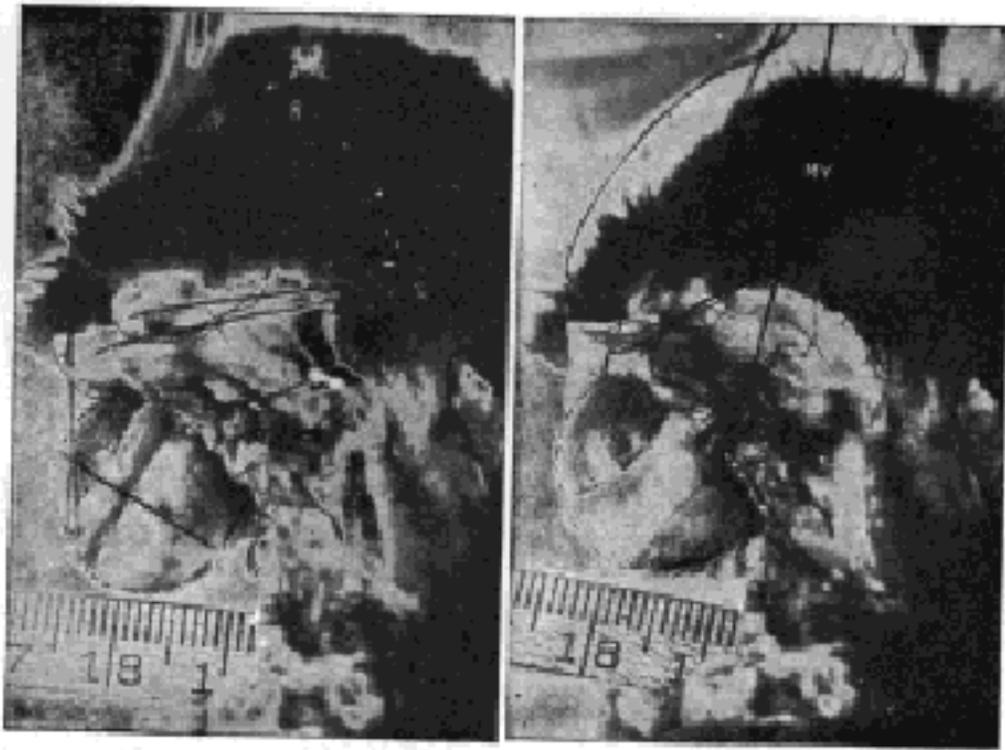


Fig. 18. Demonstration Upon the Eyeball of a Rabbit That the
Obliques Lengthen the Visual Axis in Myopia

R, rest. The eyeball is of normal length and emmetropic - that is, perfectly adjusted for distant vision. My, myopia. The pull of the oblique muscles has been strengthened by advancement and the retinoscope shows that myopia has been produced. It can easily be noted that the eyeball is longer. It was impossible to avoid some movement of the head between the taking of the two pictures as a result of the manipulation of the strings, but the rule shows that the focus of the camera was not appreciably changed by such movements.

always produced by traction on the insertion of the superior or inferior rectus in a direction parallel to the plane of the iris, so long as both obliques were present and active; but if either or both of the obliques had been cut,

The Recti in Hypermetropia 47

the myopic part of the astigmatism disappeared. Similarly after the superior or the inferior rectus had been cut the hypermetropic part of the astigmatism disappeared. Advancement of the two obliques, with advancement of the superior and inferior recti, always produced mixed astigmatism.

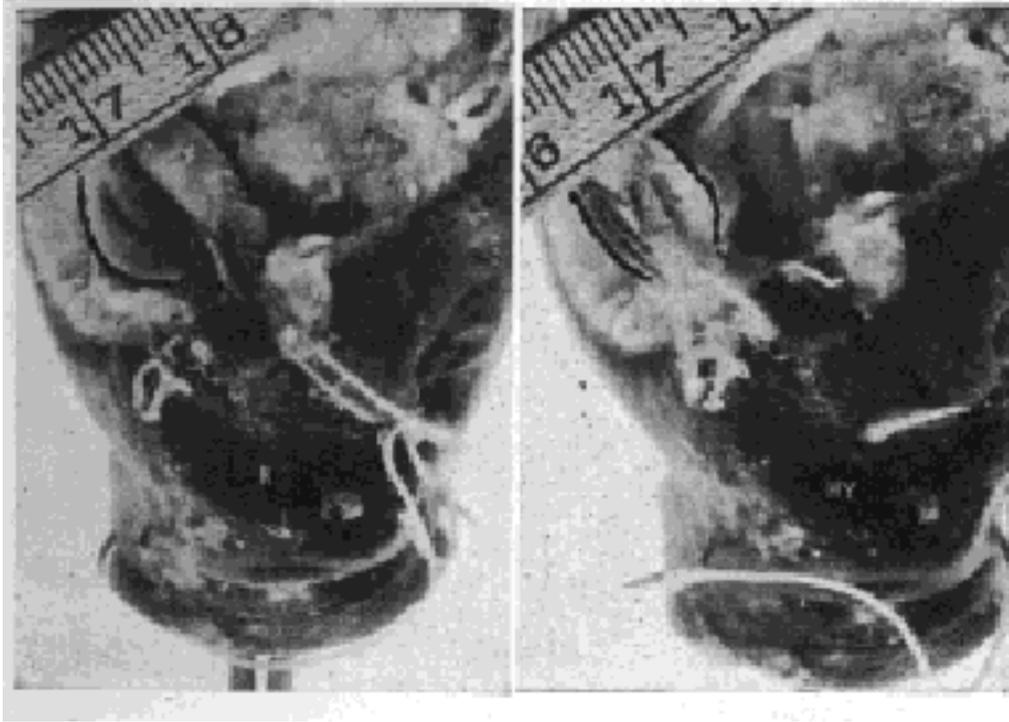


Fig. 19. Demonstration Upon the Eye of a Carp That the
Recti Shorten the Visual Axis in Hypermetropia

R, rest. The eyeball is of normal length and emmetropic. Hy, hypermetropia. The pull of the external and internal recti has been strengthened by advancement, and the retinoscope shows that hypermetropia has been produced. It may easily be noted that the eyeball is shorter. The rule shows that the focus of the camera was not appreciably changed between the taking of the two pictures.

Eyes from which the lens had been removed, or in which it had been pushed out of the axis of vision, responded to electrical stimulation precisely as did the normal eye, so long as the muscles were active; but

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when they had been paralyzed by the injection of atropine deep into the orbit, electrical stimulation had no effect on the refraction.

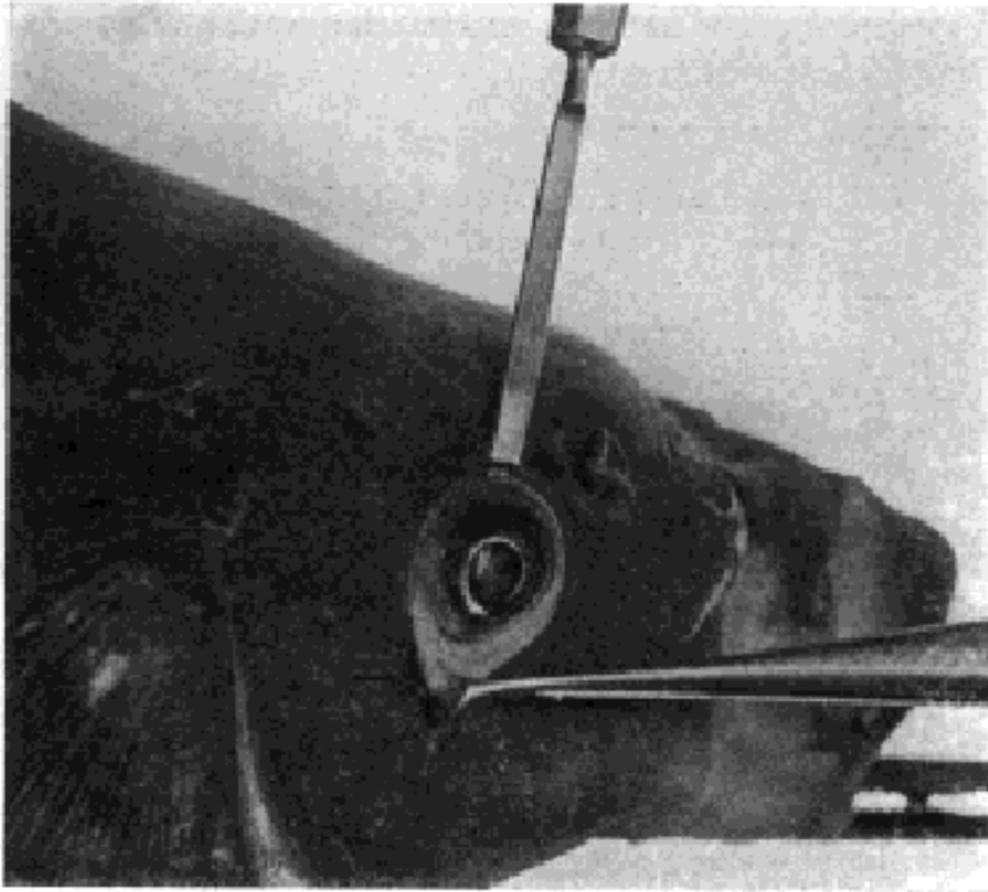


Fig. 20. Lens Pushed Out of the Axis of Vision

In this experiment on the eye of a carp the lens was pushed out of the axis of vision. Accommodation took place after this displacement just as it did before. Note the point of the knife in the pupil in front of the lens.

In one experiment the lens was removed from the right eye of a rabbit, the refraction of each eye having first been tested by retinoscopy and found to be normal. The wound was then allowed to heal. Thereafter, for a

Accommodation in Aphakia 49

period extending from one month to two years, electrical stimulation always produced accommodation in the lensless eye precisely to the same extent as in the eye which



Fig. 21. Rabbit With Lens Removed

The animal was exhibited at a meeting of the Ophthalmological Section of the American Medical Association, held in Atlantic City, and was examined by a number of ophthalmologists present, all of whom testified that electrical stimulation of the eyeball produced accommodation, or myopic refraction, precisely as in the normal eye.

had a lens. The same experiment with the same result was performed on a number of other rabbits, on dogs and on fish. The obvious conclusion is that the lens is not a factor in accommodation.

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In most text-books on physiology it is stated that accommodation is controlled by the third cranial nerve, which supplies all the muscles of the eyeball except the superior oblique and the external rectus; but the fourth cranial nerve, which supplies only the superior oblique, was found in these experiments to be just as much a nerve of accommodation as the third. When either the third or the fourth nerve was stimulated with electricity near its point of origin in the brain accommodation al-

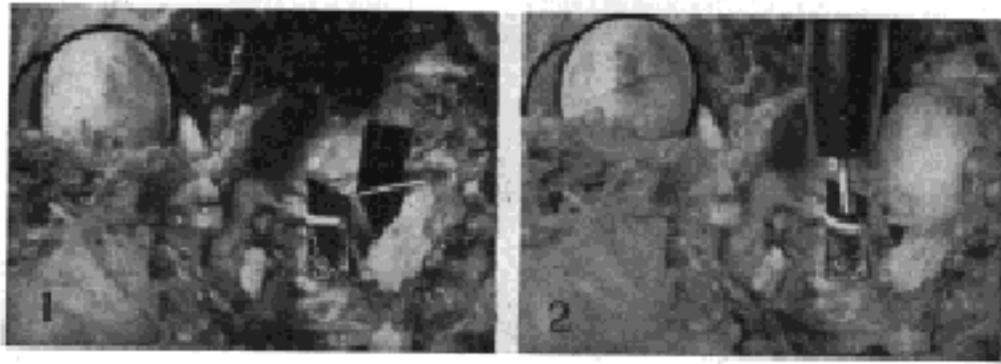
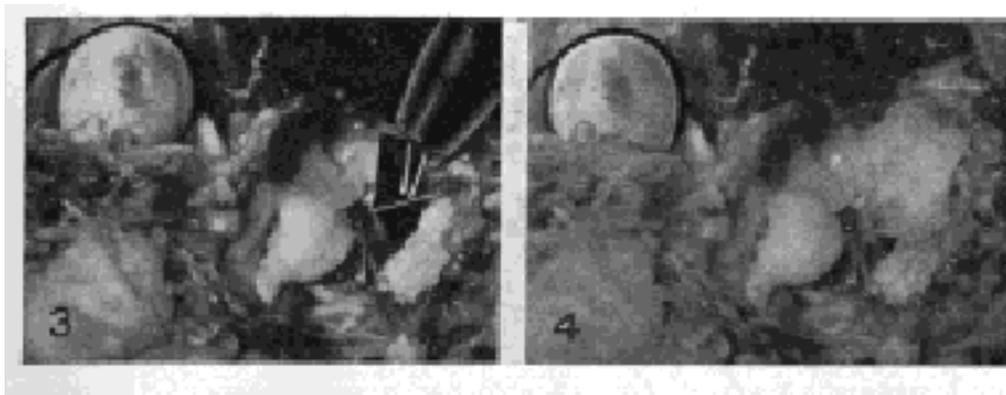


Fig. 22. Experiment Upon the Eye of a Cat Demonstrating That the Fourth Nerve, Which Supplies Only the Superior Oblique Muscle, Is Just as Much a Nerve of Accommodation As the Third, and That the Superior Oblique Muscle Which It Supplies Is a Muscle of Accommodation.

No. 1. - Both nerves have been exposed near their origin in the brain, and a strip of black paper has been inserted beneath each to render it visible. The fourth nerve is the smaller one. The superior oblique muscle has been advanced by a tucking operation, as this muscle is always rudimentary in cats, and unless its pull is strengthened accommodation cannot be produced in these animals. Stimulation of either or both nerves by the faradic current produced accommodation.

No. 2. - When the fourth nerve was covered with cotton soaked in a normal salt solution, the application of the faradic current to the cotton produced accommodation. When the cotton was soaked in a one per cent solution of atropine sulphate in a normal salt solution, such application produced no accommodation, but stimulation of the third nerve did produce it.

The Role of the Fourth Nerve 51



No. 3. When the third nerve was covered with cotton soaked in a normal salt solution, the application of the faradic current to the cotton produced accommodation. When the cotton was soaked with atropine sulphate in a normal salt solution, such application produced no accommodation, but the stimulation of

the fourth nerve did produce it.

No. 4. - When both nerves were covered with cotton soaked in atropine sulphate in a normal salt solution, the application of electricity to the cotton produced no accommodation. When the parts had been washed with a warm salt solution electrical stimulation of either nerve always produced accommodation. The nerves were alternately covered with the atropine-soaked cotton and then washed with the warm saline solution for an hour the electricity being applied in each condition with invariably the same result. Accommodation could never be produced by electrical stimulation when the nerves were paralyzed with the atropine, but always resulted from the stimulation of either or both when they had been washed with the salt solution. The experiment was performed with the same results on many rabbits and dogs.

ways resulted in the normal eye. When the origin of either nerve was covered with a small wad of cotton soaked in a two per cent solution of atropine sulphate in a normal salt solution, stimulation of that nerve produced no accommodation, while stimulation of the unparalyzed nerve did produce it. When the origin of both nerves was covered with cotton soaked in atropine, accommodation could not be produced by electrical stimulation of either or both. When the cotton was removed and the nerves washed with normal salt solution, elec-

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trical stimulation of either or both produced accommodation just as before the atropine had been applied. This experiment, which was performed repeatedly for more

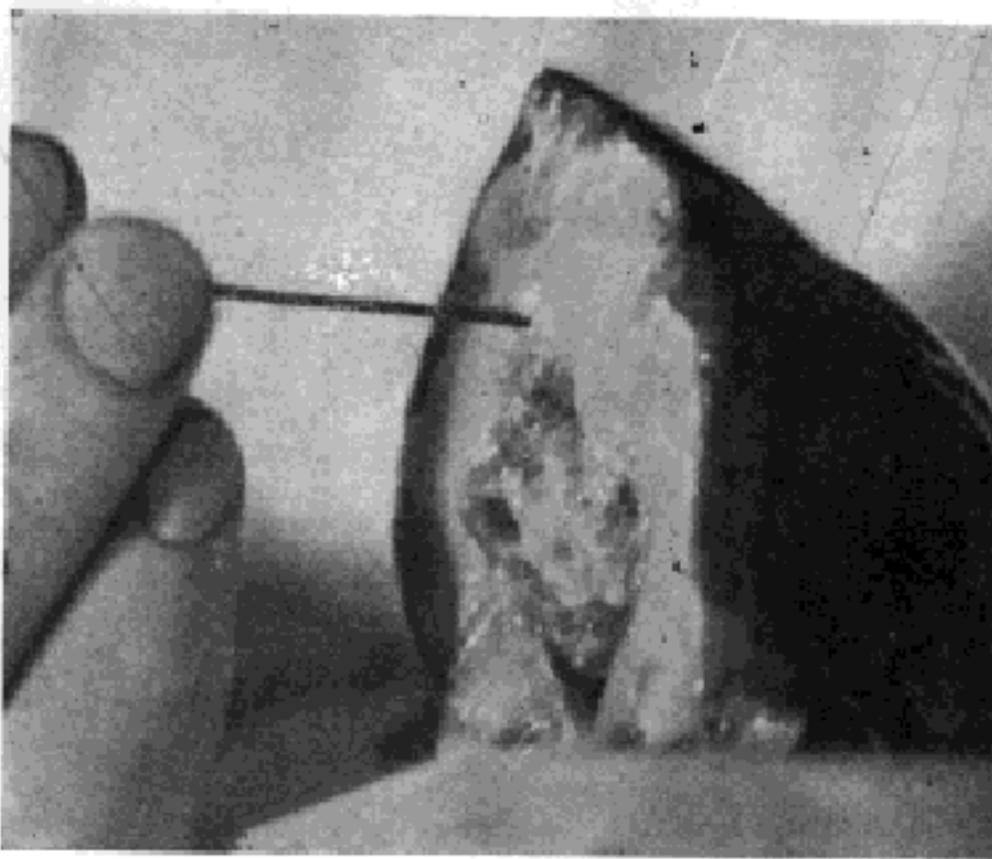


Fig. 23. Pithing a Fish Preparatory to Operating Upon Its Eyes

The object of this operation is to secure greater relaxation of the muscles of the eyes and head, which would work for hours, without external stimulus, if the brain cells were not destroyed by the probe.

than an hour by alternately applying and removing the atropine, not only demonstrated clearly what had not been known before, namely, that the fourth nerve is a nerve of accommodation, but also demonstrated that the

No Room for Doubt 53

superior oblique muscle which is supplied by it is an important factor in accommodation. It was further found that when the action of the oblique muscles was prevented by dividing them, the stimulation of the third nerve produced, not accommodation, but hypermetropia.

In all the experiments all sources of error are believed to have been eliminated. They were all repeated many times and always with the same result. They seemed, therefore, to leave no room for doubt that neither the lens nor any muscle inside the eyeball has anything to do with accommodation, but that the process whereby the eye adjusts itself for vision at different distances is entirely controlled by the action

of the muscles on the outside of the globe.

CHAPTER V

THE TRUTH ABOUT ACCOMMODATION AS DEMONSTRATED BY A STUDY OF IMAGES REFLECTED FROM THE LENS, CORNEA, IRIS AND SCLERA

AS the conclusions to which the experiments described in the preceding chapter pointed were diametrically opposed to those reached by Helmholtz in his study of the images reflected from the front of the lens, I determined to repeat the experiments of the German investigator and find out, if possible, why his results were so different from my own. I devoted four years to this work, and was able to demonstrate that Helmholtz had erred through a defective technique, the image obtained by his method being so variable and uncertain that it lends itself to the support of almost any theory.

I worked for a year or more with the technique of Helmholtz, but was unable to obtain an image from the front of the lens which was sufficiently clear or distinct to be measured or photographed. With a naked candle as the source of light a clear and distinct image could be obtained on the cornea; on the back of the lens it was quite clear; but on the front of the lens it was very imperfect. Not only was it blurred, just as Helmholtz stated, but without any ascertainable cause it varied greatly in size and intensity. At times no reflection could be obtained at all, regardless of the angle of the light to the eye of the subject, or of the eye of the observer to that of the subject. With a diaphragm I got

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How the Focus Was Changed 55

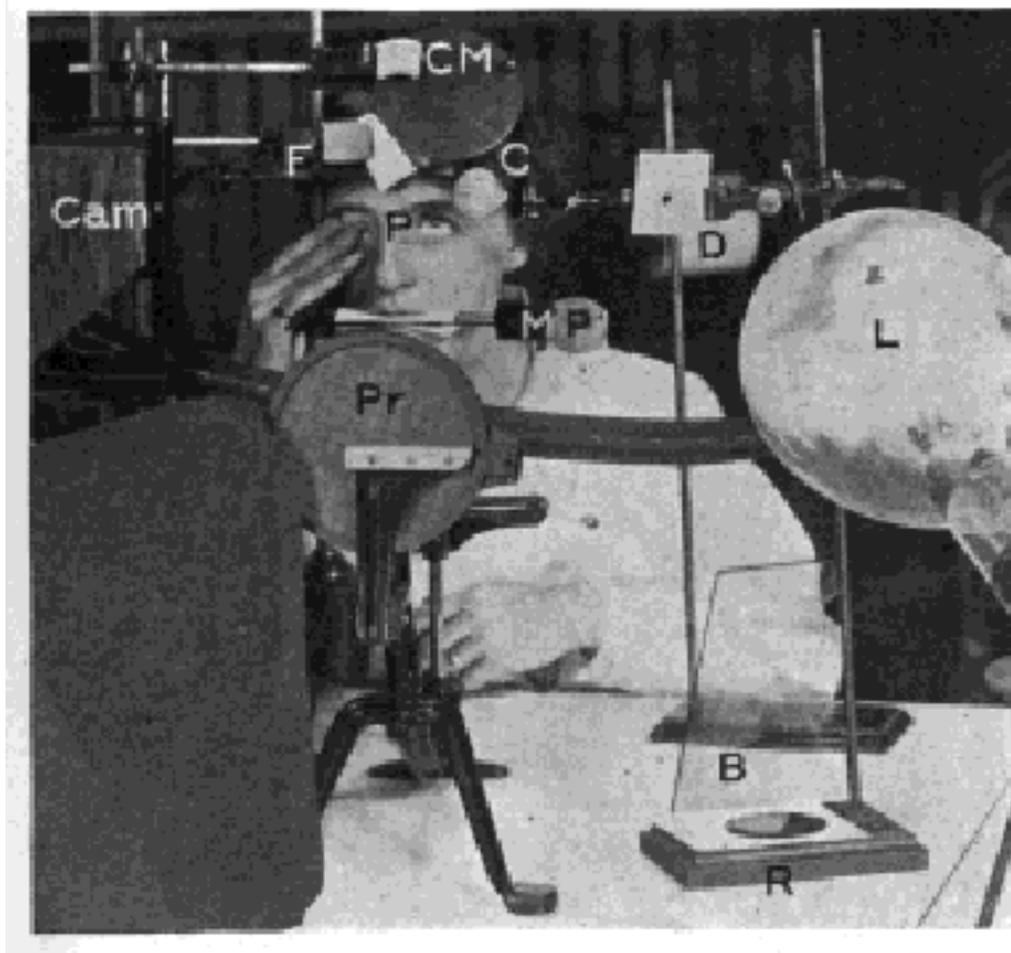


Fig. 24. Arrangements for Photographing Images Reflected

From the Eyeball

CM, concave mirror in which the subject may observe the images reflected from various parts of her eye- C, condenser; D, diaphragm; L, 1000-watt lamp; F, forehead rest; MP, bar which the subject grasps with her teeth for the purpose of holding her head steady- P, plane mirror upon which is pasted a letter of diamond type and in which is reflected a Snellen test card twenty feet behind the subject (the mirror is just above the letter P); CAM, camera; Pr, perimeter used to measure the angle of the light to the eye; R, plane mirror reflecting light from the 1000-watt lamp upon the eye, which otherwise would be in total darkness except for the part from which the highly condensed image of the filament is reflected; B, blue glass screen used to modify the light reflected from the mirror R. When the subject read the bottom line of the Snellen test card reflected in the mirror P her eye was at rest, and when she saw the letter of diamond type distinctly it was accommodated ten diopters, as demonstrated by the retinoscope.

56 Accommodation: Study of Images

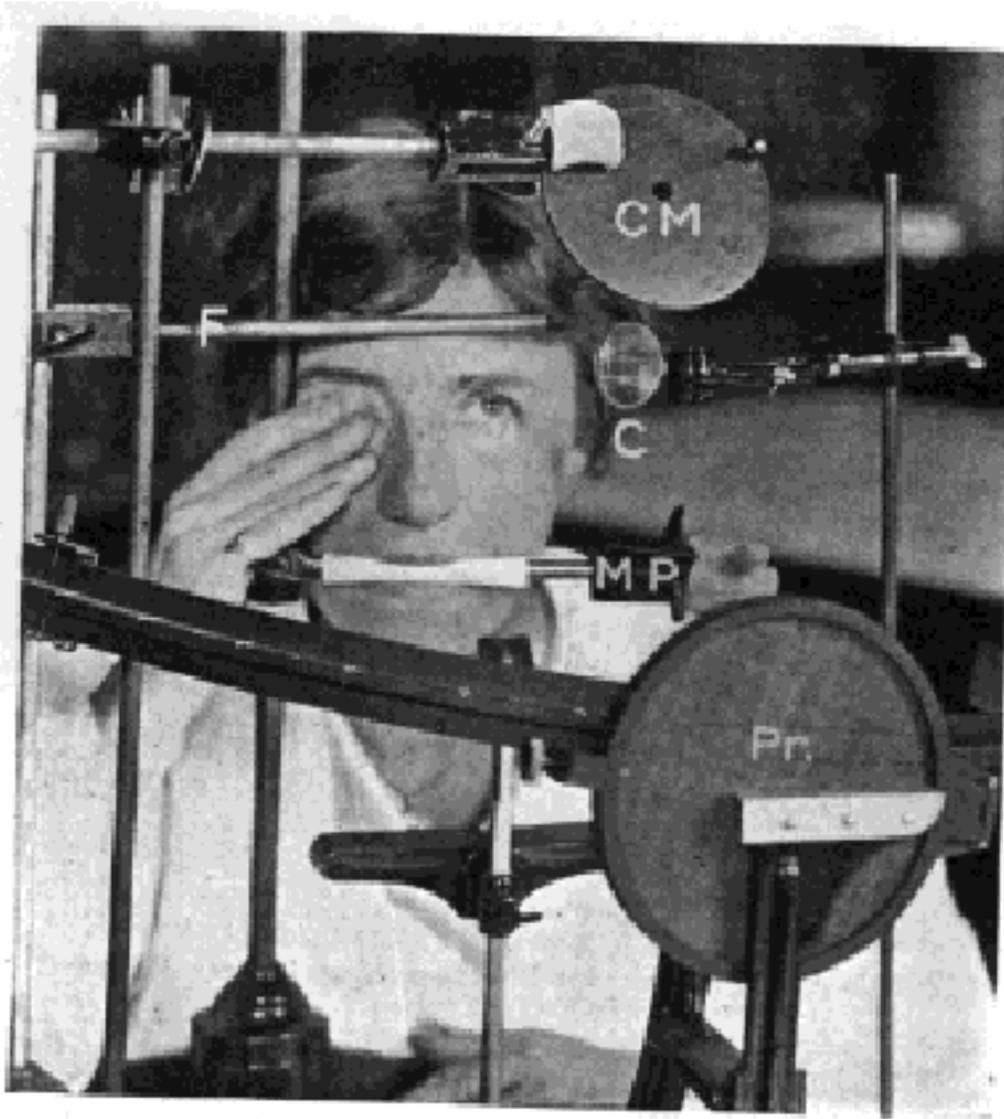


Fig. 25. Arrangements for Holding the Head of the Subject

Steady While Images Were Being Photographed

CM, concave mirror; F, forehead rest; C, condenser, MP mouthpiece; Pr, perimeter.

a clearer and more constant image, but it still was not sufficiently reliable to be measured. To Helmholtz the indistinct image of a naked flame seemed to show an appreciable change, while the images obtained by the aid of the diaphragm showed it more clearly; but I was

Inconstancy of Candle Image 57

unable, either with a diaphragm or without it, to obtain images which I considered sufficiently distinct to

be reliable.

Men who had been teaching and demonstrating Helmholtz's theory repeated his experiments for my benefit; but the images which they obtained on the front of the lens did not seem to me any better than my own. After

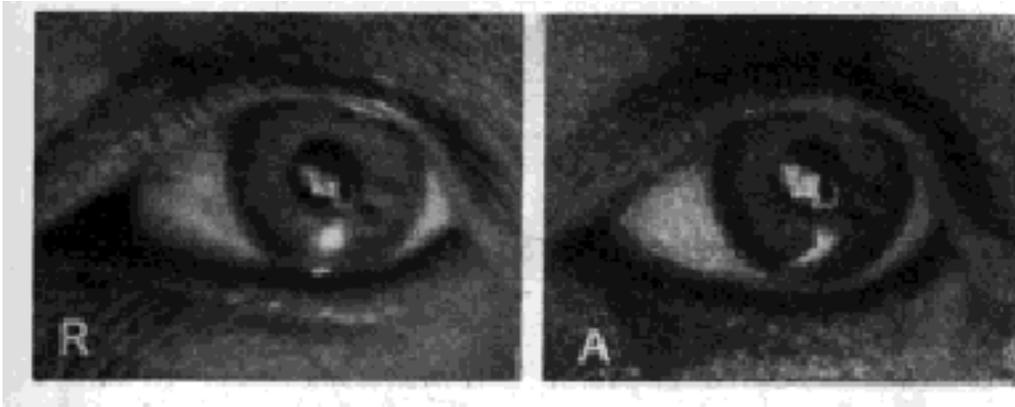


Fig. 26. Image of Electric Filament on the Front of the Lens

R, rest; A, accommodation. Under the magnifying glass no change can be observed in the size of the two images. The image at the right looks larger only because it is more distinct. To support the theory of Helmholtz it ought to be the smaller. The comet's tail at the left of the two images is an accidental reflection from the cornea. The spot of light beneath is a reflection from the light used to illuminate the eye while the photographs were being taken. It took two years to get these pictures.

studying these images almost daily for more than a year I was unable to make any reliable observation regarding the effect of accommodation upon them. In fact, it seemed that an infinite number of appearances might be obtained on the front of the lens when a candle was used as the source of illumination. At times the image became smaller during accommodation and seemed to sustain the theory of Helmholtz; but just as frequently it became larger. At other times it was impossible to tell what it did.

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With a thirty-watt lamp, a fifty-watt lamp, a 250-watt lamp and a 1000-watt lamp, there was no improvement. The light of the sun reflected from the front of the lens produced an image just as cloudy and uncertain as the reflections from other sources of illumination, and just as variable in shape, intensity and size. To sum it all up, I was convinced that the anterior surface of the lens

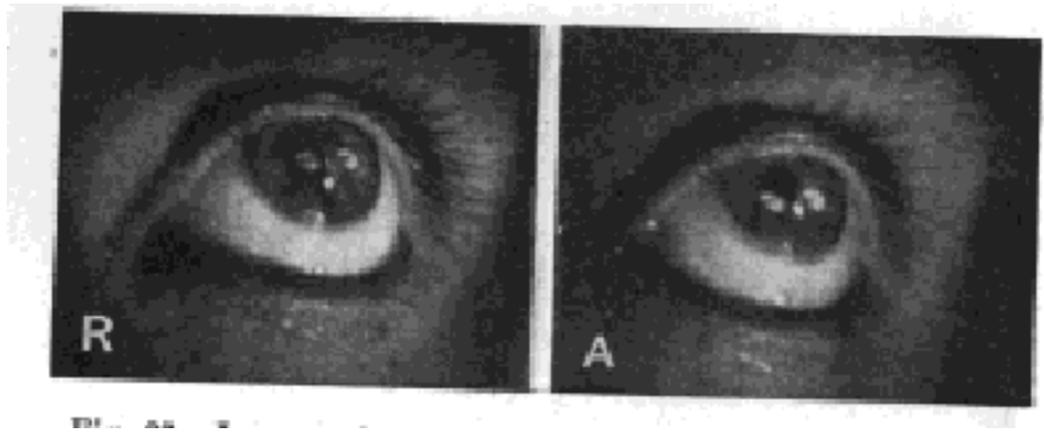


Fig. 27. Images of the Electric Filament Reflected Simultaneously From the Cornea and Lens

R, rest; A, accommodation. The size of the images in both pictures is the same. The corneal image is so small that it has not been noticeably altered by the slight change that takes place in the cornea during accommodation. In A both images have changed their position and the end of the reflection from the lens has been cut off by the iris, but its width remains the same. The white spot between the two images of the filament is a reflection from the lamp used to illuminate the eye. Note that in A more of the sclera is visible, owing to the elongation of the eyeball during accommodation.

was a very poor reflector of light, and that no reliable images could be obtained from it by the means described.

After a year or more of failure I began to work at an aquarium on the eyes of fish. It was a long story of failure. Finally I became able, with the aid of a strong light - 1000 watts - a diaphragm with a small opening and a condenser, to obtain, after some difficulty, a clear

Image on the Lens Photographed 59

and distinct image from the cornea of fish. This image was sufficiently distinct to be measured, and after many months a satisfactory photograph was obtained. Then the work was resumed on the eyes of human beings. The strong light, combined with the diaphragm and condenser, the use of which was suggested by their use to improve the illumination of a glass slide under the microscope, proved to be a decided improvement over the method of Helmholtz, and by means of this technique an image was at last obtained on the front of the lens which was sufficiently clear and distinct to be photographed. This was the first time, so far as published records show, that an image of any kind was ever photographed from the front of the lens. Professional photographers whom I consulted with a view to securing their assistance assured me that the thing could not be done, and declined to attempt it. I was therefore obliged to learn photography, of which I had previously known nothing, myself, and I then found that so far as

the image obtained by the method of Helmholtz is concerned the professionals were right.

The experiments were continued until, after almost four years of constant labor, I obtained satisfactory pictures before and after accommodation and during the production of myopia and hypermetropia, not only of images on the front of the lens, but of reflections from the iris, cornea, the front of the sclera (white of the eye) and the side of the sclera. I also became able to obtain images on any surface at will without reflections from the other parts. Before these results were obtained, however, many difficulties had still to be overcome.

Complicating reflections were a perpetual source of trouble. Reflections from surrounding objects were easily

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prevented; but those from the sides of the globe of the electric light were difficult to deal with, and it was useless to try to obtain images on the front of the lens until they had been eliminated, or reduced to a minimum, by

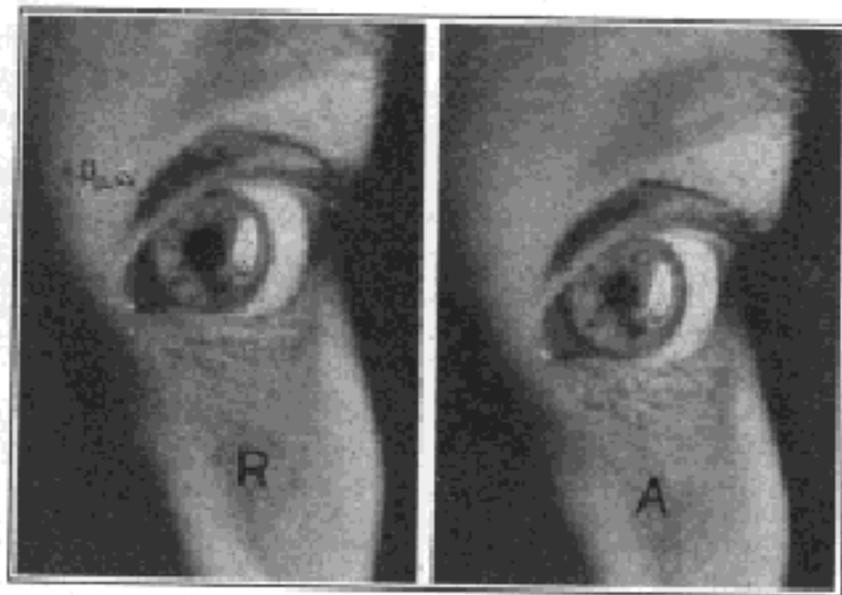


Fig. 28. Image of Electric Filament Upon the Cornea

R, rest; A, accommodation. The image is smaller in A, but the change is so slight as to be scarcely noticeable, showing that the alteration in the shape of the cornea during accommodation is very slight. For this reason the ophthalmometer, with its small image, has been thought to demonstrate that the cornea did not change during accommodation.

a proper adjustment of the light. The same apparent adjustment did not, however, always give similar results. Sometimes there would be no reflections for days; then would come a day when, with the light apparently at the same angle, they would reappear.

With some adjustments of the light multiple images were seen reflected from the front of the lens. Sometimes these images were arranged in a horizontal line, sometimes in a vertical one and sometimes at angles of

Unexplained Difficulties 61

different degrees, while their distance from each other also varied. Usually there were three of them; sometimes there were more; and sometimes there were only two. Occasionally they were all of the same size, but usually they varied, there being apparently no limit to their possibilities of change in this and other respects. Some of them were photographed, indicating that they were real reflections. Changes in the distance of the diaphragm from the light and from the condenser, and alterations in the size and shape of its opening, appeared to make no difference. Different adjustments of the condenser were equally without effect. Changes in the angle at which the light was adjusted sometimes lessened the number of images and sometimes increased them, until at last an angle was found at which but one image was seen. The images appear, in fact, to have been caused by reflections from the globe of the electric light.

Even after the light had been so adjusted as to eliminate reflections it was often difficult, or impossible, to get a clear and distinct image of the electric filament upon the front of the lens. One could rearrange the condenser and the diaphragm and change the axis of fixation, and still the image would be clouded or obscured and its outline distorted. The cause of the difficulty appeared to be that the light was not adjusted at the best angle for the purpose and it was not always possible to determine the exact axis at which a clear, distinct image would be produced. As in the case of the reflections from the sides of the globe, it seemed to vary without a known cause. This was true, however: that there were angles of the axis of the globe which gave better images than others, and that what these angles were could not be determined with exactness. I have

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labored with the light for two or three hours without finding the right angle. At other times the axis would remain unchanged for days, giving always a clear, distinct image.

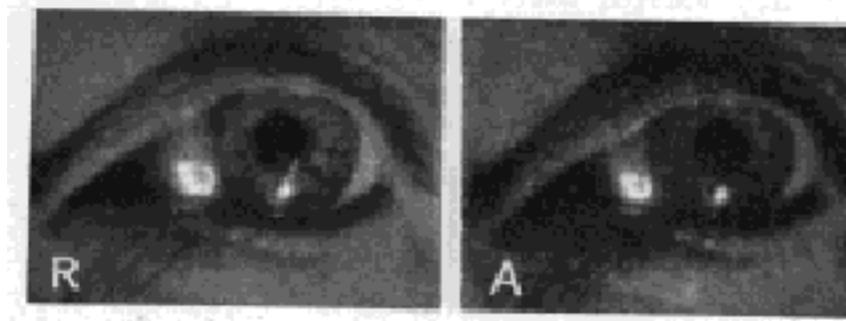


Fig. 29. Image of Electric Filament on the Front of the Sclera

R, rest; A, accommodation. During accommodation the front of the sclera becomes more convex, because the eyeball has elongated, just as a camera is elongated when it is focussed upon a near object. The spot of light on the cornea is an accidental reflection.

The results of these experiments confirmed the conclusions drawn from the previous ones, namely, that accommodation is due to a lengthening of the eyeball, and not to a change in the curvature of the lens. They also confirmed, in a striking manner, my earlier conclusions as to the conditions under which myopia and hypermetropia are produced.'

I The images photographed from the front of the lens

did not show any change in size or form during accommodation. The image on the back of the lens also remained unchanged, as observed through the telescope

of the ophthalmometer; but as there is no dispute about

its behavior during accommodation, it was not photo

graphed. Images photographed from the iris before

1 Bates: *The Cause of Myopia*, N. Y. Med. Jour., March 16, 1912.

No Change in Iris Image 68

and during accommodation were also the same in size and form, as was to be expected from the character of the lens images. If the lens changed during accommodation, the iris, which rests upon it, would change also.

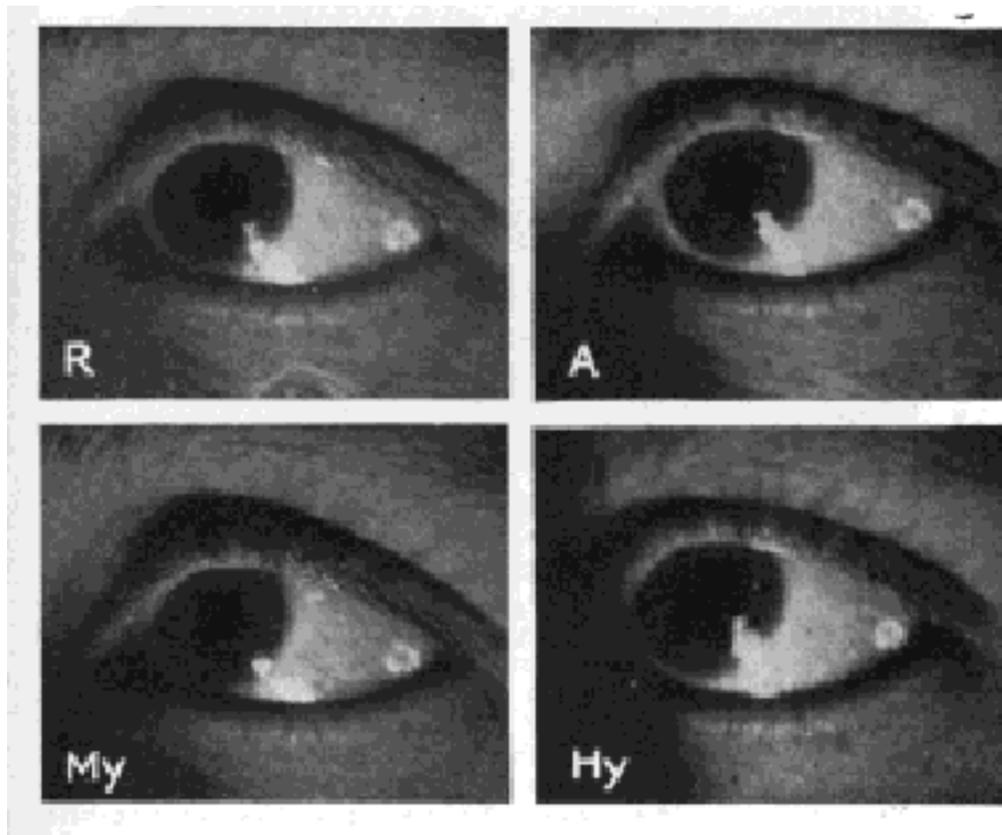


Fig. 30. Images on the Side of the Sclera

R, rest; A, accommodation. The image in A is the larger, indicating a flattening of the side of the sclera as the eyeball elongates. My, Myopia. The eye is straining to see at the distance and the image is larger, indicating that the eyeball has elongated, resulting in a flattening of the side of the sclera. Hy, Hypermetropia. The eye is straining to see at two inches. The image is the smallest of the series, indicating that the eyeball has become shorter than in any of the other pictures, and the side of the sclera more convex. The two lower pictures confirm the author's previous observations that farsight is produced when the eye strains to see near objects and nearsight when it strains to see distant objects.

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The images photographed from the cornea and from the front and side of the sclera showed, however, a series



Fig. 31. Multiple Images Upon the Front of the Lens

This picture illustrates one of the difficulties that had to be overcome in photographing images reflected from various parts of the eyeball. Unless the light was adjusted at precisely the right angle the filament was multiplied by reflection from the sides of the globe. Usually the image was doubled, sometimes it was tripled, as shown in the picture, and sometimes it was quadrupled. Often days of labor were required to eliminate these reflections, and for reasons that were not definitely determined the same adjustment did not always give the same results. Sometimes all would go well for days, and then, without any apparent reason, the multiple images would return.

of four well-marked changes, according to whether the vision was normal or accompanied by a strain. During accommodation the images from the cornea were smaller than when the eye was at rest, indicating elongation of the eyeball and a consequent increase in the convexity of the cornea. But when an unsuccessful effort was made to see at the near-point, the image became larger, indicating that the cornea had become less convex, a condi

A Series of Four Changes 65

tion which one would expect when the optic axis was shortened, as in hypermetropia. When a strain was made to see at a distance the image was smaller than when the eye was at rest, again indicating elongation of the eyeball and increased convexity of the cornea.

The images photographed from the front of the sclera showed the same series of changes as the corneal images, but those obtained from the side of the sclera were found to have changed in exactly the opposite manner, being larger where the former were smaller and vice versa, a

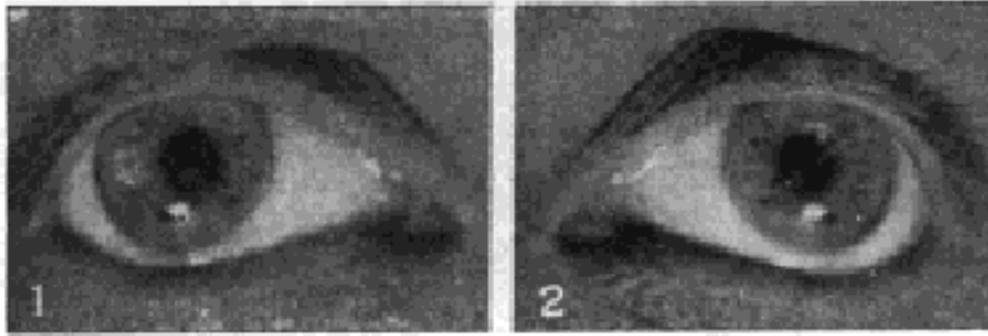


Fig. 32. Reflection of the Electric Filament From the Iris

This picture is shown to illustrate the fact that it is possible to get a reflection from any reflecting surface of the eyeball without reflections from the other parts, although these may be exposed. This is done by changing the angle of the light to the eye. In No. 1 observations of the eye at the time the picture was taken demonstrated that the image was from the iris, not from the cornea, and the fact is also apparent in the picture. (Compare the image with the corneal reflection in Fig. 28.) In No. 2, where the image overlaps the margin of the pupil, the fact that the reflection is from the iris is manifest from the circumstance that only part of the filament is seen. If it were from the cornea, the whole of it would be reflected. Note in this picture that there is no reflection from the lens. The images on the iris did not change their size or shape during accommodation, demonstrating again that the lens, upon which the iris rests, does not change its shape when the eye adjusts itself for near vision.

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difference which one would naturally expect from the fact that when the front of the sclera becomes more convex the sides must become flatter.

When an effort was made to see at a distance the image reflected from the side of the sclera was larger than the image obtained when the eye was at rest, indicating that this part of the sclera had become less convex or flatter, because of elongation of the eyeball. The image obtained during normal accommodation was also larger than when the eye was at rest, indicating again a flattening of the side of the sclera. The image obtained, however, when an effort was made to see near was much smaller than any of the other images, indicating that the sclera had become more convex at the side, a condition which one would expect when the eyeball was shortened, as in hypermetropia.

The most pronounced of the changes were noted in the images reflected from the front of the sclera. Those on the side of the sclera were less marked, and, owing to the difficulty of photographing a white image on a white background, could not always be readily seen on the photographs. They were always plainly apparent, however, to the observer, and still more so to the subject, who regarded them in a concave mirror. The alterations in the size of the corneal image were so slight that they did not show at all in the photographs, except when the image was

large, a fact which explains why the ophthalmometer, with its small image, has been thought to show that the cornea did not change during accommodation. They were always apparent, however, to the subject and observer.

The corneal image was one of the easiest of the series to produce and the experiment is one which almost any

No Change in Back of Lens 67

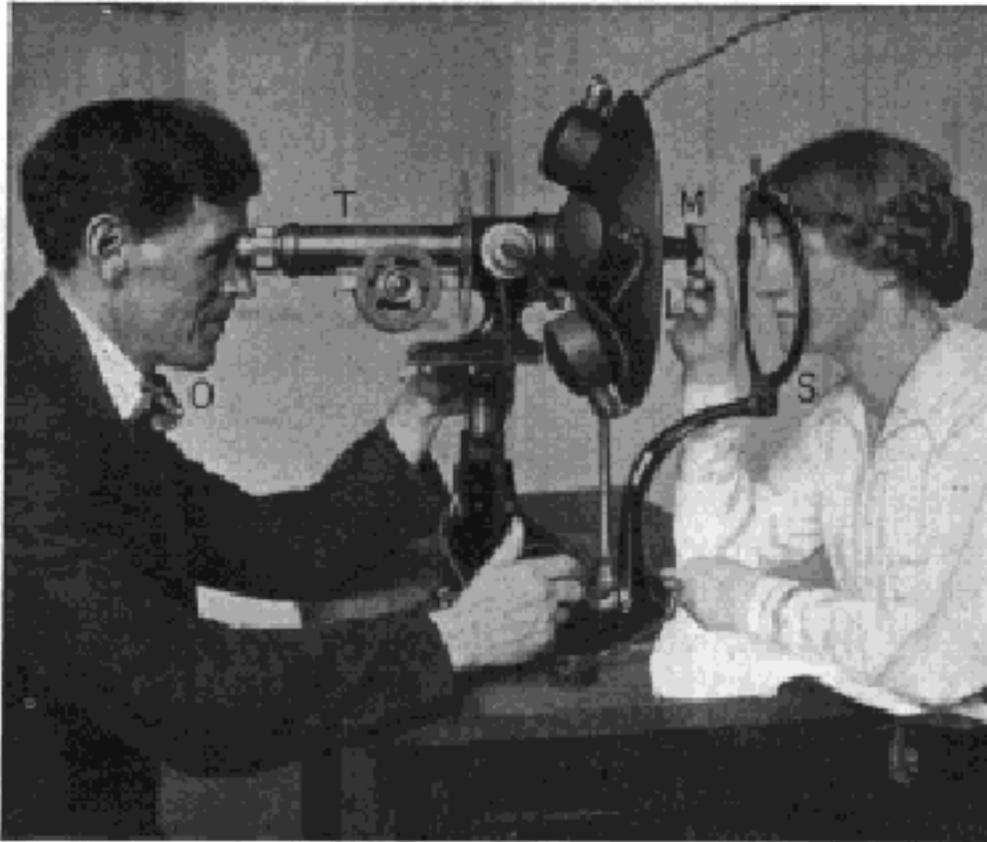


Fig. 33. Demonstrating That the Back of the Lens Does Not
Change During Accommodation.

The filament of an electric light (L) is shining into the eye of the subject (S), and the reflection on the back of the lens can be seen by the observer (O) in the telescope (T). The subject holds in her hand, at a distance of four inches, a mirror on which is pasted a small letter, and in which is reflected a Snellen test card hung above and behind her head at a distance of twenty feet. The retinoscope reveals that when she looks at the reflection of the test card and reads the bottom line the eye is at rest, and that when she looks at the letter pasted on the mirror it accommodates. The image on the lens does not change during these changes of focus. The telescope is the telescope of the ophthalmometer, the prisms having been removed. As there is no dispute about the behavior

of the back of the lens during accommodation this image was not photographed.

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The corneal image was one of the easiest of the series to produce and the experiment is one which almost anyone can repeat, the only apparatus required being a fifty-candlepower lamp - an ordinary electric globe - and a concave mirror fastened to a rod which moves back and forth in a groove so that the distance of the mirror from the eye can be altered at will. A plane mirror might also be used; but the concave glass is better, because it magnifies the image. The mirror should be so arranged that it reflects the image of the electric filament on the cornea, and so that the eye of the subject can see this reflection by looking straight ahead. The image in the mirror is used as the point of fixation, and the distance at which the eye focuses is altered by altering the distance of the mirror from the eye. The light can be placed within an inch or two of the eye, as the heat is not great enough to interfere with the experiment. The closer it is the larger the image, and according to whether it is adjusted vertically, horizontally, or at an angle, the clearness of the reflection may vary. A blue glass screen can be used, if desired, to lessen the discomfort of the light. If the left eye is used by the subject - and in all the experiments it was found to be the more convenient for the purpose - the source of light should be placed to the left of that eye and as much as possible to the front of it, at an angle of about forty-five degrees. For absolute accuracy the light and the head of the subject should be held immovable, but for demonstration this is not essential. Simply holding the bulb in his hand the subject can demonstrate that the image changes according to whether the eye is at rest, accommodating normally for near vision, or straining to see at a near or a distant point.

In the original report were described possible sources of error and the means taken to eliminate them.

CHAPTER VI

THE TRUTH ABOUT ACCOMMODATION AS DEMONSTRATED BY CLINICAL OBSERVATIONS

THE testimony of the experiments described in the preceding chapters to the effect that the lens is not a factor in accommodation is confirmed by numerous observations on the eyes of adults and children, with normal vision, errors of refraction, or amblyopia, and on the eyes of adults after the removal of the lens for cataract.

It has already been pointed out that the instillation of atropine into the eye is supposed to prevent accommodation by paralyzing the muscle credited with controlling the shape of the lens. That it has this effect is stated in every text-book on the subject,¹ and the drug is daily used in the fitting of glasses for the purpose of eliminating the supposed influence of the lens upon refractive states.

In about nine cases out of ten the conditions resulting from the instillation of atropine into the eye fit the theory upon which its use is based; but in the tenth case they do not, and every ophthalmologist of any experience has noted some of these tenth cases. Many of them are reported in the literature, and many of them have come under my own observation. According to the theory,

¹ Certain substances have the power of producing dilation of the pupil (mydriasis) and hence are termed mydriatics. At the same time they act upon the ciliary body diminishing and when applied in sufficient strength completely paralyzing the power of accommodation thus rendering the eye for some time unalterably focused for the farthest point - Herman Snellen Jr.: *Mydriatics and Myotics System of Diseases of the Eye*, edited by Norris and Oliver, 1897-1900, vol. ii, p. 30.

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atropine ought to bring out latent hypermetropia in eyes either apparently normal, or manifestly hypermetropic, provided, of course, the patient is of the age during which

if the lens is supposed to retain its elasticity. The fact is that it sometimes produces myopia, or changes hypermetropia into myopia, and that it will produce both myopia and hypermetropia in persons over seventy years *L* Of age, when the lens is supposed to be as hard as a

- stone, as well as in cases in which the lens is hard with incipient cataract. Patients with eyes apparently normal will, after the use of atropine, develop hypermetropic astigmatism, or myopic

astigmatism, or compound myopic astigmatism, or mixed astigmatism.¹ In other cases the drug will not interfere with the accommodation, or alter the refraction in any way. Furthermore, when the vision has been lowered by atropine the subjects have often become able, simply by resting their eyes, to read diamond type at six inches. Yet atropine is supposed to rest the eyes by affording relief to an overworked muscle.

In the treatment of squint and amblyopia I have often Used atropine in the better eye for more than a year, in order to encourage the use of the amblyopic eye; and at the end of this time, while still under the influence of atropine, such eyes have become able in a few hours, or less, to read diamond type at six inches (see Chapter XXII). The following are examples of many similar cases that might be cited:

A boy of ten had hypermetropia in both eyes, that of

1 In simple hypermetropic astigmatism one principal meridian is normal and the other, at right angles to it, is flatter. In simple myopic astigmatism the contrary is the case.; one principle meridian is normal and the other, at right angles to it more convex. In mixed astigmatism one principal meridian is too flat the other too convex. In compound hypermetropic astigmatism both principal meridians are flatter than normal one more so than the other

In compound myopic astigmatism both are more convex than normal, one more so than the other.

Atropine Fails to Paralyze Accommodation 71

the left or better eye amounting to three diopters. When atropine was instilled into this eye the hypermetropia was increased to four and a half diopters, and the vision lowered to 20/200. With a convex glass of four and a half diopters the patient obtained normal vision for the distance, and with the addition of another convex glass of four diopters he was able to read diamond type at ten inches (best). The atropine was used for a year, the pupil being dilated continually to the maximum. Meantime the right eye was being treated by methods to be described later. Usually in such cases the eye which is not being specifically treated improves to some extent with the others, but in this case it did not. At the end of the year the vision of the right eye had become normal; but that of the left eye remained precisely what it was at the beginning, being still 20/200 without glasses for the distance, while reading without glasses was impossible and the degree of the hypermetropia had not changed. Still under the influence of the atropine and still with the pupil dilated to the maximum, this eye was now treated separately; and in half an hour its vision had become normal both for the distance and the nearpoint, diamond type being read at six inches, all without glasses. According to the accepted theories, the ciliary muscle of this eye must not only have been completely paralyzed at the time, but must have been in a state of complete paralysis for a year. Yet the eye not only overcame four and a half diopters of hypermetropia, but added six diopters of accommodation, making a total of ten and a half. It remains for those who adhere to the accepted

theories to say how such facts can be reconciled with them.

Equally, if not more remarkable, was the case of a

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little girl of six who had two and a half diopters of hypermetropia in her right or better eye, and six in the other, with one diopter of astigmatism. With the better eye under the influence of atropine and the pupil dilated to the maximum, both eyes were treated together for more than a year, and at the end of that time, the right being still under the influence of the atropine, both became able to read diamond type at six inches, the right doing it better, if anything, than the left. Thus, in spite of the atropine, the right eye not only overcame two and a half diopters of hypermetropia, but added six diopters of accommodation, making a total of eight and a half. In order to eliminate all possibility of latent hypermetropia in the left eye - which in the beginning had six diopters - the atropine was now used in this eye and discontinued in the other, the eye education being continued as before. Under the influence of the drug there was a slight return of the hypermetropia; but the vision quickly became normal again, and although the atropine was used daily for more than a year, the pupil being continually dilated to the maximum, it remained so, diamond type being read at six inches without glasses during the whole period. It is difficult for me to conceive how the ciliary muscle could have had anything to do with the ability of this patient to accommodate after atropine had been used in each eye separately for a year or more at a time.

According to the current theory, atropine paralyzes the ciliary muscle and thus, by preventing a change of curvature in the lens, prevents accommodation. When accommodation occurs, therefore, after the prolonged use of atropine, it is evident that it must be due to some factor or factors other than the lens and the ciliary muscle. The evidence of such cases against the accepted

Aphakia and Presbyopia 73

theories is, in fact, overwhelming; and according to these theories the other factors cited in this chapter are equally inexplicable. All of these facts, however, are in entire accord with the results of my experiments on the eye muscles of animals and my observations regarding the behavior of images reflected from various parts of the eyeball. They strikingly confirm, too, the testimony of the experiments with atropine, which showed that the accommodation could not be paralyzed completely and permanently unless the atropine was injected deep into the orbit, so as to reach the oblique muscles, the real muscles of accommodation, while hypermetropia could not be prevented when the eyeball was stimulated with electricity without a similar use of atropine, resulting in the paralysis of the recti muscles.

As has already been noted, the fact that after the removal of the lens for cataract the eye often appears to accommodate just as well as it did before is well known. Many of these cases have come under my own observation. Such patients have not only read diamond type with only their distance glasses on, at thirteen and ten inches and at a less distance, but one man was able to read without any glass at all. In all these cases the retinoscope demonstrated that the apparent act of accommodation was real, being

accomplished, not by the "interpretation of circles of diffusion," or by any of the other methods by which this inconvenient phenomenon is commonly explained, but by an accurate adjustment of the focus to the distances concerned.

The cure of presbyopia (see Chapter XX) must also be added to the clinical testimony against the accepted theory of accommodation. On the theory that the lens is a factor in accommodation such cures would be mani

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festly impossible. The fact that rest of the eyes improves the sight in presbyopia has been noted by others, and has been attributed to the supposed fact that the rested ciliary muscle is able for a brief period to influence the hardened lens; but while it is conceivable that this might happen in the early stages of the condition and for a few moments, it is not conceivable that permanent relief should be obtained by this means, or that lenses which are, as the saying goes, as "hard as a stone," should be influenced, even momentarily.

A truth is strengthened by an accumulation of facts. A working hypothesis is proved not to be a truth if a single fact is not in harmony with it. The accepted theories of accommodation and of the cause of errors of refraction require that a multitude of facts shall be explained away. During more than thirty years of clinical experience, I have not observed a single fact that was not in harmony with the belief that the lens and the ciliary muscle have nothing to do with accommodation and that the changes in the shape of the eyeball upon which errors of refraction depend are not permanent. My clinical observations have of themselves been sufficient to demonstrate this fact. They have also been sufficient to show how errors of refraction can be produced at will, and how they may be cured, temporarily in a few minutes, and permanently by continued treatment.

CHAPTER VII

THE VARIABILITY OF THE REFRACTION OF THE EYE

THE theory that errors of refraction are due to permanent deformations of the eyeball leads naturally to the conclusion, not only that errors of refraction are permanent states, but that normal refraction is also a continuous condition. As this theory is almost universally accepted as a fact, therefore, it is not surprising to find that the normal eye is generally regarded as a perfect machine which is always in good working order. No matter whether the object regarded is strange or familiar, whether the light is good or imperfect, whether the surroundings are pleasant or disagreeable, even under conditions of nerve strain or bodily disease, the normal eye is expected to have normal refraction and normal sight all the time. It is true that the facts do not harmonize with this view, but they are conveniently attributed to the perversity of the ciliary muscle, or if that explanation will not work, ignored altogether.

When we understand, however, how the shape of the eyeball is controlled by the external muscles, and how it responds instantaneously to their action, it is easy to see that no refractive state, whether it is normal or abnormal, can be permanent. This conclusion is confirmed by the retinoscope, and I had observed the facts long before the experiments described in the preceding chapters had offered a satisfactory explanation for it. During thirty years devoted to the study of refraction, I have found

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few people who could maintain perfect sight for more than a few minutes at a time, even under the most favorable conditions; and often I have seen the refraction change half a dozen times or more in a second, the variations ranging all the way from twenty diopters of myopia to normal. Similarly I have found no eyes with continuous or unchanging errors of refraction, all persons with errors of refraction having, at frequent intervals during the day and night, moments of normal vision, when their myopia, hypermetropia, or astigmatism, wholly disappears. The form of the error also changes, myopia even changing into hypermetropia, and one form of astigmatism into another.

Of twenty thousand school children examined in one year, more than half had normal eyes, with sight which was perfect at times; but not one of them had perfect sight in each eye at all times of the day. Their sight might be good in the morning and imperfect in the afternoon, or imperfect in the morning and perfect in the afternoon. Many children could read one Snellen test card: with perfect sight, while unable to see a different one perfectly. Many could also read some letters of the alphabet perfectly, while unable to distinguish other letters of the same size under similar conditions. The degree of this imperfect sight varied within wide limits, from one-third to one-tenth, or less. Its duration was also variable. Under some conditions it might continue for only a few minutes, or less; under others it might prevent the subject from seeing the blackboard for days, weeks, or even longer. Frequently all the pupils in a classroom were affected to this extent.

Among babies a similar condition was noted. Most

Changing Refraction of Infants 77

investigators have found babies hypermetropic. A few have found them myopic. My own observations indicate that the refraction of infants is continually changing. One child was examined under atropine on four successive days, beginning two hours after birth. A three per cent solution of atropine was instilled into both eyes, the pupil was dilated to the maximum, and other physiological symptoms of the use of atropine were noted. The first examination showed a condition of mixed astigmatism. On the second day there was compound hypermetropic astigmatism, and on the third compound myopic astigmatism. On the fourth one eye was normal and the other showed simple myopia. Similar variations were noted in many other cases.

What is true of children and infants is equally true of adults of all ages. Persons over seventy years of age have suffered losses of vision of variable degree and intensity, and in such cases the retinoscope always indicated an error of refraction. A man eighty years old, with normal eyes and ordinarily normal sight, had periods of imperfect sight which would last from a few minutes to half an hour or longer. Retinoscopy at such times always indicated myopia of four diopters or more.

During sleep the refractive condition of the eye is rarely, if ever, normal. Persons whose refraction is normal when they are awake will produce myopia, hypermetropia and astigmatism when they are asleep, or, if they have errors of refraction when they are awake, they will be increased during sleep. This is why people waken in the morning with eyes more tired than at any other time, or even with severe headaches. When the subject is under ether or chloroform, or unconscious from any other cause, errors of refraction are also produced or increased.

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When the eye regards an unfamiliar object an error of refraction is always produced. Hence the proverbial fatigue caused by viewing pictures, or other objects, in a museum. Children with normal eyes who can read perfectly small letters a quarter of an inch high at ten feet always have trouble in reading strange writing on the blackboard, although the letters may be two inches high. A strange map, or any map, has the same effect. I have never seen a child, or a teacher, who could look at a map at the distance without becoming nearsighted. German type has been accused of being responsible for much of the poor sight once supposed to be peculiarly a German malady; but if a German child attempts to read Roman print, it will at once become temporarily hypermetropic. German print, or Greek or Chinese characters, will have the same effect on a child, or other person, accustomed to Roman letters. Cohn repudiated the idea that German lettering was trying to the eyes.¹ On the contrary, he always found it "pleasant, after a

long reading of the monotonous Roman print, to return 'to our beloved German.'" Because the German characters were more familiar to him than any others he found them restful to his eyes. "Use," as he truly observed, "has much to do with the matter." Children learning to read, write, draw, or sew, always suffer from defective vision, because of the unfamiliarity of the lines or objects with which they are working.

A sudden exposure to strong light, or rapid or sudden changes of light, are likely to produce imperfect sight in the normal eye, continuing in some cases for weeks and months (see Chapter XVII).

1 Eyes and School-Books Pop. Sci. Monthly, May, 1881, translated from Deutsche Rundschau.

Causes of Defective Vision in Normal Eyes 79

Noise is also a frequent cause of defective vision in the normal eye. All persons see imperfectly when they hear an unexpected loud noise. Familiar sounds do not lower the vision, but unfamiliar ones always do. Country children from quiet schools may suffer from defective vision for a long time after moving to a noisy city. In school they cannot do well with their work, because their sight is impaired. It is, of course, a gross injustice for teachers and others to scold, punish, or humiliate such children.

Under conditions of mental or physical discomfort, such as pain, cough, fever, discomfort from heat or cold, depression, anger, or anxiety, errors of refraction are always produced in the normal eye, or increased in the eye in which they already exist.

The variability of the refraction of the eye is responsible for many otherwise unaccountable accidents. When people are struck down in the street by automobiles, or trolley cars, it is often due to the fact that they were suffering from temporary loss of sight. Collisions on railroads or at sea, disasters in military operations, aviation accidents, etc., often occur because some responsible person suffered temporary loss of sight.

To this cause must also be ascribed, in a large degree, the confusion which every student of the subject has noted in the statistics which have been collected regarding the occurrence of errors of refraction. So far as I am aware it has never been taken into account by any investigator of the subject; yet the result in any such investigation must be largely determined by the conditions under which it is made. It is possible to take the best eyes in the world and test them so that the subject will not be able to get into the Army. Again, the test

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may be so made that eyes which are apparently much below normal at the beginning, may in the few minutes required for the test, acquire normal vision and become able to read the test card perfectly.

CHAPTER VIII

WHAT GLASSES DO TO US

THE Florentines were doubtless mistaken in supposing that their fellow citizen (see page v) was the inventor of the lenses now so commonly worn to correct errors of refraction. There has been much discussion as to the origin of these devices, but they are generally believed to have been known at a period much earlier than that of Salvino degli Armati.: The Romans at least must have known something of the art of supplementing the powers of the eye, for Pliny tells us that Nero used to watch the games in the Colosseum through a concave gem set in a ring for that purpose. If, however, his contemporaries believed that Salvino of the Armati was the first to produce these aids to vision, they might well pray for the pardon of his sins; for while it is true that eyeglasses have brought to some people improved vision and relief from pain and discomfort, they have been to others simply an added torture, they always do more or less harm, and at their best they never improve the vision to normal.

That glasses cannot improve the sight to normal can be very simply demonstrated by looking at any color through a strong convex or concave glass. It will be noted that the color is always less intense than when seen with the naked eye; and since the perception of form depends upon the perception of color, it follows that both color and form must be less distinctly seen with glasses than without them. Even plane glass lowers the vision both for color and form, as everyone knows who has ever looked out of a window. Women who wear glasses for minor defects of vision often observe

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that they are made more or less color-blind by them, and in a shop one may note that they remove them when they want to match samples. If the sight is seriously defective, the color may be seen better with glasses than without them.

That glasses must injure the eye is evident from the facts given in the preceding chapter. One cannot see through them unless one produces the degree of refractive error which they are designed to correct. But refractive errors, in the eye which is left to itself, are never constant. If one secures good vision by the aid of concave, or convex, or astigmatic lenses, therefore, it means that one is maintaining constantly a degree of refractive error which otherwise would not be maintained constantly. It is only to be expected that this should make the condition worse, and it is a matter of common experience that it does. After people once begin to wear glasses their strength, in most cases, has to be steadily increased in order to maintain the degree of visual acuity secured by the aid of the first pair. Persons with presbyopia who put on glasses because they cannot read fine print too often find that after they have worn them for a time they cannot, without their aid, read the larger print that was perfectly plain to them before. A person with

myopia of 20/ 70 who puts on glasses giving him a vision of 20/20 may find that in a week's time his unaided vision has declined to 20/200, and we have the testimony of Dr. Sidler-Huguenin, of Zurich,¹ that of the thousands of myopes treated by him the majority grew steadily worse, in spite of all the skill he could apply to the fitting of glasses for them. When people break their glasses and go without them for a week or two, they

¹ Archiv. f. Augenh., vol. lxxix, 1915, translated in Arch. Opth., vol. xlv, No. 6, 1916.

The Eye Resents Glasses 83

frequently observe that their sight has improved. As a matter of fact the sight always improves, to a greater or less degree, when glasses are discarded, although the fact may not always be noted.

That the human eye resents glasses is a fact which no one would attempt to deny. Every oculist knows that patients have to "get used" to them, and that sometimes they never succeed in doing so. Patients with high degrees of myopia and hypermetropia have great difficulty in accustoming themselves to the full correction, and often are never able to do so. The strong concave glasses required by myopes of high degree make all objects seem much smaller than they really are, while convex glasses enlarge them. - These are unpleasantnesses that cannot be overcome. Patients with high degrees of astigmatism suffer some very disagreeable sensations when they first put on glasses, for which reason they are warned by one of the "Conservation of Vision" leaflets published by the Council on Health and Public Instruction of the American Medical Association to "get used to them at home before venturing where a misstep might cause a serious accident." ¹ Usually these difficulties are overcome, but often they are not, and it sometimes happens that those who get on fairly well with their glasses in the daytime never succeeded in getting used to them at night.

All glasses contract the field of vision to a greater or less degree. Even with very weak glasses patients are unable to see distinctly unless they look through the center of the lenses, with the frames at right angles to the line of vision; and not only is their vision lowered if they fail to do this, but annoying nervous symptoms,

¹ Lancaster: Wearing Glasses, p. 15.

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such as dizziness and headache, are sometimes produced. Therefore they are unable to turn their eyes freely in different directions. It is true that glasses are now ground in such a way that it is theoretically possible to look through them at any angle, but practically they seldom accomplish the desired result.

The difficulty of keeping the glass clear is one of the minor discomforts of glasses, but nevertheless a most annoying one. On damp and rainy days the atmosphere clouds them. On hot days the perspiration from the body may have a similar effect. On cold days they are often clouded by the moisture of the

breath. Every day they are so subject to contamination by dust and moisture and the touch of the fingers incident to unavoidable handling that it is seldom they afford an absolutely unobstructed view of the objects regarded.

Reflections of strong light from eyeglasses are often very annoying, and in the street may be very dangerous.

Soldiers, sailors, athletes, workmen and children have great difficulty with glasses because of the activity of their lives, which not only leads to the breaking of the lenses, but often throws them out of focus, particularly in the case of eyeglasses worn for astigmatism.

The fact that glasses are very disfiguring may seem a matter unworthy of consideration in a medical publication; but mental discomfort does not improve either the general health or the vision, and while we have gone so far toward making a virtue of what we conceive to be necessity that some of us have actually come to consider glasses becoming, huge round lenses in ugly tortoiseshell frames being positively fashionable at the present time, there are still some unperverted minds to which the wearing of glasses is mental torture and the sight of them upon others far from agreeable. Most human

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beings are, unfortunately, ugly enough without- putting glasses upon them, and to disfigure any of the really beautiful faces that we have with such contrivances is surely as bad as putting an import tax upon art. As for putting glasses upon a child it is enough to make the angels weep.

Up to a generation ago glasses were used only as an aid to defective sight, but they are now prescribed for large numbers of persons who can see as well or better without them. As explained in Chapter I, the hypermetropic eye is believed to be capable of correcting its own difficulties to some extent by altering the curvature of the lens, through the activity of the ciliary muscle. The eye with simple myopia is not credited with this capacity, because an increase in the convexity of the lens, which is supposed to be all that is accomplished by accommodative effort, would only increase the difficulty; but myopia is usually accompanied by astigmatism, and this, it is believed, can be overcome, in part, by alterations in the curvature of the lens. Thus we are led by the theory to the conclusion that an eye in which any error of refraction exists is practically never free, while open, from abnormal accommodative efforts. In other words, it is assumed that the supposed muscle of accommodation has to bear, not only the normal burden of changing the focus of the eye for vision at different distances, but the additional burden of compensating for refractive errors. Such adjustments, if they actually took place, would naturally impose a severe strain upon the nervous system, and it is to relieve this strain - which is believed to be the cause of a host of functional nervous troubles - quite as much as to improve the sight, that glasses are prescribed.

It has been demonstrated, however, that the lens is not

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a factor, either in the production of accommodation, or in the correction of errors of refraction. Therefore under no circumstances can there be a strain of the ciliary muscle to be relieved. It has also been demonstrated that when the vision is normal no error of refraction is present, and the extrinsic muscles of the eyeball are at rest. Therefore there can be no strain of the extrinsic muscles to be relieved in these cases. When a strain of these muscles does exist, glasses may correct its effects upon the refraction, but the strain itself they cannot relieve. On the contrary, as has been shown, they must make it worse. Nevertheless persons with normal vision who wear glasses for the relief of a supposed muscular strain are often benefited by them. This is a striking illustration of the effect of mental suggestion, and plane glass, if it could inspire the same faith, would produce the same result. In fact, many patients have told me that they had been relieved of various discomforts by glasses which I found to be simply plane glass. One of these patients was an optician who had fitted the glasses himself and was under no illusions whatever about them; yet he assured me that when he didn't wear them he got headaches.

Some patients are so responsive to mental suggestion that you can relieve their discomfort, or improve their sight, with almost any glasses you like to put on them. I have seen people with hypermetropia wearing myopic glasses with a great deal of comfort, and people with no astigmatism getting much satisfaction from glasses designed for the correction of this defect.

Landolt mentions the case of a patient who had for years worn prisms for insufficiency of the internal recti, and who found them absolutely indispensable for work, although the apices were toward the nose. The prescrip

Effects of Mental Suggestion 87

tion, which the patient was able to produce, called for prisms adjusted in the usual manner, with the apices toward the temples; but the optician had made a mistake which, owing to the patient's satisfaction with the result, had never been discovered. Landolt explained the case by "the slight effect of weak prisms and the great power of imagination"; and doubtless the benefit derived from the glasses was real, resulting from the patient's great faith in the specialist - described as "one of the most competent of ophthalmologists" - who prescribed them.

Some patients will even imagine that they see better with glasses that markedly lower the vision. A number of years ago a patient for whom I had prescribed glasses consulted an ophthalmologist whose reputation was much greater than my own, and who gave him another pair of glasses and spoke slightly of the ones that I had prescribed. The patient returned to me and told me how much better he could see with the second pair of glasses than he did with the first. I tested his vision with the new glasses, and found that while mine had given him a vision of 20/20 those of my colleague enabled him to see only 20/40. The simple fact was that he had been hypnotized by a great reputation into thinking he could see better when he actually saw worse; and it was hard to convince him that he was wrong, although he had to admit that when he looked at the test card he could see only half as much with the

new glasses as with the old ones.

When glasses do not relieve headaches and other nervous symptoms it is assumed to be because they were not properly fitted, and some practitioners and their patients exhibit an astounding degree of patience and

1 Anomalies of the Motor Apparatus of the Eye, System of Diseases of the Eye, vol. iv, pp. 154-155.

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perseverance in their joint attempts to arrive at the proper prescription. A patient who suffered from severe pains at the base of his brain was fitted sixty times by one specialist alone, and had besides visited many other eye and nerve specialists in this country and in Europe. He was relieved of the pain in five minutes by the methods presented in this book, while his vision, at the same time, became temporarily normal.

It is fortunate that many people for whom glasses have been prescribed refuse to wear them, thus escaping not only much discomfort but much injury to their eyes. Others, having less independence of mind, or a larger share of the martyr's spirit, or having been more badly frightened by the oculists, submit to an amount of unnecessary torture which is scarcely conceivable. One such patient wore glasses for twenty-five years, although they did not prevent her from suffering continual misery and lowered her vision to such an extent that she had to look over the tops when she wanted to see anything at a distance. Her oculist assured her that she might expect the most serious consequences if she did not wear the glasses, and was very severe about her practice of looking over instead of through them.

As refractive abnormalities are continually changing, not only from day to day and from hour to hour, but from minute to minute, even under the influence of atropine, the accurate fitting of glasses is, of course; impossible. In some cases these fluctuations are so extreme, or the patient so unresponsive to mental suggestion, that no relief whatever is obtained from correcting lenses, which necessarily become under such circumstances an added discomfort. At their best it cannot be maintained that glasses are anything more than a very unsatisfactory substitute for normal vision.

CHAPTER IX

THE CAUSE AND CURE OF ERRORS OF REFRACTION

IT has been demonstrated in thousands of cases that all abnormal action of the external muscles of the ; eyeball is accompanied by a strain or effort to see, and that with the relief of this strain the action of the muscles becomes normal and all errors of refraction disappear. The eye may be blind, it may be suffering from atrophy of the optic nerve, from cataract, or disease of the retina; but so long as it does not try to see, the external muscles act normally and there is no error of refraction. This fact furnishes us with the means by which all these conditions, so long held to be incurable, may be cured.

It has also been demonstrated that for every error of refraction there is a different kind of strain. The study of images reflected from various parts of the eyeball confirmed what had previously been observed, namely, that myopia (or a lessening of hypermetropia) is always associated with a strain to see at the distance, while hypermetropia (or/ a lessening of myopia) is always associated with a strain to see at the nearpoint; and the fact can be verified in a: few minutes by anyone who knows how to- use a retinoscope, provided only that the instrument is not brought nearer to the subject than six feet.

In an eye with previously normal vision a strain to see near objects always results in the temporary production of hypermetropia in one or all meridians. That is, the eye either becomes entirely hypermetropic, or some form

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Fig. 34. Straining to See at the Near-Point Produces

Hypermetropia

Patient reading fine print in a good light at thirteen inches, the object of vision being placed above the eye so as to be out of the line of the camera. Simultaneous retinoscopy indicated that the eye was focused at thirteen inches. The glass was used with the retinoscope to determine the amount of the refraction.



When the room was darkened the patient failed to read the fine print at thirteen inches and the retinoscope indicated that the eye was focused at a greater distance. When a conscious strain of considerable degree was made to see, the eye became hypermetropic.

Voluntary Increase of Refractive Error 91



Fig. 35. Myopia Produced by Unconscious Strain to See at the Distance is Increased by Conscious Strain.

No. 1. - Normal vision.

No. 2. - Same subject four years later with myopia. Note the strained expression.

No. 3. - Myopia increased by conscious effort to see a distant object.



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Fig. 36. Immediate Production of Myopia and Myopic Astigmatism in Eyes Previously Normal by Strain to See at the Distance

Boy reading the Snellen test card with normal vision. Note the absence of facial strain.



The same boy trying to see a picture at twenty feet. The effort, manifested by staring, produces compound myopic astigmatism, as revealed by the retinoscope.

Emmetropia at the Near-Point 93

of astigmatism is produced of which hypermetropia forms a part. In the hypermetropic eye the hypermetropia is increased in one or all meridians. When the myopic eye strains to see a near object the myopia is lessened and emmetropia may be produced, the eye being focussed for parallel rays while still trying to see at the near-point. In some cases the emmetropia may even pass over into hypermetropia in one or all meridians. All these changes are accompanied by evidences of increasing strain, in the form of eccentric fixation

(see Chapter XI) and lower vision; but, strange to say, pain and fatigue are usually relieved to a marked degree. If, on the contrary, the eye with previously normal vision strains to see at the distance, temporary myopia is always produced in one or all meridians, and if the eye - is already myopic, the myopia is increased. If the hypermetropic eye strains to see a distant object, pain and fatigue may be produced or increased; but the hypermetropia and the eccen



The same boy making himself myopic voluntarily by partly closing the eyelids and making a conscious effort to read the test card at ten feet.

1 Emmetropia (from the Greek *emmetros*, in measure and *ops*, the eye) is that condition of the eye in which it is focussed for parallel rays This constitutes normal vision at the distance but is an error of refraction when it occurs at the near-point

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tric fixation are lessened-and the vision improves. This interesting result, it will be noted, is the exact contrary of what we get when the myope strains to see at the near-point. In some cases the hypermetropia is completely relieved, and emmetropia is produced, with a complete disappearance of all evidences of strain. This condition may then pass over into myopia, with an increase of strain as the myopia increases.

In other words the eye which strains to see at the nearpoint becomes flatter than it was before, in one or all meridians. If it was elongated to start with, it may pass



Fig. 37. Myopic Astigmatism Comes and Goes According as the
Subject Looks at Distant Objects With or Without Strain

No. 1. - Patient regarding the Snellen test card at ten feet without effort and reading the bottom line with normal vision.

No. 2. - The same patient making an effort to see a picture at twenty feet. The retinoscope indicated compound myopic astig

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from this condition through emmetropia, in which it is spherical, to hypermetropia, in which it is flattened; and if these changes take place unsymmetrically, astigmatism will be produced in connection with the other conditions. The eye which strains to see at the distance, on the contrary, becomes longer than it was before in one or all meridians, and may pass from the flattened condition of hypermetropia, through emmetropia, to the elongated condition of myopia. If these changes take place unsymmetrically, astigmatism will again be produced in connection with the other conditions.

What has been said of the normal eye applies equally to eyes from which the lens has been removed. This operation produces usually a condition of hypermetropia; but when there has previously been a condition of high myopia the removal of the lens may not be sufficient to correct it, and the eye may still remain myopic. In the first case a strain to see at the distance lessens the hypermetropia, and a strain to see at the near-point increases it; in the second a strain to see at the distance increases the myopia, and a strain to see at the nearpoint lessens it. For a longer or shorter period after the removal of the lens many

aphakic eyes strain to see at the near-point, producing so much hypermetropia that the patient cannot read ordinary print, and the power of accommodation appears to have been completely lost. Later, when the patient becomes accustomed to the situation, this strain is often relieved, and the eye becomes able to focus accurately upon near objects. Some rare cases have also been observed in which a measure of good vision both for distance and the nearpoint was obtained without glasses, the eyeball elongating sufficiently to compensate, to some degree, for the loss of the lens.

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Fig. 38. This Patient Had Had the Lens of the Right Eye Removed for Cataract and Was Wearing an Artificial Eye in the Left Socket. The Removal of the Lens Created a Condition of

Hypermetropia Which Was Corrected by a Convex Glass of Ten Diopters.

Should Have Been Impossible 97

NO. 1. - The patient is reading the Snellen test card at twenty feet with normal vision. NO. 2. - She is straining to see the test card at the same distance, and her hypermetropia is lessened by two diopters so that her glass now overcorrects it and she cannot see the card perfectly. NO. 3. - With a convex reading glass of thirteen diopters the right eye is focussed accurately at thirteen inches. NO. 4. - The patient is straining to see at the same distance and her hypermetropia is so increased that in order to read she would require a glass of fifteen diopters. On the basis of the accepted theory that the power of accommodation is wholly destroyed by the removal of the lens these changes in the refraction would have been impossible. The experiment was repeated several times and it was found that the error of refraction produced by straining to see varied, being sometimes more and sometimes less than two diopters.

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The phenomena associated with strain in the human eye have also been observed in the eyes of the lower animals. I have made many dogs myopic by inducing them to strain to see a distant object. One very nervous dog, with normal refraction, as demonstrated by the retinoscope, was allowed to smell a piece of meat. He became very much excited, pricked up his ears, arched his eyebrows and wagged his tail. The meat was then removed to a distance of twenty feet. The dog looked disappointed, but didn't lose interest. While he was watching the meat it was dropped into a box. A worried look came into his eyes. He strained to see what had become of it, and the retinoscope showed that he had become myopic. This experiment, it should be added, would succeed only with an animal possessing two active oblique muscles. Animals in which one of these muscles is absent or rudimentary are unable to elongate the eyeball under any circumstances.

Primarily the strain to see is a strain of the mind, and, as in all cases in which there is a strain of the mind, there is a loss of mental control. Anatomically the results of straining to see at a distance may be the same as those of regarding an object at the near point without strain; but in one case the eye does what the mind desires, and in the other it does not.

These facts appear sufficiently to explain why visual acuity declines as civilization advances. Under the conditions of civilized life men's minds are under a continual strain. They have more things to worry them than uncivilized man had, and they are not obliged to keep cool and collected in order that they may see and do other things upon which existence depends. If he allowed himself to get nervous, primitive man was Promptly

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eliminated; but civilized man survives and transmits his mental characteristics to posterity. The lower animals when subjected to civilized conditions respond to them in precisely the same way as do human creatures. I have examined many domestic and menagerie animals, and have found them, in many cases, myopic, although they neither read, nor write, nor sew, nor set type.

A decline in visual acuity at the distance, however, is

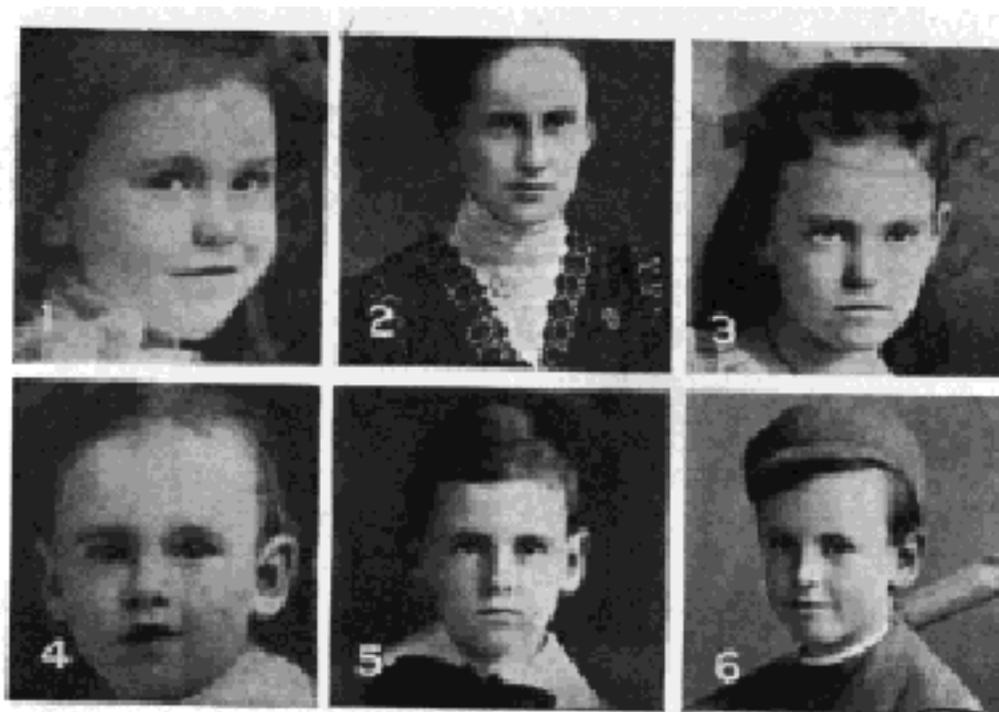


Fig. 39. A Family Group Strikingly Illustrating the Effect .

of the Mind Upon the Vision

No. 1. - Girl of four with normal eyes. No. 2. - The child's mother with myopia. No. 3. - The same girl at nine with myopia. Note that her expression has completely changed, and is now exactly like her mother's. Nos. 4, 5 and 6. - The girl's brother at two, six and eight. His eyes are normal in all three pictures. The girl has either inherited her mother's disposition to take things hard, or has been injuriously effected by her personality of strain. The boy has escaped both influences. In view of the prevailing theories about the relation of heredity to myopia, this picture is particularly interesting.

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no more a peculiarity of civilization than is a similar decline at the near-point. Myopes, although they see better at the near-point than they do at the distance, never see as well as does the eye with normal sight;



Fig. 40. Myopes Who Never Went to School, or Read in the Subway

No. 1. - Myopic elephant in the Central Park Zoo, New York thirtynine years old. Young elephants and other young animals were found to have normal vision.

No. 2. - Cape buffalo with myopia, Central Park Zoo.

No. 3. - Myopic monkey, also in the Central Park Zoo.

No. 4. - Pet dog with myopia which progressed from year to year.

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and in hypermetropia, which is more common than myopia, the sight is worse at the near-point than at the distance.

The remedy is not to avoid either near work or distant vision, but to get rid of the mental strain which underlies the imperfect functioning of the eye at both points; and it has: been demonstrated in thousands

of cases that this can always be done.

Fortunately, all persons are able to relax under certain conditions at will. In all uncomplicated errors of refraction the strain to see can be relieved, temporarily, by having the patient look at a blank wall without trying to see. -To secure permanent relaxation sometimes requires considerable time and much ingenuity. The same method cannot be used with everyone. The ways in which people strain to see are infinite, and the methods used to relieve the strain must be almost equally varied. Whatever the method that brings most relief, however, the end is always the same, namely relaxation. By constant repetition and frequent demonstration and by all means possible, the fact must be impressed upon the patient that perfect sight can be obtained only by relaxation. Nothing else matters.

Most people, when told that rest, or relaxation, will cure their eye troubles, ask why sleep does not do so. The answer to this question was given in Chapter VII. The eyes are rarely, if ever, completely relaxed in sleep, and if they are under a strain when the subject is awake, that strain will certainly be continued during sleep, to a greater or less degree, just as a strain of other parts of the body is continued.

The idea that it rests the eyes not to use them is also erroneous. The eyes were made to see with, and if when

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they are open they do not see, it is because they are under such a strain and have such a great error of refraction that they cannot see. Near vision, although accomplished by a muscular act, is no more a strain on them than is distant vision, although accomplished without the intervention of the muscles. The use of the muscles does not necessarily produce fatigue. Some men can run for hours without becoming tired. Many birds support themselves upon one foot during sleep, the toes tightly clasping the swaying bough and the muscles remaining unfatigued by the apparent strain. Fabre tells of an insect which hung back downward for ten months from the roof of its wire cage, and in that position performed all the functions of life, even to mating and laying its eggs. Those who fear the effect of civilization, with its numerous demands for near vision, upon the eye may take courage from the example of this marvelous little animal which, in a state of nature, hangs by its feet only at intervals, but in captivity can do it for ten months on end, the whole of its life's span, apparently without inconvenience or fatigue.¹

The fact is that when the mind is at rest nothing can tire the eyes, and when the mind is under a strain nothing can rest them. Anything that rests the mind will benefit the eyes. Almost everyone has observed that the eyes tire less quickly when reading an interesting book than when perusing something tiresome or difficult to comprehend. A schoolboy can sit up all night reading a novel without even thinking of his eyes, but if he tried to sit up all night studying his lessons he would soon find them getting very tired. A child whose vision was

1 The Wonders of Instinct English translation by de Mattos and Miall, 1918, pp. 36-38.

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ordinarily so acute that she could see the moons of Jupiter with the naked eye became myopic when asked to do a sum in mental arithmetic, mathematics being a subject which was extremely distasteful to her. Sometimes the conditions which produce mental relaxation are very curious. One patient, for instance, was able to correct her error of refraction when she looked at the test card with her body bent over at an angle of about forty-five degrees, and the relaxation continued after she had assumed the upright position. Although the position was an unfavorable one, she had somehow got the idea that it improved her sight, and therefore it did so.

The time required to effect a permanent cure varies greatly with different individuals. In some cases five, ten, or fifteen minutes is sufficient, and I believe the time is coming when it will be possible to cure everyone quickly. It is only a question of accumulating more facts, and presenting these facts in such a way that the patient can grasp them quickly. At present, however, it is often necessary to continue the treatment for weeks and months, although the error of refraction may be no greater nor of longer duration than in those cases that are cured quickly. In most cases, too, the treatment must be continued for a few minutes every day to prevent relapse. Because a familiar object tends to relax the strain to see, the daily reading of the Snellen test card is usually sufficient for this purpose. It is also useful, particularly when the vision at the near-point is imperfect, to read fine print every day as close to the eyes as it can be done. When a cure is complete it is always permanent; but complete cures, which mean the attainment, not of what is ordinarily called normal sight, but of a measure of telescopic and microscopic vision,

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are very rare. Even in these cases, too, the treatment can be continued with benefit; for it is impossible to place limits to the visual powers of man, and no matter how good the sight, it is always possible to improve it. Daily practice of the art of vision is also necessary to



Fig. 41. - One of Many Thousands of Patients Cured of Errors
of Refraction by the Methods Presented in This Book

No. 1. - Man of thirty-six, 1902, wearing glasses for myopia. Note the appearance of effort in his eyes. He was relieved in 1904 by means of exercises in distant vision and obtained normal sight without glasses.

No. 2. - The same man five years later. No relapse.

prevent those visual lapses to which every eye is liable, no matter how good its sight may ordinarily be. It is true that no system of training will provide an absolute safeguard against such lapses in all circumstances; but the daily reading of small distant, familiar letters will do much to lessen the tendency to strain when disturbing circumstances arise, and all persons upon whose eyesight the safety of others depends should be required to do this.

Generally persons who have never worn glasses are

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more easily cured than those who have, and glasses should be discarded at the beginning of the treatment. When this cannot be done without too great discomfort, or when the patient has to continue his work during the treatment and cannot do so without glasses, their use must be permitted for a time; but this always delays the cure. Persons of all ages have been benefited by this treatment of errors of refraction by relaxation; but children usually, though not invariably, respond much more quickly than adults. If they are under twelve years of age, or even under sixteen, and have never worn glasses, they are usually cured in a few days, weeks, or months, and always within a year, simply by reading the Snellen test card every day.

CHAPTER X

STRAIN

TEMPORARY conditions may contribute to the strain to see which results in the production of errors of refraction; but its foundation lies in wrong habits of thought. In attempting to relieve it the physician has continually to struggle against the idea that to do anything well requires effort. This idea is drilled into us from our cradles. The whole educational system is based upon it; and in spite of the wonderful results attained by Montessori through the total elimination of every species of compulsion in the educational process, educators who call themselves modern still cling to the club, under various disguises, as *a* necessary auxiliary to the process of imparting knowledge.

It is as natural for the eye to see as it is for the mind to acquire knowledge, and any effort in either case is not only useless, but defeats the end in view. You may force a few facts into a child's mind by various kinds of compulsion, but you cannot make it learn anything. The facts remain, if they remain at all, as dead lumber in the brain. They contribute nothing to the vital processes of thought; and because they were not acquired naturally and not assimilated, they destroy the natural impulse of the mind toward the acquisition of knowledge, and by the time the child leaves school or college, as the case may be, it not only knows nothing but is, in the majority of cases, no longer capable of learning.

In the same way you may temporarily improve the sight by effort, but you cannot improve it to normal, and

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if the effort is allowed to become continuous, the sight will steadily deteriorate and may eventually be destroyed. Very seldom is the impairment or destruction of vision due to any fault in the construction of the eye. Of two equally good pairs of eyes one will retain perfect sight to the end of life, and the other will lose it in the kindergarten, simply because one looks at things without effort and the other does not.

The eye with normal sight never tries to see. If for any reason, such as the dimness of the light, or the distance of the object, it cannot see a particular point, it shifts to another. It never tries to bring out the point by staring at it, as the eye with imperfect sight is constantly doing.

Whenever the eye tries to see, it at once ceases to have normal vision. A person may look at the stars with normal vision; but if he tries to count the stars in any particular constellation, he will probably become myopic, because the attempt to do these things usually results in an effort to see. A patient was able to look at the letter K on the Snellen test card with normal vision, but when asked to count its twentyseven corners he lost it completely.

It obviously requires a strain to fail to see at the distance, because the eye at rest is adjusted for distant vision. If one does anything when one wants to see at the distance, one must do the wrong thing. The shape of the eyeball cannot be altered during distant vision without strain. It is equally a strain to fail to see at the near-point, because when the muscles respond to the mind's desire they do it without strain. Only by an effort can one prevent the eye from elongating at the near-point.

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The eye possesses perfect vision only when it is absolutely at rest. Any movement, either in the organ or the object of vision, produces an error of refraction. With the retinoscope it can be demonstrated that even the necessary movements of the eyeball produce a slight error of refraction, and the moving pictures have given us a practical demonstration of the fact that it is impossible to see a moving object perfectly. When the movement of the object of vision is sufficiently slow, the resulting impairment of vision is so slight as to be inappreciable, just as the errors of refraction produced by slight movements of the eyeball are inappreciable; but when objects move very rapidly they can be seen only as a blur. For this reason it has been found necessary to arrange the machinery for exhibiting moving pictures in such a way that each picture is halted for a twenty-fourth of a second, and screened while it is moving into place. Moving pictures, accordingly, are never seen in motion.

The act of seeing is passive. Things are seen, just as they are felt, or heard, or tasted, without effort or volition on the part of the subject. When sight is perfect the letters on the test card are waiting, perfectly black and perfectly distinct, to be recognized. They do not have to be sought; they are there. In imperfect sight they are sought and chased. The eye goes after them. An effort is made to see them.

The muscles of the body are supposed never to be at rest. The blood-vessels, with their muscular coats, are never at rest. Even in sleep thought does not cease. But the normal condition of the nerves of sense - of hearing, sight, taste, smell and touch - is one of rest. They can be acted upon; they cannot act. The optic nerve, the

Mental Strain Reflected in the Eye 109

retina and the visual centers of the brain are as passive as the finger-nail. They have nothing whatever in their structure that makes it possible for them to do anything, and when they are the subject of effort from outside sources their efficiency is always impaired.

The mind is the source of all such efforts from outside sources brought to bear upon the eye. Every thought of effort in the mind, of whatever sort, transmits a motor impulse to the eye; and every such impulse causes a deviation from the normal in the shape of the eyeball and lessens the sensitiveness of

the center of sight. If one wants to have perfect sight, therefore, one must have no thought of effort in the mind. Mental strain of any kind always produces a conscious or unconscious eyestrain and if the strain takes the form of an effort to see, an error of refraction is always produced. A schoolboy was able to read the bottom line of the Snellen test card at ten feet, but when the teacher told him to mind what he was about he could not see the big C. Many children can see perfectly so long as their mothers are around; but if the mother goes out of the room, they may at once become myopic, because of the strain produced by fear. Unfamiliar objects produce eyestrain and a consequent error of refraction, because they first produce mental strain. A person may have good vision when he is telling the truth; but if he states what is not true, even with no intent to deceive, or if he imagines what is not true, an error of refraction will be produced, because it is impossible to state or imagine what is not true without an effort.

I may claim to have discovered that telling lies is bad

1 In this case and others to be mentioned later, the large letter at the top of the card read by the eye with normal vision at two hundred feet, was a "C."

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for the eyes, and whatever bearing this circumstance may have upon the universality of defects of vision, the fact can easily be demonstrated. If a patient can read all the small letters on the bottom line of the test card, and either deliberately or carelessly miscalls any of them, the retinoscope will indicate an error of refraction. In numerous cases patients have been asked to state their ages incorrectly, or to try to imagine that they were a year older or a year younger than they actually were, and in every case when they did this the retinoscope indicated an error of refraction. A patient twenty-five years old had no error of refraction when he looked at a blank wall without trying to see; but if he said he was twenty-six, or if someone else said he was twenty-six, or if he tried to imagine that he was twenty-six, he became myopic. The same thing happened when he stated or tried to imagine that he was twenty-four. When he stated or remembered the truth his vision was normal, but when he stated or imagined an error he had an error of refraction.

Two little girl patients arrived one after the other one day, and the first accused the second of having stopped at Huyler's for an ice-cream soda, which she had been instructed not to do, being somewhat too much addicted to sweets. The second denied the charge, and the first, who had used the retinoscope and knew what it did to people who told lies, said:

"Do take the retinoscope and find out."

I followed the suggestion, and having thrown the light into the second child's eyes, I asked:

"Did you go to Huyler's?"

"Yes," was the response, and the retinoscope indicated no error of refraction.

Different Kinds of Strain 111

"Did you have an ice-cream soda?"

"No," said the child; but the telltale shadow moved in a direction opposite to that of the mirror, showing that she had become myopic and was not telling the truth.

The child blushed when I told her this and acknowledged that the retinoscope was right; for she had heard of the ways of the uncanny instrument before and did not know what else it might do to her if she said any thing more that was not true.

So sensitive is this test that if the subject, whether his vision is ordinarily normal or not, pronounces the initials of his name correctly while looking at a blank surface without trying to see, there will be no error of refraction; but if he miscalls one initial, even without any consciousness of effort, and with full knowledge that he is deceiving no one, myopia will be produced.

Mental strain may produce many different kinds of eyestrain. According to the statement of most authorities there is only one kind of eyestrain, an indefinite thing resulting from so-called overuse of the eyes, or an effort to overcome a wrong shape of the eyeball. It can be demonstrated, however, that there is not only a different strain for each different error of refraction, but a different strain for most abnormal conditions of the eye. The strain that produces an error of refraction is not the same as the strain that produces a squint, or a cataract,¹ or glaucoma,² or amblyopia,³ or inflammation of the conjunctiva⁴ or of the margin of the lids, or disease of the optic nerve or retina. All these conditions may exist

1 An opacity of the lens

2 A condition in which the eyeball becomes abnormally hard

condition in which there is a decline of vision without apparent cause

membrane covering the inner surface of the eyelid and the visible

part of the white of the eye.

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with only a slight error of refraction, and while the relief of one strain usually means the relief of any others that may coexist with it, it sometimes happens that the strain associated with such conditions as cataract and glaucoma is relieved without the complete relief of the strain that causes the error of

refraction. Even the pain that so often accompanies errors of refraction is never caused by the same strain that causes these errors. Some myopes cannot read without pain or discomfort, but most of them suffer no inconvenience. When the hypermetrope regards an object at the distance the hypermetropia is lessened, but pain and discomfort may be increased. While there are many strains, however, there is only one cure for all of them. namely, relaxation.

The health of the eye depends upon the blood, and, circulation is very largely influenced by thought. When thought is normal - that is, not attended by any excitement or strain - the circulation in the brain is normal, the supply of blood to the optic nerve and the visual centers is normal, and the vision is perfect. When thought is abnormal the circulation is disturbed, the supply of blood to the optic nerve and visual centers is altered, and the vision lowered. We can consciously think thoughts which disturb the circulation and lower the visual power; we can also consciously think thoughts that will restore normal circulation, and thereby cure, not only all errors of refraction, but many other abnormal conditions of the eyes. We cannot by any amount of effort make ourselves see, but by learning to control our thoughts we can accomplish that end indirectly.

You can teach people how to produce any error of refraction, how to produce a squint, how to see two images of an object, one above another, or side by side,

As Quick as a Thought 113

or at any desired angle from one another, simply by teaching them how to think in a particular way. When the disturbing thought is replaced by one that relaxes, the squint disappears, the double vision and the errors of refraction are corrected; and this is as true of abnormalities of long standing as of those produced voluntarily. No matter what their degree or their duration their cure is accomplished just as soon as the patient | is able to secure mental control. The cause of any error of refraction, of a squint, or of any other functional disturbance of the eye, is simply a thought - a wrong thought - and the cure is as quick as the thought that relaxes. In a fraction of a second the highest degrees of refractive error may be corrected, a squint may disappear, or the blindness of amblyopia may be relieved. If the relaxation is only momentary, the correction is momentary. When it becomes permanent, the correction is permanent.

This relaxation cannot, however, be obtained by any sort of effort. It is fundamental that patients should understand this; for so long as they think, consciously or unconsciously, that relief from strain may be obtained by another strain their cure will be delayed.

CHAPTER XI

CENTRAL FIXATION

THE eye is a miniature camera, corresponding in many ways very exactly to the inanimate machine used in photography. In one respect, however, there is a great difference between the two instruments. The sensitive plate of the camera is equally sensitive in every part; but the retina has a point of maximum sensitiveness, and every other part is less sensitive in proportion as it is removed from that point. This point of maximum sensitiveness is called the "fovea centralis," literally the "central pit."

The retina, although it is an extremely delicate membrane, varying in thickness from one-eightieth of an inch to less than half that amount, is highly complex. It is composed of nine layers, only one of which is supposed to be capable of receiving visual impressions. This layer is composed of minute rodlike and conical bodies which vary in form and are distributed very differently in its different parts. In the center of the retina is a small circular elevation known, from the yellow color which it assumes in death and sometimes also in life, as the "macula lutea," literally the "yellow spot." In the center of this spot is the fovea, a deep depression of darker color. In the center of this depression there are no rods, and the cones are elongated and pressed very closely together. The other layers, on the contrary, become here extremely thin, or disappear altogether, so that the cones are covered with barely perceptible traces of them. Beyond the center of the fovea the cones become thicker and fewer

An Invariable Symptom. of Imperfect Sight 115

and are interspersed with rods, the number of which increases toward the margin of the retina. The precise function of these rods and cones is not clear; but it is a fact that the center of the fovea, where all elements except the cones and their associated cells practically disappear, is the seat of the most acute vision. As we withdraw from this spot, the acuteness of the visual perceptions rapidly decreases. The eye with normal vision, therefore, sees one part of everything it looks at best, and everything else worse, in proportion as it is removed from the point of maximum vision; and it is an invariable symptom of all abnormal conditions of the eyes, both functional and organic, that this central fixation is lost.

These conditions are due to the fact that when the sight is normal the sensitiveness of the fovea is normal, but when the sight is imperfect, from whatever cause, the sensitiveness of the fovea is lowered, so that the eye sees equally well, or even better, with other parts of the retina. Contrary to what is generally believed, the part seen best when the sight is normal is extremely small. The text-books say that at twenty feet an area having a diameter of half an inch can be seen with maximum vision, but anyone who tries at this distance to see every part of even the smallest letters of the Snellen test card - the diameter of which may be less than a quarter of an inch - equally well at one time will immediately become myopic. The

fact is that the nearer the point of maximum vision approaches a mathematical point, which has no area, the better the sight.

The cause of this loss of function in the center of sight is mental strain; and as all abnormal conditions of the eyes, organic as well as functional, are accompanied by

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mental strain, all such conditions must necessarily be accompanied by loss of central fixation. When the mind is under a strain the eye usually goes more or less blind. The center of sight goes blind first, partially or completely, according to the degree of the strain, and if the strain is great enough the whole or the greater part of the retina may be involved. When the vision of the center of sight has been suppressed, partially or completely, the patient can no longer see the point which he is looking at best, but sees objects not regarded directly as well, or better, because the sensitiveness of the retina has now become approximately equal in every part, or is even better in the outer part than in the center. Therefore in all cases of defective vision the patient is unable to see best where he is looking.

This condition is sometimes so extreme that the patient may look as far away from an object as it is possible to see it, and yet see it just as well as when looking directly at it. In one case it had gone so far that the patient could see only with the edge of the retina on the nasal side. In other words, she could not see her fingers in front of her face, but could see them if held at the outer side of her eye. She had only a slight error of refraction, showing that while every error of refraction is accompanied by eccentric fixation, the strain which causes the one condition is different from that which produces the other. The patient had been examined by specialists in this country and Europe, who attributed her blindness to disease of the optic nerve or brain; but the fact that vision was restored by relaxation demonstrated that the condition had been due simply to mental strain.

Eccentric fixation, even in its lesser degrees, is so unnatural that great discomfort, or even pain, can be produced in a few seconds by trying to see every part of an

When the Eye Possesses Central Fixation 117

area three or four inches in extent at twenty feet, or even less, or an area of an inch or less at the near-point, equally well at one time, while at the same time the retinoscope will demonstrate that an error of refraction has been produced. This strain, when it is habitual, leads to all sorts of abnormal conditions and is, in fact, at the bottom of most eye troubles, both functional and organic. The discomfort and pain may be absent, however, in the chronic condition, and it is an encouraging symptom when the patient begins to experience them.

When the eye possesses central fixation it not only possesses perfect sight, but it is perfectly at rest and can be used indefinitely without fatigue. It is open and quiet; no nervous movements are observable; and when it regards a point at the distance the visual axes are parallel. In other words, there are no muscular insufficiencies. This fact is not generally known. The textbooks state that muscular insufficiencies occur in eyes having normal sight, but I have never seen such a case. The muscles of the face and of the whole body are also at rest, and when the condition is habitual there are no wrinkles or dark circles around the eyes.

In most cases of eccentric fixation, on the contrary, the eye quickly tires, and its appearance, with that of the face, is expressive of effort or strain. The ophthalmoscope 1 reveals that the eyeball moves at irregular intervals, from side to side, vertically or in other directions. These movements are often so extensive as to be manifest by ordinary inspection, and are sometimes sufficiently marked to resemble nystagmus.² Nervous move

1 A shorter movement can be noted when the observer watches the optic nerve with the ophthalmoscope than when he views merely the exterior of the eye.

2 A condition in which there is a conspicuous and more or less rhythmic movement of the eyeball from side to side.

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ments of the eyelids may also be noted, either by ordinary inspection, or by lightly touching the lid of one eye while the other regards an object either at the near-point or the distance. The visual axes are never parallel, and the deviation from the normal may become so marked as to constitute the condition of squint. Redness of the conjunctiva and of the margins of the lids, wrinkles around the eyes, dark circles beneath them and tearing are other symptoms of eccentric fixation.

Eccentric fixation is a symptom of strain, and is relieved by any method that relieves strain; but in some cases the patient is cured just as soon as he is able to demonstrate the facts of central fixation. When he comes to realize, through actual demonstration of the fact, that he does not see best where he is looking, and that when he looks a sufficient distance away from a point he can see it worse than when he looks directly at it, he becomes able, in some way, to reduce the distance to which he has to look in order to see worse, until he can look directly at the top of a small letter and see the bottom worse, or look at the bottom and see the top worse. The smaller the letter regarded in this way, or the shorter the distance the patient has to look away from a letter in order to see the opposite part indistinctly, the greater the relaxation and the better the sight. When it becomes possible to look at the bottom of a letter and see the top worse, or to look at the top and see the bottom worse, it becomes possible to see the letter perfectly black and distinct. At first such vision may come only in flashes. The letter will come out distinctly for a moment and then disappear. But gradually, if the practice is continued, central fixation will become habitual.

Most patients can readily look at the bottom of the

The Use of Strong Lights 119

big C and see the top worse; but in some cases it is not only impossible for them to do this, but impossible for them to let go of the large letters at any distance at which they can be seen. In these extreme cases it sometimes requires considerable ingenuity, first to demonstrate to the patient that he does not see best where he is looking, and then to help him to see an object worse when he looks away from it than when he looks directly at it. The use of a strong light as one of the points of fixation, or of two lights five or ten feet apart, has been found helpful, the patient when he looks away from the light being able to see it less bright more readily than he can see a black letter worse when he looks away from it. It then becomes easier for him to see the letter worse when he looks away from it. This method was successful in the following case:

A patient with vision of 3/200, when she looked at a point a few feet away from the big C, said she saw the letter better than when she looked directly at it. Her attention was called to the fact that her eyes soon became tired and that her vision soon failed when she saw things in this way. Then she was directed to look at a bright object about three feet away from the card, and this attracted her attention to such an extent that she became able to see the large letter on the test card worse, after which she was able to look back at it and see it better. It was demonstrated to her that she could do one of two things: look away and see the letter better than she did before, or look away and see it worse. She then became able to see it worse all the time when she looked three feet away from it. Next she became able to shorten the distance successively to two feet, one foot, and six inches, with a constant improvement in vision; and finally she

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became able to look at the bottom of the letter and see the top worse, or look at the top and see the bottom worse. With practice she became able to look at the smaller letters in the same way, and finally she became able to read the ten line at twenty feet. By the same method also she became able to read diamond type, first at twelve inches and then at three inches. By these simple measures alone she became able, in short, to see best where she was looking, and her cure was complete.

The highest degrees of eccentric fixation occur in the high degrees of myopia, and in these cases, since the sight is best at the near-point, the patient is benefited by practicing seeing worse at this point. The distance can then be gradually extended until it becomes possible to do the same thing at twenty feet. One patient with a high degree of myopia said that the farther she looked away from an electric light the better she saw it, but by alternately looking at the light at the near-point and looking away from it she became able, in a short time, to see it brighter when she looked directly at it than when she looked away from it. Later she became able to do the same thing at twenty feet, and then she experienced a wonderful feeling of relief. No words, she said, could adequately describe it. Every nerve seemed to be relaxed, and a feeling of comfort and rest permeated her whole body. Afterward her progress was rapid. She soon

became able to look at one part of the smallest letters on the card and see the rest worse, and then she became able to read the letters at twenty feet.

On the principle that a burnt child dreads the fire, some patients are benefited by consciously making their sight worse. When they learn, by actual demonstration of the facts, just how their visual defects are produced.

Possibilities Cannot Be Limited 121

they unconsciously avoid the unconscious strain which causes them. When the degree of eccentric fixation is not too extreme to be increased;, therefore, it is a benefit to patients to teach them how to increase it. When a patient has consciously lowered his vision and produced discomfort and even pain by trying to see the big C, or a whole line of letters, equally well at one time, he becomes better able to correct the unconscious effort of the eye to see all parts of a smaller area equally well at one time. ,.

In learning to see best where he is looking it is usually- l best for the patient to think of the point not directly regarded as being seen less distinctly than the point he is | looking at, instead of thinking of the point fixed as being 1 seen best, as the latter practice has a tendency, in most 11 cases, to intensify the strain under which the eye is al- | ready laboring. One part of an object is seen best only **R** when the mind is content to see the greater part of it j indistinctly? and as the degree of relaxation increases the area of the part seen worse increases, until that seen best

becomes merely a point.

The limits of vision depend upon the degree of central fixation. A person may be able to read a sign half a mile away when he sees the letters all alike, but when taught to see one letter best he will be able to read smaller letters that he didn't know were there. The remarkable vision of savages, who can see with the naked eye objects for which most civilized persons require a telescope, is a matter of central fixation. Some people can see the moons of Jupiter, with the naked eye. It is not because of any superiority in the structure of their eyes, but because they have attained a higher degree of central fixation than most civilized persons do

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Not only do all errors of refraction and all functional disturbances of the eye disappear when it sees by central fixation, but many organic conditions are relieved or cured. I am unable to set any limits to its possibilities. I would not have ventured to predict that glaucoma, incipient cataract and syphilitic iritis could be cured by central fixation; but It is a fact that these conditions have disappeared when central}fixation was attained. Relief was often obtained in a few minutes, and, in rare cases, this relief was permanent. Usually, however, a permanent cure required more prolonged treatment. Inflammatory

conditions of all kinds, including inflammation of the cornea, iris, conjunctiva, the various coats of the eyeball and even the optic nerve itself, have been benefited by central fixation after other methods had failed. Infections, as well as diseases caused by protein poisoning and the poisons of typhoid fever, influenza, syphilis and gonorrhea, have also been benefited by it. Even with a foreign body in the eye there is no redness and no pain so long as central fixation is retained.

Since central fixation is impossible without mental control, central fixation of the eye means central fixation of the mind. It means, therefore, health in all parts of the body, for all the operations of the physical mechanism depend upon the mind. Not only the sight, but all the other senses - touch, taste, hearing and smell - are benefited by central fixation. All the vital processes - digestion, assimilation, elimination, etc. - are improved by it. The symptoms of functional and organic diseases are relieved. The efficiency of the mind is enormously increased. The benefits of central fixation already observed are, in short, so great that the subject merits further investigation.

CHAPTER XII

PALMING

ALL the methods used in the cure of errors of refraction are simply different ways of obtaining relaxation, and most patients, though by no means all, find it easiest to relax with their eyes shut. This usually lessens the strain to see, and in such cases is followed by a temporary or more lasting improvement in vision.

Most patients are benefited merely by closing the eyes; and by alternately resting them for a few minutes or longer in this way and then opening them and looking at the Snellen test card for a second or less, flashes of improved vision are, as a rule, very quickly obtained. Some temporarily obtain almost normal vision by this means; and in rare cases a complete cure has been effected, sometimes in less than an hour.

But since some light comes through the closed eyelids, a still greater degree of relaxation can be obtained, in all but a few exceptional cases, by excluding it. This is done by covering the closed eyes with the palms of the hands (the fingers being crossed upon the forehead) in such a way as to avoid pressure on the eyeballs. So efficacious is this practice, which I have called "palming," as a means of relieving strain, that we all instinctively resort to it at times, and from it most patients are able to get a considerable degree of relaxation.

But even with the eyes closed and covered in such a way as to exclude all the light, the visual centers of

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the brain may still be disturbed, the eye may still strain to see; and instead of seeing a field so black that it is impossible to remember, imagine, or see anything blacker, as one ought normally to do when the optic nerve is not subject to the stimulation of light, the patient will see illusions of lights **and colors** ranging all the way from an imperfect black to kaleidoscopic appearances so vivid that they seem to be actually seen with the eyes. The worse the condition of the eyesight, as a rule, the more numerous, vivid and persistent these appearances are. Yet some persons with very imperfect sight are able to palm almost perfectly from the beginning, and are, therefore, very quickly cured. Any disturbance of mind or body, such as fatigue, hunger, anger, worry or depression, also makes it difficult for patients to see black when they palm, persons who can see it perfectly under ordinary conditions being often unable to do so without assistance when they are ill or in pain.

It is impossible to see a perfect black unless the eyesight is perfect, because only when the eyesight is perfect is the mind at rest; but some patients can without difficulty approximate such a black nearly enough to improve their eyesight, and as the eyesight improves the deepness of the black increases. Patients who fail to see even an approximate black when they palm state that instead of black they see

streaks or floating clouds of gray, flashes of light, patches of red, blue, green, yellow, etc. Sometimes instead of an immovable black, clouds of black will be seen moving across the field. In other cases the black will be seen for a few seconds and then some other color will take its place. The different ways in which patients can fail to see black when their eyes are closed and covered are, in fact, very numerous and often very peculiar.

Vivid Colors Seen When Palming 125

Some patients have been so impressed with the vividness of the colors which they imagined they saw that no amount of argument could, or did, convince them that they did not actually see them with their eyes. If



Fig. 42. Palming

This is one of the most effective methods of obtaining relaxation of all the sensory nerves.

other people saw bright lights or colors, with their eyes closed and covered, they admitted that these things would be illusions; but what they themselves saw under the same conditions was reality. They would not believe, until they had themselves demonstrated the truth, that

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their illusions were due to an imagination beyond their control.

Successful palming in these more difficult cases usually involves the practice of all the methods for improving the sight described in succeeding chapters. For reasons which will be explained in the following chapter, the majority of such patients may be greatly helped by the memory of a black object. They are directed to look at such an object at the distance at which the color can be seen best, close the eyes and remember the color, and repeat until the memory appears to be equal to the sight. Then they are instructed, while still holding the memory of the black, to cover the closed eyes with the palms of the hands in the manner just described. If the memory of the black is perfect, the whole background will be black. If it is not, or if it does not become so in the course of a few seconds, the eyes are opened and the black object regarded again.

Many patients become able by this method to see black almost perfectly for a short time; but most of them, even those whose eyes are not very bad, have great difficulty in seeing it continuously. Being unable to remember black for more than from three to five seconds, they cannot see black for a longer time than this. Such patients are helped by central fixation. When they have become able to see one part of a black object darker than the whole, they are able to remember the smaller area for a longer time than they could the larger one, and thus become able to see black for a longer period when they palm. They are also benefited by mental shifting (see Chapter XV) from one black object to another, or from one part of a black object to another. It is impossible to see, remember, or imagine anything, even for as much as

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a second, without shifting from one part to another, or to some other object and back again; and the attempt to do so always produces strain. Those who think they are remembering a black object continuously are unconsciously comparing it with something not so black, or



Fig. 43

Patient with atrophy of the optic nerve gets flashes of improved vision after palming.

else its color and its position are constantly changing. It is impossible to remember even such a simple thing as a period perfectly black and stationary for more than a fraction of a second. When shifting is not done unconsciously patients must be encouraged to do it consciously. They may be directed, for instance, to remember successively a black hat, a black shoe, a black velvet dress, a black plush curtain, or a fold in the black dress or the

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black curtain, holding each one not more than a fraction of a second. Many persons have been benefited by remembering all the letters of the alphabet in turn perfectly black. Others prefer to shift from one small black object, such as a period or a small letter, to another, or to swing such an object in a manner to be described later (see Chapter XV).

In some cases the following method has proved successful: When the patient sees what he thinks is a perfect black, let him remember a piece of starch on this background, and on the starch the letter F as black as the background. Then let him let go of the starch and remember only the F, one part best, on the black background. In a short time the whole field may become as black as the blacker part of the F. The process can be repeated many times with a constant increase of blackness in the field.

In one case a patient who saw grey so vividly when she palmed that she was positive she saw it with her eyes, instead of merely imagining it, was able to obliterate nearly all of it by first imagining a black C on the grey field, then two black C's, and finally a multitude of overlapping C's.

It is impossible to remember black perfectly when it is not seen perfectly. If one sees it imperfectly, the best one can do is to remember it imperfectly. All persons, without exception, who can see or read diamond type at the near-point, no matter how great their myopia may be, or how much the interior of the eye may be diseased, become able, as a rule, to see black with their eyes closed and covered more readily than patients with hypermetropia or astigmatism; because, while myopes cannot see anything perfectly, even at the near-point, they see

Imperfect Memory Useful 129

better at that point than persons with hypermetropia or astigmatism do at any distance. Persons with high degrees of myopia, however, often find palming very difficult, since they not only see black very imperfectly, but, because of the effort they are making to see, cannot remember it more than one or two seconds. Any other condition of the eye which prevents the patient from seeing black perfectly also makes palming difficult. In some cases black is never seen as black, appearing to be grey, yellow, brown, or even bright red. In such cases it is usually best for the patient to improve his sight by other methods before trying to palm. Blind persons usually have more trouble in seeing black than those who can see, but may be helped by the memory of a black object familiar to them before they lost their sight. A blind painter who saw grey continually when he first tried to palm became able at last to see black by the aid of the memory of black paint. He had no perception of light whatever and was in terrible pain; but when he succeeded in seeing black the pain vanished, and when he opened his eyes he saw light.

Even the imperfect memory of black is useful, for by its aid a still blacker black can be both remembered and seen; and this brings still further improvement. For instance, let the patient regard a letter on the Snellen test card at the distance at which the color is seen best, then close his eyes and remember it. If the palming produces relaxation, it will be possible to imagine a deeper shade of black than was seen, and by remembering this black when again regarding the letter it can be seen blacker than it was at first. A still deeper black can then be imagined, and this deeper black can, in turn, be transferred to the letter on the test card. By continuing this

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process a perfect perception of black, and hence perfect sight, are sometimes very quickly obtained. The deeper the shade of black obtained with the eyes closed, the more easily it can be remembered when regarding the letters on the test card.

The longer some people palm the greater the relaxation they obtain and the darker the shade of black they are able both to remember and see. Others are able to palm successfully for short periods, but begin to strain if they keep it up too long.

It is impossible to succeed by effort, or by attempting to "concentrate" on the black. As popularly understood, concentration means to do or think one thing only; but this is impossible, and an attempt to do the impossible is a strain which defeats its own end. The human mind is not capable of thinking of one thing only. It can think of one thing best, and is only at rest when it does so; but it cannot think of one thing only. A patient who tried to see black only and to ignore the kaleidoscopic colors which intruded themselves upon her field of vision, becoming worse and worse the more they were ignored, actually went into convulsions from the strain, and was attended every day for a month by her family physician before she was able to resume the treatment. This patient was advised to stop palming, and, with her eyes open, to recall as many colors as possible, remembering each one as perfectly as possible. By thus taking the bull by the horns and consciously making the mind wander more than it did unconsciously, she became able, in some way, to palm for short periods.

Some particular kinds of black objects may be found to be more easily remembered than others. Black plush of a high grade for instance, proved to be an optimum

Optimum Blacks 131

(see Chapter XVIII) with many persons as compared with black velvet, silk, broadcloth, ink and the letters on the Snellen test card, although no blacker than these other blacks. A familiar black object can often be remembered more easily by the patient than those that



Fig. 44

No. 1. - Owing to paralysis of the seventh nerve on the right side, resulting from a mastoid operation on the right ear, the patient is unable to close her lips.

No. 2. - After palming and remembering a perfectly black period she became able not only to close the lips, but to whistle. The cure was permanent.

are less so. A dressmaker, for instance, was able to remember a thread of black silk when she could not remember any other black object.

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When a black letter is regarded before palming the patient will usually remember not only the blackness of the letter, but the white background as well. If the memory of the black is held for a few seconds, however, the background usually fades away and the whole field becomes black.

Patients often say that they remember black perfectly when they do not. One can usually tell whether or not this is the case by noting the effect of palming upon the vision. If there is no improvement in the sight when the eyes are opened, it can be demonstrated, by bringing the black closer to the patient, that it has not been remembered perfectly.

Although black is, as a rule, the easiest color to remember, for reasons explained in the next chapter, the following method sometimes succeeds when the memory of black fails: Remember a variety of colors - bright red, yellow, green, blue, purple, white especially - all in the most intense shade possible. Do not attempt to hold any of them more than a second. Keep this up for five or ten minutes. Then remember a piece of starch about half an inch in diameter as white as possible. Note the color of the background. Usually it will be a shade of black. If it is, note whether it is possible to remember anything blacker, or to see anything blacker with the eyes open. In all cases when the white starch is remembered perfectly the background will be so black that it will be impossible to remember anything blacker with the eyes closed, or to see anything blacker with them open.

When palming is successful it is one of the best methods I know of for securing relaxation of all the sensory nerves, including those of sight. When perfect relaxa-

When Palming is Successful 133

tion is gained in this way, as indicated by the ability to see a perfect black, it is completely retained when the eyes are opened, and the patient is permanently cured. At the same time pain in the eyes and head,

and even in other parts of the body, is permanently relieved. Such cases are very rare, but they do occur. With a lesser

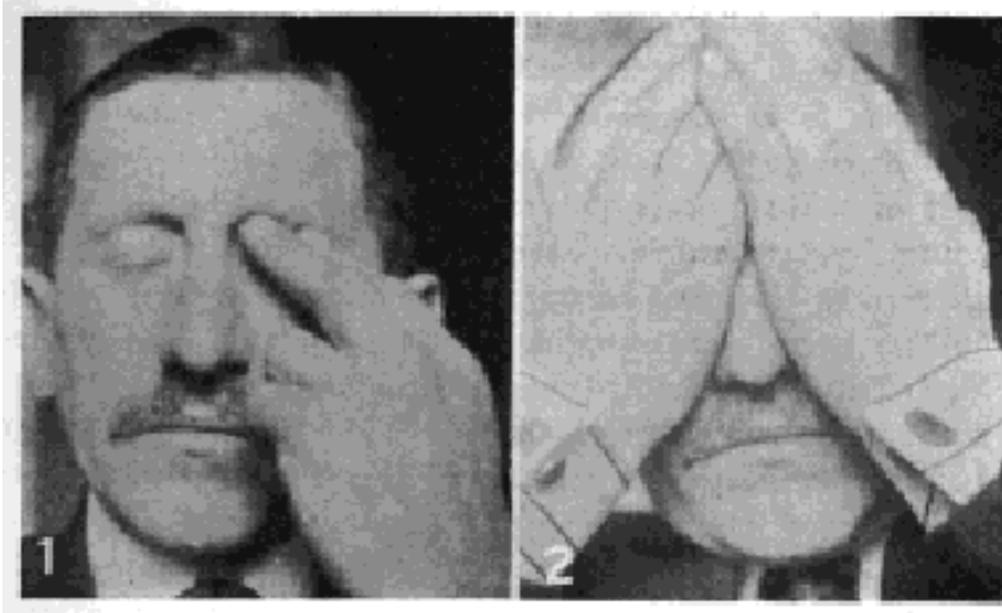


Fig. 45

Fig. 1. - Patient with absolute glaucoma of the right eye. He had suffered agonizing pain *for* six months and had no perception of light. He was photographed when testing the tension of his eyeball, which he found to be perfectly hard.

Fig. 2. - The patient is palming and remembering a perfectly black period. After half an hour the eyeball became soft the pain ceased, and the patient became able to see the light. After three years there was no return of the glaucoma.

degree of relaxation much of it is lost when the eyes are opened, and what is retained is not held permanently. In other words, the greater the degree of the relaxation produced by palming the more of it is retained when the

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eyes are opened and the longer it lasts. If you palm perfectly, you retain, when you open your eyes, all of the relaxation that you gain, and you do not lose it again. If you palm imperfectly, you retain only part of what you gain and retain it only temporarily - it may be only for a few moments. Even the smallest degree of relaxation is useful, however, for by means of it a still greater degree may be obtained.

Patients who succeed with palming from the beginning are to be congratulated, for they are always cured

very quickly. A very remarkable case of this kind was that of a man nearly seventy years of age with compound hypermetropic astigmatism and presbyopia, complicated by incipient cataract. For more than forty years he had worn glasses to improve his distant vision, and for twenty years he had worn them for reading and desk work. Because of the cloudiness of the lens, he had now become unable to see well enough to do his work, even with glasses; and the other physicians whom he had consulted had given him no hope of relief except by operation when the cataract was ripe. When he found palming helped him, he asked:

"Can I do that too much?"

"No," he was told. "Palming is simply a means of resting your eyes, and you cannot rest them too much."

A few days later he returned and said:

"Doctor, it was tedious, very tedious; but I did it."

"What was tedious?" I asked.

"Palming," he replied. "I did it continuously for twenty hours."

"But you couldn't have kept it up for twenty hours continuously," I said incredulously. "You must have stopped to eat."

Tedious But Worth While 135

And then he related that from four o'clock in the morning until twelve at night he had eaten nothings only drinking large quantities of water, and had devoted practically all of the time to palming. It must have been tedious, as he said, but it was also worth while. When he looked at the test card, without glasses, he read the bottom line at twenty feet. He also read fine print at six inches and at twenty. The cloudiness of the lens had become much less, and in the center had entirely disappeared. Two years later there had been no relapse.

Although the majority of patients are helped by palming, a minority are unable to see black, and only increase their strain by trying to get relaxation in this way. In most cases it is possible, by using some or all of the various methods outlined in this chapter, to enable the patient to palm successfully; but if much difficulty is experienced, it is usually better and more expeditious to drop the method until the sight has been improved by other means. The patient may then become able to see black when he palms, but some never succeed in doing it until they are cured.

CHAPTER XIII

MEMORY AS AN AID TO VISION

WHEN the mind is able to remember perfectly any phenomenon of the senses, it is always perfectly relaxed. The sight is normal, if the eyes are open; and when they are closed and covered so as to exclude all the light, one sees a perfectly black field - that is nothing at all. If you can remember the ticking of a watch, or an odor or a taste perfectly, your mind is perfectly at rest, and you will see a perfect black when your eyes are closed and covered. If your memory of a sensation of touch could be equal to the reality, you would see nothing but black when the light was excluded from your eyes. If you were to remember a bar of music perfectly when your eyes were closed and covered, you would see nothing but black. But in the case of any of these phenomena it is not easy to test the correctness of the memory, and the same is true of colors other than black. All other colors, including white, are altered by the amount of light to which they are exposed, and are seldom seen as perfectly as it is possible for the normal eye to see them. But when the sight is normal, black is just as black in a dim light as in a bright one. It is also just as black at the distance as at the near-point, while a small area is just as black as a large one, and, in fact, appears blacker. Black is, moreover, more readily 136

Memory a Measure of Relaxation 137

available than any other color. There is nothing blacker than printer's ink, and that is practically ubiquitous. By means of the memory of black, therefore, it is possible to measure accurately one's own relaxation. If the color is remembered perfectly, one is perfectly relaxed. If it is remembered almost perfectly, one's relaxation is almost perfect. If it cannot be remembered at all, one has very little or no relaxation.

By means of simultaneous retinoscopy, these facts can be readily demonstrated. An absolutely perfect memory is very rare, so much so that it need hardly be taken into consideration; but a practically perfect memory, or what might be called normal, is attainable by every one under certain conditions. With such a memory of black, the retinoscope shows that all errors of refraction are corrected. If the memory is less than normal, the contrary will be the case. If it fluctuates, the shadow of the retinoscope will fluctuate. The testimony of the retinoscope is, in fact, more reliable than the statements of the patient. Patients often believe and state that they remember black perfectly, or normally, when the retinoscope indicates an error of refraction; but in such cases it can usually be demonstrated by bringing the test card to the point at which the black letters can be seen best, that the memory is not equal to the sight. That the color cannot be remembered perfectly when the eyes and mind are under a strain, the reader can easily demonstrate by trying to remember it when making a conscious effort to see - by staring, partly closing the eyes, frowning, etc - or while trying to see all the letters of a line equally well at one time. It will be found that it either cannot be remembered at all under these conditions, or that it is remembered very imperfectly.

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When the two eyes of a patient are different, it has been found that the difference can be exactly measured by the length of time a black period can be remembered, while looking at the Snellen test card, with both eyes open, and with the better eye closed. A patient with normal vision in the right eye and half-normal vision in the left could, when looking at the test card with both eyes open, remember a period for twenty seconds continuously; but with the better eye closed, it could be remembered only ten seconds. A patient with half-normal vision in the right eye and one-quarter normal in the left could remember a period twelve seconds with both eyes open, and only six seconds with the better eye closed. A third patient, with normal sight in the right eye and vision of one-tenth in the left, could remember a period twenty seconds with both eyes open, and only two seconds when the better eye was closed. In other words, if the right eye is better than the left, the memory is better when the right eye is open than when only the left eye is open, the difference being in exact proportion to the difference in the vision of the two eyes.

In the treatment of functional eye troubles this relationship between relaxation and memory is of great practical importance. The sensations of the eye and of the mind supply very little information as to the strain to which both are being subjected, those who strain most often suffering the least discomfort; but by means of his ability to remember black the patient can always know whether he is straining or not, and is able, therefore, to avoid the conditions that produce strain. Whatever method of improving his sight the patient is using, he is advised to carry with him constantly the memory of a small area of black, such as a period, so that

Not Attainable by Effort 139

he may recognize and avoid the conditions that produce strain, and in some cases patients have obtained a complete cure in a very short time by this means alone. One advantage of the method is that it does not require a test card, for at any hour of the day or night, whatever the patient may be doing, he can always place himself in the conditions favorable to the perfect memory of a period.

The condition of mind in which a black period can be remembered cannot be attained by any sort of effort. The memory is not the cause of the relaxation, but must be preceded by it. It is obtained only during moments of relaxation, and retained only as long as the causes of strain are avoided; but how this is accomplished cannot be fully explained, just as many other psychological phenomena cannot be explained. We only know that under certain conditions that might be called favorable a degree of relaxation sufficient for the memory of a black period is possible, and that, by persistently seeking these condition, the patient becomes able to increase the degree of the relaxation and prolong its duration, and finally becomes able to retain it under unfavorable conditions.

For most patients palming provides the most favorable conditions for the memory of black. When the strain to see is lessened by the exclusion of the light, the patient usually becomes able to remember a black object for a few seconds or longer, and this period of relaxation can be prolonged in one of two ways. Either the patient can open his eyes and look at a black object by central fixation at the distance at

which it can be seen best, and at which the eyes are, therefore, most relaxed, or he can shift mentally from one black object to

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another, or from one part of a black object to another. By these means, and perhaps also through other influences that are not clearly understood, most patients become able, sooner or later, to remember black for an indefinite length of time with their eyes closed and covered.

With the eyes open and looking at a blank surface without trying consciously to see, the unconscious strain is lessened so that the patient becomes able to remember a black period, and all errors of refraction, as demonstrated by the retinoscope, are corrected. This result has been found to be invariable, and so long as the surface remains blank and the patient does not begin to remember or imagine things seen imperfectly, the memory and the vision may be retained. But if, with the improved vision, details upon the surface begin to come out, or if the patient begins to think of the test card, which he has seen imperfectly, the strain to see will return and the period will be lost.

When looking at a surface on which there is nothing particular to see, distance makes no difference to the memory, because the patient can always look at such a surface, no matter where it is, without straining to see it. When looking at letters, or other details, however, the memory is best at the point at which the patient's sight is best, because at that point the eyes and mind are more relaxed than when the same letters or objects are regarded at distances at which the vision is not so good. By practicing central fixation at the most favorable distance, therefore, and using any other means of improving the vision which are found effectual, the memory of the period may be improved, in some cases, very rapidly.

If the relaxation gained under these favorable condi

Improved Sight a Disturbing Influence 141

tions is perfect, the patient will be able to retain it when the mind is conscious of the impressions of sight at unfavorable distances. Such cases are, however, very rare. Usually the degree of relaxation gained is markedly imperfect, and is, therefore, lost to a greater or less degree when the conditions are unfavorable, as when letters or objects are being regarded at unfavorable distances. So disturbing are the impressions of sight under these circumstances, that just as soon as details begin to come out at distances at which they have not previously been seen, the patient usually loses his relaxation, and with it the memory of the period. In fact, the strain to see may even return before he has had time to become conscious of the image on his retina, as the following case strikingly illustrates:

A woman of fifty-five who had myopia of fifteen diopters, complicated with other conditions which made it impossible for her to see the big C at more than one foot, or to go about, either in her house or on the

street, without an attendant, became able, when she looked at a green wall without trying to see it, to remember a perfectly black period and to see a small area of the wall-paper at the distance as well as she could at the near-point. When she had come close to the wall, she was asked to put her hand on the door-knob, which she did without hesitation. "But I don't see the knob," she hastened to explain. As a matter of fact she had seen it long enough to put her hand on it; but as soon as the idea of seeing it was suggested to her she lost the memory of the period, and with it her improved vision, and when she again tried to find the knob she could not do so.

When a period is remembered perfectly while a let

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ter on the Snellen test card is being regarded, the letter improves, with or without the consciousness of the patient; because it is impossible to strain and relax at the same time, and if one relaxes sufficiently to remember the period, one must also relax sufficiently to see the letter, consciously or unconsciously. Letters on either side of the one regarded, or on the lines above and below it, also improve. When the patient is conscious of seeing the letters, this is very distracting, and usually causes him, at first, to forget the period; while with some patients, as already noted the strain may return even before the letters are consciously recognized.

Thus patients find themselves on the horns of a dilemma. The relaxation indicated by the memory of a period improves their sight, and the things they see with this improved vision cause them to lose their relaxation and their memory. It is very remarkable to me how the difficulty is ever overcome, but some patients are able to do it in five minutes or half an hour. With: others the process is long and tedious.

There are various ways of helping patients to deal with this situation. One is to direct them to remember the period while looking a little to one side of the test card, say a foot or more; then to look a little nearer to it, and finally to look between the lines. In this way they may become able to see the letters in the eccentric field without losing the period; and when they can do this they may become able to go a step farther, and look directly at a letter without losing control of their memory. If they cannot do it, they are told to look at only one part of a letter - usually the bottom - or to see or imagine the period as part of the letter, while noting that the rest of the letter is less black and less distinct than the part

Dodging Improved Sight 143

directly regarded- When they can do this they become able to remember the period better than when the letter is seen all alike. If the letter is seen all alike, the perfect memory of the period is always lost. The next step is to ask the patient to note whether the bottom of the letter is straight, curved, or open, without losing the period on the bottom. When he can do this, he is asked to do the same with the sides and top of the letter, still holding the period on the bottom. Usually when the parts can be observed separately in this way, the whole letter can be seen without losing the memory of the period; but it occasionally happens

that this is not the case, and further practice is needed before the patient can become conscious of all sides of the letter at once without losing the period. This may require moments, hours, days, or months. In one case the following method succeeded:

The patient, a man with fifteen diopters of myopia, was so much disturbed by what he saw when his vision had been improved by the memory of a period that he was directed to look away from the Snellen test card, or whatever object he was regarding, when he found the letters or other details coming out; and for about a week he went around persistently dodging his improved sight. As his memory improved, it became more and more difficult for him to do this, and at the end of the week it was impossible. When he looked at the bottom line at a distance of twenty feet he remembered the period perfectly, and when asked if he could see the letters, he replied:

"I cannot help but see them."

Some patients retard their recovery by decorating the scenery with periods as they go about during the day,

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instead of simply remembering a period in their minds. This does them no good, but is, on the contrary, a cause of strain. The period can be imagined perfectly and with benefit as forming part of a black letter on the test card, because this merely means imagining that one sees one part of the black letter best; but it cannot be imagined perfectly on any surface which is not black, and to attempt to imagine it on such surfaces defeats the end in view.

The smaller the area of black which the patient is able to remember, the greater is the degree of relaxation indicated; but some patients find it easier, at first, to remember a somewhat larger area, such as one of the letters on the Snellen test card with one part blacker than the rest. They may begin with the big C, then proceed to the smaller letters, and finally get to a period. It is then found that this small area is remembered more easily than the larger ones, and that its black is more intense. Instead of a period, some patients find it easier to remember a colon, with one period blacker than the other, or a collection of periods, with one blacker than all the others, or the dot over an i or j. Others, again, prefer a comma to a period. In the beginning most patients find it helpful to shift consciously from one of these black areas to another, or from one part of such an area to another, and to realize the swing, or pulsation, produced by such shifting (see Chapter XV); but when the memory becomes perfect, one object may be held continuously, without conscious shifting, while the swing is realized only when attention is directed to the matter.

Although black is, as a rule, the best color to remember, some patients are bored or depressed by it, and prefer to remember white or some other color. A

A Help to Other Mental Processes 145

familiar object, or one with pleasant associations, is often easier to remember than one which has no particular interest. One patient was cured by the memory of a yellow buttercup, and another was able to remember the opal of her ring when she could not remember a period. Whatever the patient finds easiest to remember is the best to remember, because the memory can never be perfect unless it is easy.

When the memory of the period becomes habitual, it is not only not a burden, but is a great help to other mental processes. The mind, when it remembers one thing better than all other things, possesses central fixation, and its efficiency is thereby increased, just as the efficiency of the eye is increased by central fixation. In other words, the mind attains its greatest efficiency when it is at rest, and it is never at rest unless one thing is remembered better than all other things. When the mind is in such a condition that a period is remembered perfectly, the memory for other things is improved.

A high-school girl reports that when she was unable to remember the answer to a question in an examination, she remembered the period, and the answer came to her. When I cannot remember the name of a patient, I remember a period - and, behold, I have it! A musician who had perfect sight and could remember a period perfectly, had a perfect memory for music; but a musician with imperfect sight who could not remember a period could play nothing without his notes, only gaining that power when his sight and visual memory had become normal. In some exceptional cases, the strain to see letters on the Snellen test card has been so terrific that patients have said that they not only could not remem

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ber a period while they were looking at them, but could not remember even their own names.

Patients may measure the accuracy of their memory of the period, not only by comparing it with the sight, but by the following tests:

When the memory of the period is perfect it is instantaneous. If a few seconds or longer are necessary to obtain the memory, it is never perfect.

A perfect memory is not only instantaneous, but continuous.

When the period is remembered perfectly perfect sight comes instantaneously. If good vision is obtained only after a second or two, it can always be demonstrated that the memory of the period is imperfect and the sight also.

The memory of a period is a test of relaxation. It is the evidence by which the patient knows that his eyes and mind are at rest. It may be compared to the steam-gauge of an engine, which has nothing to do with the machinery, but is of great importance in giving information as to the ability of the mechanism to do its work. When the period is black one knows that the engine of the eye is in good working order. When the period fades, or is lost, one knows that it is out of order, until a cure is effected. Then one does not need a period, or any other aid to vision, just as the engineer does not need a steam-gauge when the engine is going properly. One patient who had gained telescopic and microscopic vision by the methods presented in this book said, in answer to an inquiry from some one interested in investigating the treatment of errors of refraction without glasses, that he had not only done nothing to prevent a relapse, but had even forgotten how he was cured.

The Period no Longer Needed 147

The reply was unsatisfactory to the inquirer, but is quoted to illustrate the fact that when a patient is cured he does not need to do anything consciously in order to stay cured, although the treatment can always be continued with benefit, since even supernormal vision can be improved.

CHAPTER XIV

IMAGINATION AS AN AID TO VISION

WE see very largely with the mind, and only partly with the eyes. The phenomena of vision depend upon the mind's interpretation of the impression upon the retina. What we see is not that impression, but our own interpretation of it. Our impressions of size, color, form and location can be demonstrated to depend upon the interpretation by the mind of the retinal picture. The moon looks smaller at the zenith than it does at the horizon, though the optical angle is the same and the impression on the retina may be the same, because at the horizon the mind unconsciously compares the picture with the pictures of surrounding objects, while at the zenith there is nothing to compare it with. The figure of a man on a high building, or on the topmast of a vessel, looks small to the landsman; but to the sailor it appears to be of ordinary size, because he is accustomed to seeing the human figure in such positions.

Persons with normal vision use their memory, or imagination, as an aid to sight; and when the sight is imperfect it can be demonstrated, not only that the eye itself is at fault, but that the memory and imagination are impaired, so that the mind adds imperfections to the imperfect retinal image. No two persons with normal sight will get the same visual impressions from the same object; for their interpretations of the retinal picture will differ as much as their individualities differ, and

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The Mind Out of Focus 149

when the sight is imperfect the interpretation is far more variable. It reflects, in fact, the loss of mental control which is responsible for the error of refraction. When the eye is out of focus, in short, the mind is also out of focus.

According to the accepted view most of the abnormalities of vision produced when there is an error of refraction in the eye are sufficiently accounted for by the existence of that error. Some are supposed to be due to diseases of the brain or retina. Multiple images are attributed to astigmatism, though only two can be legitimately accounted for in this way, while some patients state that they see half a dozen or more, and many persons with astigmatism do not see any. It can easily be demonstrated, however, that the inaccuracy of the focus accounts for only a small part of these results; and since they can all be corrected in a few seconds through the correction, by relaxation, of the error of refraction, it is evident that they cannot be due to any organic disease.

If we compare the picture on the glass screen of the camera when the camera is out of focus with the visual impressions of the mind when the eye is out of focus, there will be found to be a great difference between them. When the camera is out of focus it turns black into grey, and blurs the outlines of the picture; but it produces these results uniformly and constantly. On the screen of the camera an imperfect picture of a black letter would be equally imperfect in all parts, and the same adjustment of the focus

would always produce the same picture. But when the eye is out of focus the imperfect picture which the patient imagines that he sees is always changing, whether the focus changes or

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not. There will be more grey on one part than on another, and both the shade and the position of the grey may vary within wide limits in a very short space of time. One part of the letter may appear grey and the rest black. Certain outlines may be seen better than others, the vertical lines, perhaps, appearing black and the diagonal grey, and vice versa. Again, the black may be changed into brown, yellow, green, or even red, transmutations impossible to the camera. Or there may be spots of color, or of black, on the grey, or on the white openings. There may also be spots of white, or of color, on the black.

When the camera is out of focus the picture which it produces of any object is always slightly larger than the image produced when the focus is correct; but when the eye is out of focus the picture which the mind sees may be either larger or smaller than it normally would be. To one patient the big C at ten feet appeared smaller than at either twenty feet or four inches. To some it appears larger than it actually is at twenty feet, and to others it seems smaller.

When the human eye is out of focus the form of the objects regarded by the patient frequently appears to be distorted, while their location may also appear to change. The image may be doubled, tripled, or still further multiplied, and while one object, or part of an object may be multiplied other objects or parts of objects in the field of vision may remain single. The location of these multiple images is sometimes constant and at others subject to continual change. Nothing like this could happen when the camera is out of focus.

If two cameras are out of focus to the same degree, they will take two imperfect pictures exactly alike. If

Hot Imagination Cures 151

two eyes are out of focus to the same degree, similar impressions will be made upon the retina of each; but the impressions made upon the mind may be totally unlike, whether the eyes belong to the same person or to different persons. If the normal eye looks at an object through glasses that change its refraction, the greyness and blurring produced are uniform and constant; but when the eye has an error of refraction equivalent to that produced by the glasses, these phenomena are nonuniform and variable.

It is fundamental that the patient should understand that these aberrations of vision - which are treated more fully in a later chapter - are illusions, and not due to a fault of the eyes. When he knows that a thing is an illusion he is less likely to see it again. When he becomes convinced that what he sees is imaginary it helps to bring the imagination under control; and since a perfect imagination is impossible without perfect relaxation, a perfect imagination not only corrects the false interpretation of the retinal image, but corrects the error of refraction.

Imagination is closely allied to memory, although distinct from it. Imagination depends upon the memory, because a thing can be imagined only as well as it can be remembered. You cannot imagine a sunset unless you have seen one; and if you attempt to imagine a blue sun, which you have never seen, you will become myopic, as indicated by simultaneous retinoscopy. Neither imagination nor memory can be perfect unless the mind is perfectly relaxed. Therefore when the imagination and memory are perfect, the sight is perfect. Imagination, memory and sight are, in fact, coincident. When one is perfect, all are perfect, and when

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one is imperfect, all are imperfect. If you imagine a letter perfectly, you will see the letter and other letters in its neighborhood will come out more distinctly, because it is impossible for you to relax and imagine you see a perfect letter and at the same time strain and actually see an imperfect one. If you imagine a perfect period on the bottom of a letter, you will see the letter perfectly, because you cannot take the mental picture of a perfect period and put it on an imperfect letter. It is possible, however, as pointed out in the preceding chapter, for sight to be unconscious. In some cases patients may imagine the period perfectly, as demonstrated by the retinoscope, without being conscious of seeing the letter; and it is often some time before they are able to be conscious of it without losing the period.

When one treats patients who are willing to believe that the letters can be imagined, and who are content to imagine without trying to see, or compare what they see with what they imagine, which always brings back the strain, very remarkable results are sometimes obtained by the aid of the imagination. Some patients at once become able to read all the letters on the bottom line of the test card after they become able to imagine that they see one letter perfectly black and distinct. The majority, however, are so distracted by what they see when their vision has been improved by their imagination that they lose the latter. It is one thing to be able to imagine perfect sight of a letter, and another to be able to see the letter and other letters without losing control of the imagination.

In myopia the following method is often successful:

First look at a letter at the point at which it is seen best. Then close the eyes and remember it. Repeat

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until the memory is almost as good as the sight at the nearpoint. With the test card at a distance of twenty feet, look at a blank surface a foot or more to one side of it, and again remember the letter. Do the same at six inches and at three inches. At the last point note the appearance of the letters on the card - that is, in the eccentric field. If the memory is still perfect, they will appear to be a dim black, not grey, and those nearest the point of fixation will appear blacker than those more distant. Gradually reduce the distance

between the point of fixation and the letter until able to look straight at it and imagine that it is seen as well as it is remembered. Occasionally it is well during the practice to close and cover the eyes and remember the letter, or a period, perfectly black. The rest and mental control gained in this way are a help in gaining control when one looks at the test card.

Patients who succeed with this method are not conscious while imagining a perfect letter, of seeing, at the same time, an imperfect one, and are not distracted when their vision is improved by their imagination. Many patients can remember perfectly with their eyes closed, or when they are looking at a place where they cannot see the letter; but just as soon as they look at it they begin to strain and lose control of their memory. Therefore, as the imagination depends upon the memory, they cannot imagine that they see the letter. In such cases it has been my custom to proceed somewhat in the manner described in the preceding chapter. I begin by saying to the patient:

"Can you imagine a black period on the bottom of this letter, and at the same time, while imagining the period perfectly, are you able to imagine that you see the letter?"

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Sometimes they are able to do this, but usually they are not. In that case they are asked to imagine part of the letter, usually the bottom. When they have become able to imagine this part straight, curved, or open, as the case may be, they become able to imagine the sides and top, while still holding the period on the bottom. But even after they have done this, they may still not be able to imagine the whole letter without losing the period. One may have to coax them along by bringing the card up a little closer, then moving it farther away; for when looking at a surface where there is anything to see, the imagination improves in proportion as one approaches the point where the sight is best, because at that point the eyes are most relaxed. When there is nothing particular to see, the distance makes no difference, because no effort is being made to see.

To encourage patients to imagine they see the letter it seems helpful to keep saying to them over and over again:

"Of course you do not see the letter. I am not asking you to see it. I am just asking you to imagine that you see it perfectly black and perfectly distinct."

When patients become able to see a known letter by the aid of their imagination, they become able to apply the same method to an unknown letter; for just as soon as any part of a letter, such as an area equal to a period, can be imagined to be perfectly black, the whole letter is seen to be black, although the visual perception of this fact may not, at first, last long enough for the patient to become conscious of it.

In trying to distinguish unknown letters, the patient discovers that it is impossible to imagine perfectly unless one imagines the truth; for if a letter, or any part

of a letter, is imagined to be other than it is, the mental picture is foggy and inconstant, just like a letter which is seen imperfectly.

The ways in which the imagination can be interfered with are very numerous. There is one way of imagining perfectly and an infinite number of ways of imagining imperfectly. The right way is easy. The mental picture of the thing imagined comes as quick as thought, and can be held more or less continuously. The wrong way is difficult. The picture comes slowly, and is both variable and discontinuous. This can be demonstrated to the patient by asking him first to imagine or remember a black letter as perfectly as possible with the eyes closed, and then to imagine the same letter imperfectly. The first he can usually do easily; but it will be found very difficult to imagine a black letter with clear outlines to be grey, with fuzzy edges and clouded openings, and impossible to form a mental picture of it that will remain constant for an appreciable length of time. The letter will vary in color, shape and location in the visual field, precisely as a letter does when it is seen imperfectly; and just as the strain of imperfect sight produces discomfort and pain, the effort to imagine imperfectly will sometimes produce pain. The more nearly perfect the mental picture of the letter, on the contrary, the more easily and quickly it comes and the more constant it is.

Some very dramatic cures have been effected by means of the-imagination. One patient, a physician, who had worn glasses for forty years and who could not without them see the big C at twenty feet, was cured in fifteen minutes simply by imagining that he saw the letters black. When asked to describe the big C with unaided

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vision he said it looked grey to him, and that the opening was obscured by a grey cloud to such an extent that he had to guess that it had an opening. He was told that the letter was black, perfectly black, and that the opening was perfectly white, with no grey cloud; and the card was brought close to him so that he could see that this was so. When he again regarded the letter at the distance, he remembered its blackness so vividly that he was able to imagine that he saw it just as black as he had seen it at the near-point, with the opening perfectly white; and therefore he saw the letter on the card perfectly black and distinct. In the same way he became able to read the seventy line; and so he went down the card, until in about five minutes he became able to read at twenty feet the line which the normal eye is supposed to read at ten feet. Next diamond type was given to him to read. The letters appeared grey to him, and he could not read them. His attention was called to the fact that the letters were really black, and immediately he imagined that he saw them black and became able to read them at ten inches.

The explanation of this remarkable occurrence is simply relaxation. All the nerves of the patient's body were relaxed when he imagined that he saw the letters black, and when he became conscious of seeing the letters on the card, he still retained control of his imagination. Therefore he did not begin to strain again, and actually saw the letters as black as he imagined them.

The patient not only had no relapse, but continued to improve. About a year later I visited him in his office and asked him how he was getting on. He replied that his sight was perfect, both for distance and the near-point. He could see the motor cars on the

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other side of the Hudson River and the people in them, and he could read the names of boats on the river which other people could make out only with a telescope. At the same time he had no difficulty in reading the newspapers, and to prove the latter part of this statement, he picked up a newspaper and read a few sentences aloud. I was astonished, and asked him how he did it.

"I did what you told me to do," he said.

"What did I tell you to do?" I asked.

"You told me to read the Snellen test card every day, which I have done, and to read fine print every day in a dim light, which I have also done."

Another patient, who had a high degree of myopia complicated with atrophy of the optic nerve, and who had been discouraged by many physicians, was benefited so wonderfully and rapidly by the aid of his imagination that one day while in the office he lost control of himself completely, and raising a test card which he held in his hand, he threw it across the room.

"It is too good to be true," he exclaimed; "I cannot believe it. The possibility of being cured and the fear of disappointment are more than I can stand."

He was calmed down with some difficulty and encouraged to continue. Later he became able to read the small letters on the test card with normal vision. He was then given fine print to read. When he looked at the diamond type, he at once said that it was impossible for him to read it. However, he was told to follow the same procedure that had benefited his distance sight. That is, he was to imagine a period on one part of the small letters while holding the type at six inches. After testing his memory of the period a number of times, he became able to imagine he saw a period perfectly black

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on one of the small letters. Then he lost control of his nerves again, and on being asked, "What is the trouble?" he said:

"I am beginning to read the fine print, and I am so overwhelmed that I lose my self-control."

In another case, that of a woman with high myopia complicated with incipient cataract, the vision improved in a few days from 3/200 to 20/50. Instead of going gradually down the card, a jump was made from the fifty line to the ten line. The card was brought up close to her, and she was asked to look at the letter O at three inches, the distance at which she saw it best, to imagine that she saw a period on the bottom of it and that the bottom was the blackest part. When she was able to do this at the near-point, the distance was gradually increased until she became able to see the O at three feet. Then I placed the card at ten feet and she exclaimed:

"Oh, doctor, it is impossible! The letter is too small. It is too great a thing for me to do. Let me try a larger letter first."

Nevertheless she became able in fifteen minutes to read the small O on the ten line at twenty feet.

CHAPTER XV

SHIFTING AND SWINGING

WHEN the eye with normal vision regards a letter either at the nearpoint or at the distance, the letter may appear to pulsate, or to move in various directions, from side to side, up and down, or obliquely. When it looks from one letter to another on the Snellen test card, or from one side of a letter to another, not only the letter, but the whole line of letters and the whole card, may appear to move from side to side. This apparent movement is due to the shifting of the eye, and is always in a direction contrary to its movement. If one looks at the top of a letter, the letter is below the line of vision, and, therefore, appears to move downward. If one looks at the bottom, the letter is above the line of vision and appears to move upward. If one looks to the left of the letter, it is to the right of the line of vision and appears to move to the right. If one looks to the right, it is to the left of the line of vision and appears to move to the left.

Persons with normal vision are rarely conscious of this illusion, and may have difficulty in demonstrating it; but in every case that has come under my observation they have always become able, in a longer or shorter time, to do so. When the sight is imperfect the letters may remain stationary, or even move in the same direction as the eye.

It is impossible for the eye to fix a point longer than a fraction of a second. If it tries to do so, it begins to

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strain and the vision is lowered. This can readily be demonstrated by trying to hold one part of a letter for an appreciable length of time. No matter how good the sight, it will begin to blur, or even disappear, very quickly, and sometimes the effort to hold it will produce pain. In the case of a few exceptional people a point may appear to be held for a considerable length of time; the subjects themselves may think that they are holding it; but this is only because the eye shifts unconsciously, the movements being so rapid that objects seem to be seen all alike simultaneously.

The shifting of the eye with normal vision is usually not conspicuous, but by direct examination with the

ophthalmoscope it can always be demonstrated. If one eye is examined with this instrument while the other is regarding a small area straight ahead, the eye being examined, which follows the movements of the other, is seen to move in various directions, from side to side, up and down in an orbit which is usually variable. If the vision is normal these movements are extremely rapid and unaccompanied by any appearance of effort. The shifting of the eye with imperfect sight, on the contrary, is slower, its excursions are wider, and the movements are jerky and made with apparent effort.

It can also be demonstrated that the eye is capable of shifting with a rapidity which the ophthalmoscope cannot measure. The normal eye can read fourteen letters on the bottom line of a Snellen test card, at a distance of ten or fifteen feet, in a dim light, so rapidly that they seem to be seen all at once. Yet it can be demonstrated that in order to recognize the letters under these conditions it is necessary to make about four shifts to each letter. At the near-point, even though one part of the

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letter is seen best, the rest may be seen well enough to be recognized; but at the distance it is impossible to recognize the letters unless one shifts from the top to the bottom and from side to side. One must also shift from one letter to another, making about seventy shifts in a fraction of a second.

A line of small letters on the Snellen test card may be less than a foot long by a quarter of an inch in height; and if it requires seventy shifts to a fraction of a second to see it apparently all at once, it must require many thousands to see an area of the size of the screen of a moving picture, with all its detail of people, animals, houses, or trees, while to see sixteen such areas to a second, as is done in viewing moving pictures, must require a rapidity of shifting that can scarcely be realized. Yet it is admitted that the present rate of taking and projecting moving pictures is too slow. The results would be more satisfactory, authorities say, if the rate were raised to twenty, twenty-two, or twenty-four a second.

The human eye and mind are not only capable of this rapidity of action, and that without effort or strain, but it is only when the eye is able to shift thus rapidly that eye and mind are at rest, and the efficiency of both at their maximum. It is true that every motion of the eye produces an error of refraction; but when the movement is short, this is very slight, and usually the shifts are so rapid that the error does not last long enough to be detected by the retinoscope, its existence being demonstrable only by reducing the rapidity of the movements to less than four or five a second. The period during which the eye is at rest is much longer than that during which an error of refraction is produced. Hence, when

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the eye shifts normally no error of refraction is manifest. The more rapid the unconscious shifting of the eye, the better the vision; but if one tries to be conscious of a too rapid shift, a strain will be produced.

Perfect sight is impossible without continual shifting, and such shifting is a striking illustration of the mental control necessary for normal vision. It requires perfect mental control to think of thousands of things in a fraction of a second; and each point of fixation has to be thought of separately, because it is impossible to think of two things, or of two parts of one thing, perfectly at the same time. The eye with imperfect sight tries to accomplish the impossible by looking fixedly at one point for an appreciable length of time; that is, by staring. When it looks at a strange letter and does not see it, it keeps on looking at it in an effort to see it better. Such efforts always fail, and are an important factor in the production of imperfect sight.

One of the best methods of improving the sight, therefore, is to imitate consciously the unconscious shifting of normal vision and to realize the apparent motion produced by such shifting. Whether one has imperfect or normal sight, conscious shifting and swinging are a great help and advantage to the eye; for not only may imperfect sight be improved in this way, but normal sight may be improved also. When the sight is imperfect, shifting, if done properly, rests the eye as much as palming, and always lessens or corrects the error of refraction.

The eye with- normal sight never attempts to hold a point more than a fraction of a second, and when it shifts, as explained in the chapter on "Central Fixation," it always sees the previous point of fixation worse. When it ceases to shift rapidly and to see the point

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shifted from worse, the sight ceases to be normal, the swing being either prevented or lengthened, or (occasionally) reversed. These facts are the keynote of the treatment by shifting.

In order to see the previous point of fixation worse, the eye with imperfect sight has to look farther away from it than does the eye with normal sight. If it shifts only a quarter of an inch, for instance, it may see the previous point of fixation as well as or better than before; and instead of being rested by such a shift, its strain will be increased, there will be no swing, and the vision will be lowered. At a couple of inches it may be able to let go of the first point; and if neither point is held more than a fraction of a second, it will be rested by such a shift and the illusion of swinging may be produced. The shorter the shift the greater the benefit; but even a very long shift - as much as three feet or more - is a help to those who cannot accomplish a shorter one. When the patient is capable of a short shift, on the contrary, the long shift lowers the vision. The swing is an evidence that the shifting is being done properly, and when it occurs the vision is always improved. It is possible to shift without improvement; but it is impossible to produce the illusion of a swing without improvement, and when this can be done with a long shift, the movement can gradually be shortened until the patient can shift from the top to the bottom of the smallest letter, on the Snellen test card or elsewhere, and maintain the swing. Later he may become able to be conscious of the swinging of the letters without conscious shifting.

No matter how imperfect the sight, it is always possible to shift and produce a swing, so long as the pre

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vious point of fixation is seen worse. Even diplopia and polyopia I do not prevent swinging with some improvement of vision. Usually the eye with imperfect vision is able to shift from one side of the card to the other, or from a point above the card to a point below it, and observe that in the first case the card appears to move from side to side, while in the second it appears to move up and down.

When patients are suffering from high degrees of eccentric fixation, it may be necessary, in order to help them to see worse when they shift, to use some of the methods described in the chapter on "Central Fixation." Usually, however, patients who cannot see worse when they shift at the distance can do it readily at the near-point, as the sight is best at that point, not only in myopia, but often in hypermetropia as well. When the swing can be produced at the near point, the distance can be gradually increased until the same thing can be done at twenty feet.

After resting the eyes by closing or palming, shifting and swinging are often more successful. By this method of alternately resting the eyes and then shifting, persons with very imperfect sight have sometimes obtained a temporary or permanent cure in a few weeks.

Shifting may be done slowly or rapidly, according to the state of the vision. At the beginning the patient will be likely to strain if he shifts too rapidly; and then the point shifted from will not be seen worse, and there will be no swing. As improvement is made, the speed can be increased. It is usually impossible, however, to realize the swing if the shifting is more rapid than two or three times a second.

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A mental picture of a letter can, as a rule, be made to swing precisely as can a letter on the test card. Occasionally one meets a patient with whom the reverse is true; but for most patients the mental swing is easier at first than visual swinging; and when they become able to swing in this way, it becomes easier for them to swing the letters on the test card. By alternating mental with visual swinging and shifting, rapid progress is sometimes made. As relaxation becomes more perfect, the mental swing can be shortened, until it becomes possible to conceive and swing a letter the size of a period in a newspaper. This is easier, when it can be done, than swinging a larger letter, and many patients have derived great benefit from it.

All persons, no matter how great their error of refraction, when they shift and swing successfully, correct it partially or completely, as demonstrated by the retinoscope, for at least a fraction of a second. This time may be so short that the patient is not conscious of improved vision; but it is possible for him to

imagine it, and then it becomes easier to maintain the relaxation long enough to be conscious of the improved sight. For instance, the patient, after looking away from the card, may look back to the big C, and for a fraction of a second the error of refraction may be lessened or corrected, as demonstrated by the retinoscope. Yet he may not be conscious of improved vision. By imagining that the C is seen better, however, the moment of relaxation may be sufficiently prolonged to be realized.

When swinging, either mental or visual, is successful, the patient may become conscious of a feeling of relaxation which is manifested as a sensation of universal swinging. This sensation communicates itself to any

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object of which the patient is conscious. The motion may be imagined in any part of the body to which the attention is directed. It may be communicated to the chair in which the patient is sitting, or to any object in the room, or elsewhere, which is remembered. The building, the city, the whole world, in fact, may appear to be swinging. When the patient becomes conscious of this universal swinging, he loses the memory of the object with which it started; but so long as he is able to maintain the movement in a direction contrary to the original movement of the eyes, or the movement imagined by the mind, relaxation is maintained. If the direction is changed, however, strain results. To imagine the universal swing with the eyes closed is easy, and some patients soon become able to do it with the eyes open. Later the feeling of relaxation which accompanies the swing may be realized without consciousness of the latter; but the swing can always be produced when the patient thinks of it.

There is but one cause of failure to produce a swing, and that is strain. Some people try to make the letters swing by effort. Such efforts always fail. The eyes and mind do not swing the letters; they swing of themselves. The eye can shift voluntarily. This is a muscular act resulting from a motor impulse. But the swing comes of its own accord when the shifting is normal. It does not produce relaxation, but is an evidence of it; and while of no value in itself is, like the period, very valuable as an indication that relaxation is being maintained.

The following methods of shifting have been found useful in various cases:

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No. 1 -

(a) Regard a letter.

(b) Shift to a letter on the same line far enough away so that the first is seen worse.

(c) Look back at No. 1 and see No. 2 worse.

(d) Look at the letters alternately for a few seconds, seeing worse the one not regarded.

When successful, both letters improve and appear to move from side to side in a direction opposite to the movement of the eye.

No. 2 -

(a) Look at a large letter.

(b) Look at a smaller one a long distance away from it. The large one is then seen worse.

(c) Look back and see it better.

(d) Repeat half a dozen times.

When successful, both letters improve, and the card appears to move up and down.

No. 3 -

Shifting by the above methods enables the patient to see one letter on a line better than the other letters, and, usually, to distinguish it in flashes. In order to see the letter continuously it is necessary to become able to shift from the top to the bottom, or from the bottom to the top, seeing worse the part not directly regarded, and producing the illusion of a vertical swing.

(a) Look at a point far enough above the top of the letter to see the bottom, or the whole letter worse.

(b) Look at a point far enough below the bottom to see the top, or the whole letter, worse.

(c) Repeat half a dozen times.

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If successful, the letter will appear to move up and down, and the vision will improve. The shift can then be shortened until it becomes possible to shift between the top and the bottom of the letter and maintain the swing. The letter is now seen continuously. If the method fails, rest the eyes, palm, and try again.

One may also practice by shifting from one side of the letter to a point beyond the other side, or from one corner to a point beyond the other corner.

No. 4 -

(a) Regard a letter at the distance at which it is seen best. In myopia this will be at the near-point, a foot or less from the face. Shift from the top to the bottom until able to see each worse alternately, when the letter will appear blacker than before, and an illusion of swinging will be produced.

(b) Now close the eyes, and shift from the top to the bottom of the letter mentally.

(c) Regard a blank wall with the eyes open, and do the same. Compare the ability to shift and swing mentally with the ability to do the same visually at the near-point.

(d) Then regard the letter at the distance, and shift from the top to the bottom. If successful, the letter will improve, and an illusion of swinging will be produced.

No. 5 -

Some patients, particularly children, are able to see

better when one points to the letters. In other cases

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this is a distraction. When the method is found successful one can proceed as follows:

(-a) Place the tip of the finger three or four inches below the letter. Let the patient regard the letter, and shift to the tip of the finger, seeing the letter worse.

(b) Reduce the distance between the finger and the letter, first to two or three inches, then to one or two, and finally to half an inch, proceeding each time as in (a).

If successful, the patient will become able to look from the top to the bottom of the letter, seeing each worse alternately, and producing the illusion of swinging. It will then be possible to see the letter continuously.

No. 6 -

When the vision is imperfect it often happens that, when the patient looks at a small letter, some of the larger letters on the upper lines, or the big C at the top, look blacker than the letter regarded. This makes it impossible to see the smaller letters perfectly. To correct this eccentric fixation regard the letter which is seen best, and shift to the smaller letter. If successful, the small letter, after a few movements, will appear blacker than the larger one. If not successful after a few trials, rest the eyes by closing and palming, and try again. One may also shift from the large letter to a point some distance below the small letter, gradually approaching the latter as the vision improves.

No. 7 -

Shifting from a card at three or five feet to one at ten or twenty feet often proves helpful, as the unconscious

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memory of the letter seen at the near-point helps to bring out the one at the distance.

Different people will find these various methods of shifting more or less satisfactory. If any method does not succeed, it should be abandoned after one or two trials and something else tried. It is a mistake to continue the practice of any method which does not yield prompt results. The cause of the failure is strain, and it does no good to continue the strain.

When it is not possible to practice with the Snellen test card, other objects may be utilized. One can shift, for instance, from one window of a distant building to another, or from one part of a window to another part of the same window, from one auto to another, or from one part of an auto to another part, producing, in each case, the illusion that the objects are moving in a direction contrary to the movement of the eye. When talking to people, one can shift from one person to another, or from one part of the face to another part. When reading a book, or newspaper, one can shift consciously from one word or letter to another, or from one part of a letter to another.

Shifting and swinging, as they give the patient something definite to do, are often more successful than other methods of obtaining relaxation, and in some cases remarkable results have been obtained simply by demonstrating to the patient that staring lowers the vision and shifting improves it. One patient, a girl of sixteen with progressive myopia, obtained very prompt relief by shifting. She came to the office wearing a pair of glasses tinted a pale yellow, with shades at the sides; and in spite of this protection she was so annoyed by the light that her eyes were almost closed, and she had great

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difficulty in finding her way about the room. Her vision without glasses was 3/200. All reading had been forbidden, playing the piano from the notes was not allowed, and she had been obliged to give up the idea of going to college. The sensitiveness to light was relieved in a few minutes by focussing the light of the sun upon the upper part of the eyeball when she looked far down, by means of a burning glass (see Chapter XVII). The patient was then seated before a Snellen test card and directed to look away from it, rest her eyes, and then look at the big C. For a fraction of a second her vision was improved, and by frequent demonstrations she was made to realize that any effort to see the letters always lowered the vision. By alternately looking away, and then looking back at the letters for a fraction of a second, her vision improved so rapidly that in the course of half an hour it was almost normal for the distance. Then diamond type was given her to read. The attempt to read it at once brought on a severe pain. She was directed to proceed as she had in reading the Snellen test card; and in a few minutes, by alternately looking away and then looking at the first letter of each word in turn, she became able to read without fatigue, discomfort, or pain. She left the office without her glasses, and was able to see her way without difficulty. Other patients have been benefited as promptly by this simple method.

CHAPTER XVI

THE ILLUSIONS OF IMPERFECT AND OF NORMAL SIGHT

PERSONS with imperfect sight always have illusions of vision; so do persons with normal sight. But while the illusions of normal sight are an evidence of relaxation, the illusions of imperfect sight are an evidence of strain. Some persons with errors of refraction have few illusions, others have many; because the strain which causes the error of refraction is not the same strain that is responsible for the illusions.

The illusions of imperfect sight may relate to the

color, size, location and form of the objects regarded. They may include appearances of things that have no existence at all, and various other curious and interesting manifestations.

ILLUSIONS OF COLOR

When a patient regards a black letter and believes it to be grey, yellow, brown, blue, or green, he is suffering from an illusion of color. This phenomenon differs from colorblindness. The color-blind person is unable to differentiate between different colors, usually blue and green, and his inability to do so is constant. The person suffering from an illusion of color does not see the false colors constantly or uniformly. When he looks at the Snellen test card the black letters may appear to him at one time to be grey; but at another moment they may appear to be a shade of yellow, blue, or brown. Some

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patients always see the black letters red; to others they appear red only occasionally. Although the letters are all of the same color, some may see the large letters black and the small ones yellow or blue. Usually the large letters are seen darker than the small ones, whatever color they appear to be. Often different colors appear in the same letter, part of it seeming to be black, perhaps, and the rest grey or some other color. Spots of black, or of color, may appear on the white; and spots of white, or of color, on the black.

ILLUSIONS OF SIZE

Large letters may appear small, or small letters large. One letter may appear to be of normal size, while another of the same size and at the same distance may appear larger or smaller than normal. Or a letter may appear to be of normal size at the near-point and at the distance, and only half that size at the middle distance. When a person can judge the size of a letter correctly at all distances up to twenty feet his vision is normal. If the size appears different to him at different distances, he is suffering from an illusion of size. At great distances the judgment of size is always imperfect, because the sight at such distances is

imperfect, even though perfect at ordinary distances. The stars appear to be dots, because the eye does not possess perfect vision for objects at such distances. A candle seen half a mile away appears smaller than at the near-point; but seen through a telescope giving perfect vision at that distance it will be the same as at the near-point. With improved vision the ability to judge size improves.

The correction of an error of refraction by glasses seldom enables the patient to judge size as correctly as

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the normal eye does, and the ability to do this may differ very greatly in persons having the same error of refraction. A person with ten diopters of myopia corrected by glasses may (rarely) be able to judge the sizes of objects correctly. Another person, with the same degree of myopia and the same glasses, may see them only one-half or one-third their normal size. This indicates that errors of refraction have very little to do with incorrect perceptions of size.

ILLUSIONS OF FORM

Round letters may appear square or triangular; straight letters may appear curved; letters of regular form may appear very irregular; a round letter may appear to have a checkerboard or a cross in the center. In short, an infinite variety of changing forms may be seen. Illumination, distance and environment are all factors in this form of imperfect sight. Many persons can see the form of a letter correctly when other letters are covered, but when the other letters are visible they cannot see it. The indication of the position of a letter by a pointer helps some people to see it. Others are so disturbed by the pointer that they cannot see the letter so well.

ILLUSIONS OF NUMBER

Multiple images are frequently seen by persons with imperfect sight, either with both eyes together, with each eye separately, or with only one eye. The manner in which these multiple images make their appearance is sometimes very curious. For instance, a patient with presbyopia read the word HAS normally with both eyes. The word PHONES he read correctly with the left eye;

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but when he read it with the right eye he saw the letter P double, the imaginary image being a little distance to the left of the real one. The left eye, while it had normal vision for the word PHONES, multiplied the-shaft of a pin when this object was in a vertical position (the head remaining single), and multiplied the head when the position was changed to the horizontal (the shaft then remaining single). When the point of the pin was placed below a very small letter, the point was sometimes doubled while the letter remained single. No error of refraction can account for these phenomena. They are tricks of the mind only. The ways in which multiple images are arranged are endless. They are sometimes placed

vertically, sometimes horizontally or obliquely, and sometimes in circles, triangles and other geometrical forms. Their number, too, may vary from two to three, four, or more. They may be stationary, or may change their position more or less rapidly. They also show an infinite variety of color, including a white even whiter than that of the background.

ILLUSIONS OF LOCATION

A period following a letter on the same horizontal level as the bottom of the letter may appear to change its position in a great variety of curious ways. Its distance from the letter may vary. It may even appear on the other side of the letter. It may also appear above or below the line. Some persons see letters arranged in irregular order. In the case of the word AND, for instance, the D may occupy the place of the N. or the first letter may change places with the last. All these things are mental illusions. The letters sometimes ap

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pear to be farther off than they really are. The small letters, twenty feet distant, may appear to be a mile away. Patients troubled by illusions of distance sometimes ask if the position of the card has not been changed.

ILLUSIONS OF NON-EXISTENT OBJECTS

When the eye has imperfect sight the mind not only distorts what the eye sees, but it imagines that it sees things that do not exist. Among illusions of this sort are the floating specks which so often appear before the eyes when the sight is imperfect, and even when it is ordinarily very good. These specks are known scientifically as "muscae volitantes," or "flying flies," and although they are of no real importance, being symptoms of nothing except mental strain, they have attracted so much attention, and usually cause so much alarm to the patient, that they will be discussed at length in another chapter.

ILLUSIONS OF COMPLEMENTARY COLORS

When the sight is imperfect the subject, on looking away from a black, white, or brightly colored object, and closing the eyes, often imagines for a few seconds that he sees the object in a complementary, or approximately complementary, color. If the object is black upon a white background, a white object upon a black background will be seen. If the object is red, it may be seen as blue; and if it is blue, it may appear to be red. These illusions, which are known as "after-images," may also be seen, though less commonly, with the eyes open, upon any background at which the subject happens to look, and are often so vivid that they appear to be real.

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ILLUSIONS OF THE COLOR OF THE SUN

Persons with normal sight see the sun white, the whitest white there is; but when the sight is imperfect it may appear to be any color in the spectrum - red, blue, green, purple, yellow, etc. In fact, it has even been described by persons with imperfect vision as totally black. The setting sun commonly appears to be red, because of atmospheric conditions; but in many cases these conditions are not such as to change the color, and while this still appears to be red to persons with imperfect vision, to persons with normal vision it appears to be white. When the redness of a red sun is an illusion, and not due to atmospheric conditions, its image on the ground glass of a camera will be white, not red, and the rays focussed with a burning glass will also be white. The same is true of a red moon.

BLIND SPOTS AFTER LOOKING AT THE SUN

After looking at the sun most people see black or colored spots which may last from a few minutes to a year or longer, but are never permanent. These spots are also illusions, and are not due, as is commonly supposed, to any organic change in the eye. Even the total blindness which sometimes results, temporarily, from looking at the sun, is only an illusion.

ILLUSIONS OF TWINKLING STARS

The idea that the stars should twinkle has been embodied in song and story, and is generally accepted as part of the natural order of things; but it can be demon

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strated that this appearance is simply an illusion of the mind.

CAUSE OF THE ILLUSIONS OF IMPERFECT SIGHT

All the illusions of imperfect sight are the result of a strain of the mind, and when the mind is disturbed for any reason illusions of all kinds are very likely to occur. This strain is not only different from the strain that produces the error of refraction, but it can be demonstrated that for each and every one of these illusions there is a different kind of strain. Alterations of color do not necessarily affect the size or form of objects, or produce any other illusion, and it is possible to see the color of a letter, or of a part of a letter, perfectly, without recognizing the letter. To change black letters into blue, or yellow, or another color, requires a subconscious strain to remember or imagine the colors concerned, while to alter the form requires a subconscious strain to see the form in question. With a little practice anyone can learn to produce illusions of form and color by straining consciously in the same way that one strains unconsciously; and whenever illusions are produced in this way it will be found that eccentric fixation and an error of refraction have also been produced.

The strain which produces polyopia is different again from the strain which produces illusions of color,

size and form. After a few attempts most patients easily learn to produce polyopia at will. Staring or squinting, if the strain is great enough, will usually make one see double. By looking above a light, or a letter, and then trying to see it as well as when directly regarded, one can produce an illusion of several lights, or letters, arranged vertically. If the strain is great enough, there

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may be as many as a dozen of them. By looking to the side of the light or letter, or looking away obliquely at any angle, the images can be made to arrange themselves horizontally, or obliquely at any angle.

To see objects in the wrong location, as when the first letter of a word occupies the place of the last, requires an ingenuity of eccentric fixation and an education of the imagination which is unusual.

The black or colored spots seen after looking at the sun, and the strange colors which the sun sometimes seems to assume, are also the result of the mental strain. When one becomes able to look at the orb of day without strain, these phenomena immediately disappear.

After-images have been attributed to fatigue of the retina, which is supposed to have been so overstimulated by a certain color that it can no longer perceive it, and therefore seeks relief in the hue which is complementary to this color. If it gets tired looking at the black C on the Snellen test card, for instance, it is supposed to seek relief by seeing the C white. This explanation of the phenomenon is very ingenious but scarcely plausible. The eyes cannot see when they are closed; and if they appear to see under these conditions, it is obvious that the subject is suffering from a mental illusion with which the retina has nothing to do. Neither can they see what does not exist; and if they appear to see a white C on a green wall where there is no such object, it is obvious again that the subject is suffering from a mental illusion. The after-image indicates, in fact, simply a loss of mental control, and occurs when there is an error of refraction, because this condition also is due to a loss of mental control. Anyone can produce an afterimage at will by trying to see the big C all alike - that is, under a strain;

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but one can look at it indefinitely by central fixation without any such result.

While persons with imperfect sight usually see the stars twinkle, they do not necessarily do so. Therefore it is evident that the strain which causes the twinkling is different from that which causes the error of refraction. If one can look at a star without trying to see it, it does not twinkle; and when the illusion of twinkling has been produced, one can usually stop it by "swinging" the star. On the other hand, one can start the planets, or even the moon, to twinkling, if one strains sufficiently to see them.

ILLUSIONS OF NORMAL SIGHT

The illusions of normal sight include all the phenomena of central fixation. When the eye with normal sight looks at a letter on the Snellen test card, it sees the point fixed best, - and everything else in the field of vision appears less distinct. As a matter of fact, the whole letter and all the letters may be perfectly black and distinct, and the impression that one letter is blacker than the others, or that one part of a letter is blacker than the rest, is an illusion. The normal eye, however, may shift so rapidly that it appears to see a whole line of small letters all alike simultaneously. As a matter of fact there is, of course, no such picture on the retina. Each letter has not only been seen separately, but it has been demonstrated in the chapter on "Shifting and Swinging" that if the letters are seen at a distance of fifteen or twenty feet, they could not be recognized unless about four shifts were made on each letter. To produce the impression of a simultaneous picture of fourteen letters,

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therefore, some sixty or seventy pictures, each with some one point more distinct than the rest, must have been produced upon the retina. The idea that the letters are seen all alike simultaneously is, therefore, an illusion. Here we have two different kinds of illusions. In the first case the impression made upon the brain is in accordance with the picture on the retina, but not in accordance with the fact. In the second the mental impression is in accordance with the fact, but not with the pictures upon the retina.

The normal eye usually sees the background of a letter whiter than it really is. In looking at the letters on the Snellen test card it sees white streaks at the margins of the letters, and in reading fine print it sees between the lines and the letters, and in the openings of the letters, a white more intense than the reality. Persons who cannot read fine print may see this illusion, but less clearly. The more clearly it is seen, the better the vision; and if it can be imagined consciously - it is imagined unconsciously when the sight is normal - the vision improves. If the lines of fine type are covered, the streaks between them disappear. When the letters are regarded through a magnifying glass by the eye with normal sight, the illusion is not destroyed, but the intensity of the white and black are lessened. With imperfect sight it may be increased to some extent by this means, but will remain less intense than the white and black seen by the normal eye. The facts demonstrate that perfect sight cannot be obtained with glasses.

The illusions of movement produced by the shifting of the eye and described in detail in the chapter on "Shifting and Swinging" must also be numbered among the illusions of normal sight, and so must the perception of

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objects in an upright position. This last is the most curious illusion of all. No matter what the position of the head, and regardless of the fact that the image on the retina is inverted, we always see things right side up.

CHAPTER XVII

VISION UNDER ADVERSE CONDITIONS A BENEFIT TO THE EYES

ACCORDING to accepted ideas of ocular hygiene, it is important to protect the eyes from a great variety of influences which are often very difficult to avoid, and to which most people resign themselves with the uneasy sense that they are thereby "ruining their eyesight." Bright lights, artificial lights, dim lights, sudden fluctuations of light, fine print, reading in moving vehicles, reading lying down, etc., have long been considered "bad for the eyes," and libraries of literature have been produced about their supposedly direful effects. These ideas are diametrically opposed to the truth. When the eyes are properly used, vision under adverse conditions not only does not injure them, but is an actual benefit, because a greater degree of relaxation is required to see under such conditions than under more favorable ones. It is true that the conditions in question may at first cause discomfort, even to persons with normal vision; but a careful study of the facts has demonstrated that only persons with imperfect sight suffer seriously from them, and that such persons, if they practice central fixation, quickly become accustomed to them and derive great benefit from them.

Although the eyes were made to react to the light, a very general fear of the effect of this element upon the organs of vision is entertained both by the medical profession and by the laity. Extraordinary precautions are 183

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taken in our homes, offices and schools to temper the light, whether natural or artificial, and to insure that it shall not shine directly into the eyes; smoked and amber glasses, eye-shades, broad-brimmed hats and parasols are commonly used to protect the organs of vision from what is considered an excess of light; and when actual disease is present, it is no uncommon thing for patients to be kept for weeks, months and years in dark rooms, or with bandages over their eyes.

[[NOTE](#)]

It is not light but darkness that is dangerous to the eye. Prolonged exclusion from the light always lowers the vision, and may produce serious inflammatory conditions. Among young children living in tenements this is a somewhat frequent cause of ulcers upon the cornea, which ultimately destroy the sight. The children, finding their eyes sensitive to light, bury them in the pillows

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and thus shut out the light entirely. The universal fear of reading or doing fine work in a dim light is, however, unfounded. So long as the light is sufficient so that one can see without discomfort, this

practice is not only harmless, but may be beneficial.

Sudden contrasts of light are supposed to be particularly harmful to the eye. The theory on which this idea is based is summed up as follows by Fletcher B. Dresslar, specialist in school hygiene and sanitation of the United States Bureau of Education:

"The muscles of the iris are automatic in their movements, but rather slow. Sudden contrasts of strong light and weak illumination are painful and likewise harmful to the retina. For example, if the eye, adjusted to a dim light, is suddenly turned toward a brilliantly lighted object, the retina will receive too much light and will be shocked before the muscles controlling the iris can react to shut out the superabundance of light. If contrasts are not strong, but frequently made, that is, if the eye is called upon to function where frequent adjustments in this way are necessary, the muscles controlling the iris become fatigued, respond more slowly and less perfectly. As a result, eyestrain in the ciliary muscles is produced and the retina is over-stimulated. This is one cause of headaches and tired eyes." ¹

¹ School Hygiene, Brief Course Series in Education, edited by Monroe, 1916, p. 240

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There is no evidence whatever to support these statements. Sudden fluctuations of light undoubtedly cause discomfort to many persons, but, far from being injurious, I have found them, in all cases observed, to be actually beneficial. The pupil of the normal eye, when it has normal sight, does not change appreciably under the influence of changes of illumination; and persons with normal vision are not inconvenienced by such changes. I have seen a patient look directly at the sun after coming from an imperfectly lighted room, and then, returning to the room, immediately pick up a newspaper and read it. When the eye has imperfect sight, the pupil usually contracts in the light and expands in the dark, but it has been observed to contract to the size of a pinhole in the dark. Whether the contraction takes place under the influence of light or of darkness, the cause is the same, namely, strain. Persons with imperfect sight suffer great inconvenience, resulting in lowered vision, from changes in the intensity of the light; but the lowered vision is always temporary, and if the eye is persistently exposed to these conditions, the sight is benefited. Such practices as reading alternately in a bright and a dim light, or going from a dark room to a well-lighted one, and vice versa, are to be recommended. Even such rapid and violent fluctuations of light as those involved in the production of the moving picture are, in the long run, beneficial to all eyes. I always advise patients under treatment for the cure of defective vision to go to the movies frequently and practice central fixation. They soon become accustomed to the flickering light, and afterward other light and reflections cause less annoyance.

Reading is supposed to be one of the necessary evils of civilization; but it is believed that by avoiding fine print, and taking care to read only under certain favorable conditions, its deleterious influences can be minimized. Extensive investigations as to the effect of various styles of print on the eyesight of school children have been made, and detailed rules have been laid down as to the size of the print, its shading, the distance of

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the letters from each other, the spaces between the lines, the length of the lines, etc.. As regards the effects of different sorts of type on the human eye in general and those of children in particular, Dr. A. G. Young, in his much quoted report¹ to the Maine State Board of Health makes the following interesting observations:

Pearl, as the printers call it, is unfit for any eyes, yet the piles of Bibles and Testaments annually printed in it tempt many eyes to self-destruction.

Agate is the type in which a boy, to the writer's knowledge, undertook to read the Bible through, His outraged eyes broke down with asthenopia before he went far and could be used but little for school work the next two years.

Nonpareil is used in some papers and magazines for children, but, to spare the eyes, all such should, and do, go on the list of forbidden reading matter in those homes where the danger of such print is understood.

Minion is read by the healthy, normal young eye without appreciable difficulty, but even to the sound eye the danger of strain is so great that all books and magazines for children printed from it should be banished from the home and school.

Brevier is much used in newspapers, but is too small for magazines or books for young folks.

Bourgeois is much used in magazines, but should be used in only those school books to which a brief reference is made.

Long Primer is suitable for school readers for the higher and intermediate grades, and for text books generally.

Small Pica is still a more luxurious type, used in the North American Review and the Forum.

Pica is a good type for books for small children.

Great Primer should be used for the first reading book.

1 Seventh Annual Report to the Maine State Board of Health, by the secretary, Dr. A. G. Young, 1891, p. 193.

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All this is directly contrary to my own experience. Children might be bored by books in excessively small print; but I have never seen any reason for supposing that their eyes, or any other eyes, would be harmed by such type. On the contrary, the reading of fine print, when it can be done without discomfort, has invariably proven to be beneficial, and the dimmer the light in which it can be read, and the closer to the eyes it can be held, the greater the benefit. By this means severe pain in the eyes has been relieved in a few minutes or even instantly. The reason is that fine print cannot be read in a dim light and close to the eyes unless the eyes are relaxed, whereas large print can be read in a good light and at ordinary reading distance although the eyes may be under a strain. When fine print can be read under adverse conditions, the reading of ordinary print under ordinary conditions is vastly improved. In myopia it may be a benefit to strain to see fine print, because myopia is always lessened when there is a strain to see near objects, and this has sometimes counteracted the tendency to strain in looking at distant objects, which is always associated with the production of myopia. Even straining to see print so fine that it cannot be read is a benefit to some myopes.

Persons who wish to preserve their eyesight are frequently warned not to read in moving vehicles; but since under modern conditions of life many persons have to spend a large part of their time in moving vehicles, and many of them have no other time to read, it is useless to expect that they will ever discontinue the practice. Fortunately the theory of its injuriousness is not borne out by the facts. When the object regarded is moved more or less rapidly, strain and lowered vision are, at

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Seven Truths of Normal Sight

- 1 - Normal Sight can always be demonstrated in the normal eye, but only under favorable conditions.
- 2 - Central Fixation: The letter or part of the letter regarded is always seen best.
- 3 - Shifting: The point regarded changes rapidly and continuously.
- 4 - Swinging: When the shifting is slow, the letters appear to move from side to side or in other directions with a pendulum-like motion.
- 5 - Memory is perfect The color and background of the letters, or other objects seen are remembered

perfectly, instantaneously and continuously

6 - Imagination is good. One may even see the white part of the letters whiter than it really is, while the black is not altered by distance, illumination, size, or form, of the letters.

7 - Rest or relaxation of the eye and mind is perfect and can always be demonstrated.

When one of these seven fundamentals is perfect all are perfect.

Fig. 49. Specimen of Diamond Type

Many patients have been greatly benefited by reading type of this size.



Fig. 50. Photographic Type Reduction

Patients who can read photographic type reductions are instantly relieved of pain and discomfort when they do so and those who cannot read such type may be benefited simply by looking at it.

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first, always produced; but this is always temporary, and ultimately the vision is improved by the practice.

There is probably no visual habit against which we have been more persistently warned than that of reading in a recumbent posture. Many plausible reasons have been adduced for its supposed injuriousness; but so delightful is the practice that few, probably, have ever been deterred from it by fear of the consequences. It is gratifying to be able to state, therefore, that I have found these consequences to be beneficial rather than injurious. As in the case of the use of the eyes under other difficult conditions, it is a good thing to be able to read lying down, and the ability to do it improves with practice. In an upright position, with a good light coming over the left shoulder, one can read with the eyes under a considerable degree of strain; but in a recumbent posture, with the light and the angle of the page to the eye unfavorable, one cannot read unless one relaxes. Anyone who can read lying down without discomfort is not likely to have any difficulty in reading under ordinary conditions.

The fact is that vision under difficult conditions is good mental training. The mind may be disturbed at first by the unfavorable environment; but after it has become accustomed to such environments, the mental control, and, consequently, the eyesight are improved. To advise against using the eyes under unfavorable conditions is like telling a person who has been in bed for a few weeks and finds it difficult to walk to refrain from such exercise. Of course, discretion must be used in both cases. [[NOTE](#)]

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But just as the invalid may gradually increase his strength until the Marathon has no terrors for him, so may the eye with defective sight be educated until all the rules with which we have so long allowed ourselves to be harassed in the name of "eye hygiene" may be disregarded, not only with safety but with benefit.

Note from the Webmaster: The Webmaster (Alex Eulenberg) believes that some passages from the original version of this chapter are so dangerously false or misleading that he has not included them in this edition, with or without a disclaimer. In this chapter, Bates describes the effects of looking directly at the sun as "always temporary" and "mental illusions." No. If you look at the sun too long and too hard you can damage your retina and cause permanent blind spots. This permanent condition is called solar retinopathy and is distinct from the well-known temporary "snow blindness."

CHAPTER XVIII

OPTIMUMS AND PESSIMUMS

IN nearly all cases of imperfect sight due to errors of refraction there is some object, or objects, which can be regarded with normal vision. Such objects I have called "optimums." On the other hand, there are some objects which persons with normal eyes and ordinarily normal sight always see imperfectly, an error of refraction being produced when they are regarded, as demonstrated by the retinoscope. Such objects I have called "pessimums." An object becomes an optimum, or a pessimum, according to the effect it produces upon the mind, and in some cases this effect is easily accounted for.

For many children their mother's face is an optimum, and the face of a stranger a pessimum. A dressmaker was always able to thread a No. 10 needle with a fine thread of silk without glasses, although she had to put on glasses to sew on buttons, because she could not see the holes. She was a teacher of dressmaking, and thought the children stupid because they could not tell the difference between two different shades of black. She could match colors without comparing the samples. Yet she could not see a black line in a photographic copy of the Bible which was no finer than a thread of silk, and she could not remember a black period. An employee in a cooperage factory, who had been engaged for years in picking out defective barrels as they went rapidly past him on an inclined plane, was able to continue his work

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after his sight for most other objects had become very defective, while persons with much better sight for the Snellen test card were unable to detect the defective barrels. The familiarity of these various objects made it possible for the subjects to look at them without strain - that is, without trying to see them. Therefore the barrels were to the cooper optimums; while the needle's eye and the colors of silk and fabrics were optimums to the dressmaker. Unfamiliar objects, on the contrary, are always pessimums, as pointed out in the chapter on "The Variability of the Refraction of the Eye."

In other cases there is no accounting for the idiosyncrasy of the mind which makes one object a pessimum and another an optimum. It is also impossible to account for the fact that an object may be an optimum for one eye and not for the other, or an optimum at one time and at one distance and not at others. Among these unaccountable optimums one often finds a particular letter on the Snellen test card. One patient, for instance, was able to see the letter K on the forty, fifteen and ten lines, but could see none of the other letters on these lines, although most patients would see some of them, on account of the simplicity of their outlines, better than they would such a letter as K.

Pessimums may be as curious and unaccountable as optimums. The letter V is 50 simple in its outlines that many people can see it when they cannot see others on the same line. Yet some people are unable to

distinguish it at any distance, although able to read other letters in the same word, or on the same line of the Snellen test card. Some people again will not only be unable to recognize the letter V in a word, but also to read any word that contains it, the pessimum lowering their sight not

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only for itself but for other objects. Some letters, or objects, become pessimums only in particular situations. A letter, for instance, may be a pessimum when located at the end or at the beginning of a line or sentence, and not in other places. When the attention of the patient is called to the fact that a letter seen in one location ought logically to be seen equally well in others, the letter often ceases to be a pessimum in any situation.

A pessimum, like an optimum, may be lost and later become manifest. It may vary according to the light and distance. An object which is a pessimum in a moderate light may not be so when the light is increased or diminished. A pessimum at twenty feet may not be one at two feet, or thirty feet, and an object which is a pessimum when directly regarded may be seen with normal vision in the eccentric field.

For most people the Snellen test card is a pessimum. If you can see the Snellen test card with normal vision, you can see almost anything else in the world. Patients who cannot see the letters on the Snellen test card can often see other objects of the same size and at the same distance with normal sight. When letters which are seen imperfectly, or even letters which cannot be seen at all, or which the patient is not conscious of seeing are regarded, the error of refraction is increased. The patient may regard a blank white card without any error of refraction; but if he regards the lower part of a Snellen test card, which appears to him to be just as blank as the blank card, an error of refraction can always be demonstrated, and if the visible letters of the card are covered, the result is the same. The pessimum may, in short, be letters or objects which the patient is not conscious of seeing. This phenomenon is very common. When the

How Pessimums Become Optimums 201

card is seen in the eccentric field it may have the effect of lowering the vision for the point directly regarded. For instance, a patient may regard an area of green wallpaper at the distance, and see the color as well as at the near-point; but if a Snellen test card on which the letters are either seen imperfectly, or not seen at all, is placed in the neighborhood of the area being regarded, the retinoscope may indicate an error of refraction. When the vision improves the number of letters on the card which are pessimums diminishes and the number of optimums increases, until the whole card becomes an optimum.

A pessimum, like an optimum, is a manifestation of the mind. It is something associated with a strain to

see, just as an optimum is something which has no such association. It is not caused by the error of refraction, but always produces an error of refraction; and when the strain has been relieved it ceases to be a pessimum and becomes an optimum.

CHAPTER XIX

THE RELIEF OF PAIN AND OTHER SYMPTOMS

BY THE AID OF THE MEMORY

MANY years ago patients who had been cured of imperfect sight by treatment without glasses quite often told me that after their vision had become perfect they were always relieved of pain, not only in the eyes and head, but in other parts of the body, even when the pain was apparently caused by some organic disease, or by an injury. The relief in many cases was so striking that I investigated some thousands of cases and found it to be a fact that persons with perfect sight, or the memory of perfect sight - that is, of something perfectly seen - do not suffer pain in any part of the body, while by a strain or effort to see I have produced pain in various parts of the body.

By perfect sight is not meant, necessarily, the perfect visual perception of words, letters, or objects, of a more or less complicated form. To see perfectly the color alone is sufficient, and the easiest color to see perfectly is black. But perfect sight is never continuous, careful scientific tests having shown that it is seldom maintained for more than a few minutes and usually not so long. For practical purposes in the relief of pain, therefore, the memory is more satisfactory than sight.

When black is remembered perfectly a temporary, if not a permanent, relief of pain always results. The skin may be pricked with a sharp instrument without causing discomfort. The lobe of the ear may be pinched be

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tween the nails of the thumb and first finger, and no pain will be felt. At the same time the sense of touch becomes more acute. The senses of taste, smell and hearing are also improved, while the efficiency of the mind is increased. The ability to distinguish different temperatures is increased, but one does not suffer from heat or cold. Organic conditions may not be changed; but all of the functional symptoms, such as fever, weakness, and shock, which these conditions cause, are relieved. Patients who have learned to remember black under all circumstances no longer dread to visit the dentist. When they remember a period the drill causes them no pain, and they are not annoyed even by the extraction of teeth. It is possible to perform surgical operations without anaesthetics when the patient is able to remember black perfectly. The following are only a few of many equally striking cases which might be given of the relief or prevention of pain by this means:

A patient suffered from ulceration of the eyeball, occurring at different times and resulting in the formation of holes through which the fluids in the interior escaped. These openings had to be closed by surgical operations. At first these operations were performed under the influence of cocaine; but the progressive disease of the eye caused so much congestion that complete anaesthesia was no longer attainable by the use of this drug, and ether and chloroform were employed. As so many operations were needed, it became desirable to get along, if possible, without anaesthetics, and the patient's success in relieving pain by the memory of black suggested that she might also be able to prevent the pain of operations in the same way. Her ability to do this was tested by touching her eyeball lightly with a blunt probe. At first she forgot the

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black as soon as the probe touched her eye, but later she became able to remember it. The operation was then successfully performed; the patient not only felt no pain,



Fig. 51. Operating Without Anaesthetics

The patient suffered from ulceration of the eyeball resulting in the formation of holes through which the fluids of the interior escaped. These holes had to be closed by surgical operations, and fourteen of these operations were performed without anaesthetics, because the patient was able to prevent pain by the memory of a black period.

but her self-control was better than when cocaine had been used. Later fourteen more operations were performed under the same conditions, the patient not only

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suffering no pain, but, what was more remarkable, feeling no pain or soreness afterward. The patient stated that if she had been operated upon by a stranger she would probably have been so nervous that she would not

have been able to remember the black; but later she was treated by a strange dentist, who made two extractions and did some other work, all without causing her any discomfort, because she was able to remember the period perfectly.

A man who had been extremely nervous in the dentist's chair, and had had four extractions made under gas, surprised his dentist, after having learned the effect of the memory of a period in-relieving pain, by having a tooth extracted without cocaine, gas, or chloroform. The dentist complimented him on his nerve and looked incredulous when the patient said he had felt no pain at all. In a second case, that of a woman, the dentist removed the nerve from three teeth without causing the patient any pain.

A boy of fourteen came to the eye clinic of the Harlem Hospital, New York, with a foreign body deeply embedded in his cornea. It caused him much pain, and his mother stated that a number of physicians had been unable to remove it, because the child was so nervous that he could not keep still long enough, although cocaine had been used quite freely. The boy was told to look at a black object, close and cover his eyes, and think of the black object until he saw black. He was soon able to do this, and the pain in his eye was relieved. He was next taught to remember the black with his eyes open. The foreign body was then removed from the cornea. The operation was one of much difficulty and required considerable time, but the boy felt no pain. While it was

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in progress he was asked if he was still remembering black.

"You bet I am," he replied.

In the same hospital a surgeon from the accident ward visited the eye clinic with a friend suffering from pain in his eyes and head. The patient was benefited very quickly by relaxation methods. The surgeon said it was unusual, and spoke slightly of my methods. I challenged him to bring me a patient with pain that I could not relieve in five minutes.

"All right," he said. "I want you to understand that I am from Missouri."

He returned soon with a woman who had been suffering from severe pains in her head for several years. She had been operated upon a number of times, and had been under the care of the hospital for many months.

"You cannot help the pain in this patient's head," said the surgeon, "because she has a brain tumor."

I doubted the existence of a brain tumor, but I said: "Brain tumor or no brain tumor, my assistant will stop the pain in five minutes."

He took out his watch, opened it, looked at the time, and told my assistant to go ahead. The patient was directed to look at a large black letter, note its blackness, then to cover her closed eyes with the palms of her hands, shutting out all the light, and to remember the blackness of the letter until she saw everything black. In

less than three minutes she said:

"I now see everything perfectly black. I feel no pain in my head. I am completely relieved, and I thank you very much."

The surgeon looked bewildered, and left the room without a word.



Fig.

52. Neuralgia Relieved by Palming and the Memory of Black

While the visitor was explaining to her sceptical hostess the method of relieving pain by palming and the memory of black another member of the family, who was suffering from trigeminal neuralgia, came in, and having heard what was being said, immediately put it into practice and was cured. The hostess later developed severe pain in her head and eyes, and did not obtain any relief until she also practiced palming and the memory of black.

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To prevent a relapse the patient was advised to palm six times a day or oftener. The pain did not return, and she came to the clinic some weeks later to express her gratitude.

Not only does the memory of perfect sight relieve pain and the symptoms of disease, but in some cases it produces manifest relief of the causes of these symptoms. Coughs, colds, hay fever, rheumatism and glaucoma are among the conditions that have been relieved in this way.

A patient under treatment for imperfect sight from a high degree of mixed astigmatism one day came to the office with a severe cold. She coughed continually, and there was a profuse discharge from both eyes and nose. There was some fever, with a severe pain in the eyes and head, and the patient was unable to breathe through her nose because of the inflammatory swelling. Palming was successful in half an hour, when the pain and discharge ceased, the nose opened, and the breathing and temperature became normal. The benefit was permanent - a very unusual thing after one treatment.

A boy of four with whooping-cough was always relieved by covering his eyes and remembering black. The relapses became less frequent, and in a few weeks he had completely recovered.

A man who suffered every summer from attacks of hay fever, beginning in June and lasting throughout the season, was completely relieved by palming for half an hour; and after three years there had been no relapse.

A man of sixty-five who had been under treatment for rheumatism for six months without improvement obtained temporary relief by palming, and by the time his vision had become normal the relief of the rheumatism was complete.

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In many cases of glaucoma not only the pain, but the tension which is often associated with the pain, has been completely relieved by palming. In some cases permanent relief of the tension has followed one treatment. In others many treatments have been required.

Why the memory of black should have this effect cannot be fully explained, just as the action of many drugs cannot be explained; but it is evident that the body must be less susceptible to disturbances of all kinds when the mind is under control, and only when the mind is under control can black be remembered perfectly. That pain can be produced in any part of the body by the action of the mind is not a new observation; and if the mind can produce pain, it is not surprising that it should also be able to relieve pain and the conditions which produce it. This, doubtless, is the explanation of some of the remarkable cures reported by Faith Curists and Christian Scientists. Whatever the explanation, however, the facts have been attested by numerous proofs, and are of the greatest practical value.

With a little training anyone with good sight can be taught to remember black perfectly with the eyes closed and covered, and with a little more training anyone can learn to do it with the eyes open. When one is suffering extreme pain, however, the control of the memory may be difficult, and the assistance of someone who understands the method may be necessary. With such assistance it is seldom or never impossible.

CHAPTER XX

PRESBYOPIA: ITS CAUSE AND CURE

AMONG people living under civilized conditions the accommodative power of the eye gradually declines, in most cases, until at the age of sixty or seventy it appears to have been entirely lost, the subject being absolutely dependent upon his glasses for vision at the near-point. As to whether the same thing happens among primitive people or people living under primitive conditions, very little information is available. Donders¹ says that the power of accommodation diminishes little, if at all, more rapidly among people who use their eyes much at the near-point than among agriculturists, sailors and others who use them mainly for distant vision; and Roosa and others² say the contrary. This is a fact however, that people who cannot read, no matter what their age, will manifest a failure of near vision if asked to look at printed characters, although their sight for familiar objects at the near-point may be perfect. The fact that such persons, at the age of forty-five or fifty, cannot differentiate between printed characters is no warrant, therefore, for the conclusion that their accommodative powers are declining. A young illiterate would do no better, and a young student who can read Roman characters at the near-point without difficulty always develops symptoms of imperfect sight when he attempts to read, for the first time, old English, Greek, or Chinese characters.

1 On the Anomalies of Accommodation and Refraction of the Eye, p. 223.

2 Roosa: A Clinical Manual of Diseases of the Eye, 1894, p. 537; Oliver: System of Diseases of the Eye, vol. iv, p, 431.

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When the accommodative power has declined to the point at which reading and writing become difficult the patient is said to have "presbyopia," or, more popularly, "old sight"; and the condition is generally accepted, both by the popular and the scientific mind, as one of the unavoidable inconveniences of old age. "Presbyopia," says Donders, "is the normal quality of the normal, emmetropic eye in advanced age,"¹ and similar statements might be multiplied endlessly. De Schweinitz calls the condition "a normal result of growing old";² according to Fuchs it is "a physiological process which every eye undergoes";³ while Roosa speaks of the change as one which "ultimately affects every eye."⁴

The decline of accommodative power with advancing years is commonly attributed to the hardening of the lens, an influence which is believed to be augmented, in later years, by a flattening of this body and a lowering of its refractive index, together with weakness or atrophy of the ciliary muscle; and so regular is the decline, in most cases, that tables have been compiled showing the near-point to be expected at

various ages. From these it is said one might almost fit glasses without testing the vision of the subject; or, conversely, one might, from a man's glasses, judge his age within a year or two. The following table is quoted from Jackson's chapter on "The Dioptrics of the Eye," in Norris and Oliver's "System of Diseases of the Eye," 5 and does not differ materially from the tables given by Fuchs, Donders and Duane. The first

On the Anomalies of Accommodation and Refraction of the Eye, p. 210. 2 Diseases of the Eye, p. 148.

2¢ Text-book of Ophthalmology, authorized translation from the twelfth

German edition by Duane, 1919, p. 862. Ernst Fuchs (1851-). Professor of Ophthalmology at Vienna from 1885 to 1915. His Text-book of Ophthalmology has been translated into many languages.

b A Clinical Manual of Diseases of the Eye, p. 535.

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column indicates the age, the second diopters of accommodative power, the third the near-point for an emmetropic l eye, in inches.

Age Diopters Inches

10 14 2.81

15 12 3.28

20 10 3.94

25 8.5 4.63

30 7 5.63

35 5.5 7.16

40 4.5 8.75

45 3.5 11.25

50 2.5 15.75

55 1.5 26.25

60 .75 52.49

65 .25 157.48

70 0

According to these depressing figures one must expect at thirty to have lost no less than half of one's original accommodative power, while at forty two-thirds of it would be gone, and at sixty it would be practically nonexistent.¹

There are many people, however, who do not fit this schedule. Many persons at forty can read fine print at four inches, although they ought, according to the table, to have lost that power shortly after twenty. Worse still, there are people who refuse to become presbyopic at all. Oliver Wendell Holmes mentions one of these cases in "The Autocrat of the Breakfast Table."

¹ An eye which, when it is at rest, focusses parallel rays upon the retina, is said to be emmetropic or normal.

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"There is now living in New York State," he says, "an old gentleman who, perceiving his sight to fail, immediately took to exercising it on the finest print, and in this way fairly bullied Nature out of her foolish habit of taking liberties at five-and-forty, or thereabout. And now this old gentleman performs the most extraordinary feats with his pen, showing that his eyes must be a pair of microscopes. I should be afraid to say how much he writes in the compass of a half-dime - whether the Psalms or the Gospels, or the Psalms and the Gospels, I won't be positive."¹

There are also people who regain their near vision after having lost it for ten, fifteen, or more years; and there are people who, while presbyopic for some objects, have perfect sight for others. Many dressmakers, for instance, can thread a needle with the naked eye, and with the retinoscope it can be demonstrated that they accurately focus their eyes upon such objects; and yet they cannot read or write without glasses.

So far as I am aware no one but myself has ever observed the last-mentioned class of cases, but the others are known to every ophthalmologist of any experience. One hears of them at the meetings of ophthalmological societies; they are even reported in the medical journals; but such is the force of authority that when it comes to writing books they are either ignored or explained away, and every new

treatise that comes from the press repeats the old superstition that presbyopia is "a normal result of growing old." We have beaten Germany; but the dead hand of German science still oppresses our intellects and prevents us from crediting the plainest evidence of our senses. Some of us are so filled with repugnance for

1 Everyman's Library, 1908, pp. 166-167.

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the Hun that we can no longer endure the music of Bach, or the language of Goethe and Schiller; but German ophthalmology is still sacred, and no facts are allowed to cast discredit upon it.

Fortunately for those who feel called upon to defend the old theories, myopia postpones the advent of presbyopia. and a decrease in the size of the pupil, which often takes place in old age, has some effect in facilitating vision at the near-point. Reported cases of persons reading without glasses when over fifty or fifty-five years of age, therefore, can be easily disposed of by assuming that the subjects must be myopic, or that their pupils are unusually small. If the case comes under actual observation, the matter may not be so simple, because it may be found that the patient, so far from being myopic, is hypermetropic, or emmetropic, and that the pupil is of normal size. There is nothing to do with these cases but to ignore them. Abnormal changes in the form of the lens have also been held responsible for the retention of near vision beyond the prescribed age, or for its restoration after it has been lost, the swelling of the lens in incipient cataract affording a very convenient and plausible explanation for the latter class of cases. In cases of premature presbyopia "accelerated sclerosis" 1 Of the lens and weakness of the ciliary muscle have been assumed; and if such cases as the dressmakers who can thread their needles when they can no longer read the newspapers had been observed, no doubt some explanation consistent with the German viewpoint would have been found for them.

The truth about presbyopia is that it is not "a normal result of growing old," being both preventable and cu

I Fuchs: Text-book of Ophthalmology, p. S05.

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nable. It is not caused by hardening of the lens, but by a strain to see at the near-point. It has no necessary connection with age, since it occurs, in some cases, as early as ten years, while in others it never occurs at all, although the subject may live far into the so-called presbyopic age. It is true that the lens does harden with advancing years, just as the bones harden and the structure of the skin changes; but since the lens is not a factor in accommodation, this fact is immaterial, and while in some cases the lens may become flatter, or lose some of its refractive power with advancing years, it has been observed to remain

perfectly clear and unchanged in shape up to the age of ninety. Since the ciliary muscle is also not a factor in accommodation, its weakness or atrophy can contribute nothing to the decline of accommodative power. Presbyopia is, in fact, simply a form of hypermetropia in which the vision for the near-point is chiefly affected, although the vision for the distance, contrary to what is generally believed, is always lowered also. The difference between the two conditions is not always clear. A person with hypermetropia may or may not read fine print, and a person at the presbyopic age may read it without apparent inconvenience and yet have imperfect sight for the distance. In both conditions the sight at both points is lowered, although the patient may not be aware of it.

It has been shown that when the eyes strain to see at the near-point the focus is always pushed farther away than it was before, in one or all meridians; and by means of simultaneous retinoscopy it can always be demonstrated that when a person with presbyopia tries to read fine print and fails, the focus is always pushed farther away than it was before the attempt was made, indicat

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ing that the failure was caused by strain. Even the thought of making such an effort will produce strain, so that the refraction may be changed, and pain, discomfort and fatigue produced, before the fine print is regarded. Furthermore, when a person

with presbyopia rests the eyes by closing them, or palming, he always becomes able, for a few moments at least, to read fine print at six inches, again indicating that his previous failure was due, not to any fault of the eyes, but to a strain to see. When the strain is permanently relieved the presbyopia is permanently cured, and this has happened, not in a few cases, but in many, and at all ages, up to sixty, seventy and eighty.

The first patient that I cured of presbyopia was myself. Having demonstrated by means of experiments on the eyes of animals that the lens is not a factor in accommodation, I knew that presbyopia must be curable, and I realized that I could not look for any very general acceptance of the revolutionary conclusions I had reached so long as I wore glasses myself for a condition supposed to be due to the loss of the accommodative power of the lens. I was then suffering from the maximum degree of presbyopia. I had no accommodative power whatever, and had to have quite an outfit of glasses, because with a glass, for instance, which enabled me to read fine print at thirteen inches, I could not read it either at twelve inches or at fourteen. The retinoscope showed that when I tried to see anything at the near-point without glasses my eyes were focussed for the distance, and when I tried to see anything at the distance they were focussed for the near-point. My problem, then, was to find some way of reversing this condition and inducing my eyes to focus for the point I wished to see at the moment that I wished

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to see it. I consulted various eye specialists, but my language was to them like that of St. Paul to the Greeks, namely, foolishness. "Your lens is as hard as a stone," they said. "No one can do anything for you." Then I went to a nerve specialist. He used the retinoscope on me, and confirmed my own observations as to the peculiar contrariness of my accommodation; but he had no idea what I could do about it. He would consult some of his colleagues, he said, and asked me to come back in a month, which I did. Then he told me he had come to the conclusion that there was only one man who could cure me, and that was Dr. William H. Bates of New York.

"Why do you say that?" I asked.

"Because you are the only man who seems to know anything about it," he answered.

Thus thrown upon my own resources, I was fortunate enough to find a non-medical gentleman who was willing to do what he could to assist me, the Rev. R. B. B. Foote, of Brooklyn. He kindly used the retinoscope through many long and tedious hours while I studied my own case, and tried to find some way of accommodating when I wanted to read, instead of when I wanted to see something at the distance. One day, while looking at a picture of the Rock of Gibraltar which hung on the wall, I noted some black spots on its face. I imagined that these spots were the openings of caves, and that there were people in these caves moving about. When I did this my eyes were focussed for the reading distance. Then I looked at the same picture at the reading distance, still imagining that the spots were caves with people in them. The retinoscope showed that I had accommodated, and I was able to read the lettering beside the picture. I had,

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in fact, been temporarily cured by the use of my imagination. Later I found that when I imagined the letters black I was able to see them black, and when I saw them black I was able to distinguish their form. My progress after this was not what could be called rapid. It was six months before I could read the newspapers with any kind of comfort, and a year before I obtained my present accommodative range of fourteen inches, from four inches to eighteen; but the experience was extremely valuable, for I had in pronounced form every symptom subsequently observed in other presbyopic patients.

Fortunately for the patients, it has seldom taken me as long to cure other people as it did to cure myself. In some cases a complete and permanent cure was effected in a few minutes. Why, I do not know. I will never be satisfied till I find out. A patient who had worn glasses for presbyopia for about twenty years was cured in less than fifteen minutes by the use of his imagination.

When asked to read diamond type, he said he could not do so, because the letters were grey and looked all alike. I reminded him that the type was printer's ink and that there was nothing blacker than printer's ink. I asked him if he had ever seen printer's ink. He replied that he had. Did he remember how black it was? Yes. Did he believe that these letters were as black as the ink he remembered? He did, and then he read the letters; and because the improvement **in his** vision was permanent, he said that I had hypnotized

him.

In another case a presbyope of ten years' standing was cured just as quickly by the same method. When reminded that the letters which he could not read were black, he replied that he knew they were black, but that they looked grey.

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"If you know they are black, and yet see them grey," I said, "you must imagine them grey. Suppose you imagine that they are black. Can you do that?"

"Yes," he said, "I can imagine that they are black"; and then he proceeded to read them.

These extremely quick cures are rare. In nine cases out of ten progress has been much slower, and it has been necessary to resort to all the methods of obtaining relaxation found useful in the treatment of other errors of refraction. In the more difficult cases of presbyopia the patients often suffer from the same illusions of color, size, form and number, when they try to read fine print, as do patients with hypermetropia, astigmatism, and myopia when they try to read the letters on the Snellen test card at the distance. They are unable to remember or imagine, when trying to see at the near-point, even such a simple thing as a small black spot, but can remember it perfectly when they do not try to see. Their sight for the distance is often very imperfect and always below normal, although they may have thought it perfect; and just as in the case of other errors of refraction, improvement of the distant vision improves the vision at the near-point. Regardless, however, of the difficulty of the case and the age of the patient; some improvement has always been obtained, and if the treatment was continued long enough, the patient has been cured.

The idea that presbyopia is "a normal result of growing old" is responsible for much defective eyesight. When people who have reached the presbyopic age experience difficulty in reading, they are very likely to resort at once to glasses, either with or without professional advice. In some cases such persons may be actually presbyopic; in others the difficulty may be something tempo

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rary, which they would have thought little about if they had been younger, and which would have passed away if Nature had been left to herself. But once the glasses are adopted, in the great majority of cases, they produce the condition they were designed to relieve, or, if it already existed, they make it worse, sometimes very rapidly, as every ophthalmologist knows. In a couple of weeks sometimes, the patient finds, as noted in the chapter on *What Glasses Do to Us*, that the large print which he could read without difficulty before

he got his glasses, can no longer be read without their aid. In from five to ten years the accommodative power of the **eye** is usually gone; and if from this point the patient does not go on to cataract, glaucoma,

or inflammation of the retina, he may consider himself fortunate. Only occasionally do the eyes refuse to submit to the artificial conditions imposed upon them; but in such cases they may keep up an astonishing struggle against them for long periods. A woman of seventy, who had worn glasses for twenty years, was still able to read diamond type and had good vision for the distance without them. She said the glasses tired her eyes and blurred her vision, but that she had persisted in wearing them, in spite of a continual temptation to throw them off, because she had been told that it was necessary for her to do so.

If persons who find themselves getting presbyopic, or who have arrived at the presbyopic age, would, instead of resorting to glasses, follow the example of the gentleman mentioned by Dr. Holmes, and make a practice of reading the finest print they can find, the idea that the decline of accommodative power is "a normal result of growing old" would soon die a natural death.

CHAPTER XXI

SQUINT AND AMBLYOPIA: THEIR CAUSE

SINCE we have two eyes, it is obvious that in the act of sight two pictures must be formed; and in order that these two-pictures shall be fused into one by the mind, it is necessary that there shall be perfect harmony of action between the two organs of vision. In looking at a distant object the two visual axes must be parallel, and in looking at an object at a less distance than infinity, which for practical purposes is less than twenty feet, they must converge to exactly the same degree. The absence of this harmony of action is known as *squint*, or *strabismus* and is one of the most distressing of eye defects, not only because of the lowering of vision involved, but because the want of symmetry in the most expressive feature of the face which results from it has a most unpleasant effect upon the personal appearance. The condition is one which has long baffled ophthalmological science. While the theories as to its cause advanced in the text-books seem to fit some cases, they leave others unexplained, and all methods of treatment are admitted to be very uncertain in their results.

The idea that a lack of harmony in the movements of the eye is due to a corresponding lack of harmony in the strength of the muscles that turn them in their sockets seems such a natural one that this theory was almost universally accepted at one time. Operations based upon it once had a great vogue; but to-day they are advised, by most authorities, only as a last resort. It is true that many persons have benefited by them; but at best

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the correction of the squint is only approximate, and in many cases the condition has been made worse, while a restoration of binocular vision - the power of fusing the two visual images into one - is scarcely even hoped for.¹

The muscle theory fitted the facts so badly that when Donders advanced the idea that squint was a condition growing out of refractive errors - hypermetropia being held responsible for the production of convergent and myopia for divergent squint - it was universally accepted. This theory, too, proved unsatisfactory, and now medical opinion is divided between various theories. Hansen-Grut attributed the condition, in the great majority of cases, to a defect, not of the muscles, but of the nerve supply; and this idea has had many supporters. Worth and his disciples lay stress on the lack of a so-called fusion faculty, and have recommended the use of prisms, or other measures, to develop it. Stevens believes that the anomaly results from a wrong shape of the orbit, and as it is impossible to alter this condition, advocates operations for the purpose of neutralizing its influence.

In order to make any of these theories appear consistent it is necessary to explain away a great many troublesome facts. The uncertain result of operations upon the eye muscles is sufficient to cast suspicion on the theory that the condition is due to any abnormality of the muscles, and many cases of marked paralysis of one or more muscles have been observed in which there was no squint. Relief of paralysis, moreover, may not relieve the squint, nor the relief of the squint the paralysis. Worth found

1 The result obtained by the operation is, as a rule, simply cosmetic. The sight of the squinting eye is not influenced by the operation, and in only a few instances is even binocular vision restored. - Fuchs: Text-Book of Ophthalmology, p. 795.

The result of even the most successful squint operation, in long-standing strabismus, is merely cosmetic in the vast majority of cases. - Eversbusch: The Diseases of Children, edited by Pfaunder and Schlossman. English translation by Shaw and La Fetra, second edition, 1912-1914, vol. vii, p. 316.

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so many cases which were not benefited by training designed to improve the fusion faculty that he recommended operations on the muscles in such cases; while Donders, noting that the majority of hypermetropes did not squint, was obliged to assume that hypermetropia



FIG. 53

No. 1. - Reading the Snellen test card with normal vision; visual axes parallel.

No. 2. - The same patient making an effort to see the test card; myopia and convergent squint of the left eye have been produced.

did not cause this condition without the aid of co-operating circumstances.

That the state of the vision is not an important factor in the production of squint is attested by a multitude of facts. It is true, as Donders observed, that squint is usually associated with errors of refraction; but some people squint with a very slight error of refraction. It is also true that many persons with convergent squint

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have hypermetropia; but many others have not. Some persons with convergent squint have myopia. A person may also have convergent squint with one eye normal and one hypermetropic or myopic, or with one eye blind. Usually the vision of the eye that turns in is less than that of the eye which is straight; yet there are cases in which the eye with the poorer vision is straight and the eye with the better vision turned in. With two blind eyes, both eyes may be straight, or one may turn in. With one good eye and one blind eye, both eyes may be straight. The blinder the eye, as a rule, the more marked the squint; but exceptions are frequent, and in rare cases an eye with nearly normal vision may turn in persistently. A squint may disappear and return again, while convergent squint will change into divergent squint and back again. With the same error of refraction, one person will have squint and the other not. A third will squint with a different eye. A fourth will squint first with one eye and then with the other. In a fifth the amount of the squint will vary. One will get well without glasses, or other treatment, and another with these things. These cures may be temporary, or permanent, and the relapses may occur either with or without glasses.

However slight the error of refraction, the vision of many squinting eyes is inferior to that of the straight eye, and for this condition, usually, no apparent or sufficient cause can be found in the constitution of the eye. There is a difference of opinion as to whether this curious defect of vision is the result of the squint, or the squint the result of the defect of vision; but the predominating opinion that it is, at least, aggravated by the squint has been crystallized in the name given to the condition, namely, *amblyopia ex anopsia*, literally *dimsighted*

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ness from *non-use* - for in order to avoid the annoyance of double vision the mind is believed to suppress the image of the deviating eye. There are, however, many squinting eyes without amblyopia, while such a condition has been found in eyes that have never squinted.

The literature of the subject is full of the impossibility of curing amblyopia, and in popular writings persons having the care of children are urged to have cases of squint treated early, so that the vision of the squinting eye may not be lost. According to Worth, not much improvement can ordinarily be obtained in amblyopic eyes after the age of six, while Fuchs says, "The function of the retina never again becomes perfectly normal, even if the cause of the visual disturbance is done away with." Yet it is well

known, as the translator of Fuchs points out in an editorial comment upon the above statement,² that if the sight of the good eye is lost at any period of life, the vision of the amblyopic eye will often become normal. Furthermore, an eye may be amblyopic at one time and not at another. When the good eye is covered a squinting eye may be so amblyopic that it can scarcely distinguish daylight from darkness; but when both eyes are open, the vision of the squinting eye may be found to be as good as that of the straight eye, if not better. In many cases, too, the amblyopia will change from one eye to the other.

Double vision occurs very seldom in squint, and when it does it often assumes very curious forms. When the eyes turn in the image seen by the right eye should, according to all the laws of optics, be to the right, and the image seen by the left eye to the left. When the

1 Text-Book of Ophthalmology, p. 633.

2 Cases have been reported, some surely authentic, in which an amblyopic squinting eye has acquired good vision, either through correction of the refraction, or because loss of sight in the good eye has compelled the use of the amblyopic eye. - Ibid.

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eyes turn out the Opposite should be the case. But often the position of the images is reversed, the image of the right eye in convergent squint being seen to the left and that of the left eye to the right, while in divergent squint the opposite is the case. This condition is known as *paradoxical diplopia*. Furthermore, persons with almost normal vision and both eyes perfectly straight may have both kinds of double vision.

All the theories heretofore suggested fail to explain the foregoing facts; but it is a fact that in all cases of squint a strain can be demonstrated, and that the relief of the strain is in all cases followed by the cure of the squint, as well as of the amblyopia and the error of refraction. It is also a fact that all persons with normal eyes can produce squint by a strain to see. It is not a difficult thing to do, and many children derive much amusement from the practice, while it gives their elders unnecessary concern, for fear the temporary squint may become permanent. To produce convergent squint is comparatively easy. Children usually do it by straining to see the end of the nose. The production of divergent squint is more difficulty, but with practice persons with normal eyes become able to turn out either eye, or both, at will. They also become able to turn either eye upward and inward, or upward and outward, at any desired angle. Any kind of squint can, in fact, be produced at will by the appropriate kind of strain. Some persons retain the power to produce voluntary squint more or less permanently. Others quickly lose it if they do not keep in practice. There is usually a lowering of the vision when voluntary squint is produced, and accepted methods of measuring the strength of the muscles seem to show deficiencies corresponding to the nature of the squint.

CHAPTER XXII

SQUINT AND AMBLYOPIA: THEIR CURE

THE evidence is conclusive that squint and amblyopia, like errors of refraction, are purely functional troubles; and since they are always relieved by the relief of the strain with which they are associated, it follows that any of the methods which promote relaxation and central fixation may be employed for their cure. As in the case of errors of refraction, the squint disappears and the amblyopia is corrected just as soon as the patient gains sufficient mental control to remember a perfectly black period. In this way both conditions can be temporarily relieved in a few seconds, their permanent cure being a mere matter of making this temporary state permanent.

One of the best ways of gaining mental control in cases of squint is to learn how to increase the squint, or produce other kinds of squint, voluntarily. In the case illustrated the patient had divergent vertical squint in both eyes. When the left eye was straight the right eye turned out and up, and when the right eye was straight the left eye turned down and out. Both eyes were amblyopic and there was double vision, with the images sometimes on the same side and sometimes on opposite sides. The patient suffered from headaches, and having obtained no relief from glasses, or other methods of treatment, she made up her mind to an operation and consulted Dr. Gudmund J. Gislason, of Grand Forks, N. D., with a view to having one performed. Dr. Gislason, puzzled to find so many muscles apparently

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at fault, asked my opinion as to which of them should *be* operated upon. I showed the patient how to make her squint worse, and recommended that Dr. Gislason treat her by eye education without an operation. He did so, and in less than a month the patient had learned to turn both eyes in voluntarily. At first she did this by looking at a pencil held over the bridge of the nose; but later she became able to do it without the pencil, and ultimately she became able to produce every kind of squint at will. The treatment was not pleasant for her, because the production of new kinds of squint, or the making worse of the existing condition, gave her pain; but it effected a complete and permanent cure both of the squint and of the amblyopia. The same method has proved successful with other patients.

Some patients do not know whether they are looking straight at an object or not. These may be helped by watching the deviating eye and directing them to look more nearly in the proper direction. When the deviating eye looks directly at an object the strain to see is less, and the vision is consequently improved. Covering the good eye with an opaque screen, or with ground glass, encourages a more proper use of the squinting eye, especially if the vision of that eye is imperfect.

Children of six years, or younger, can usually be cured of squint by the use of atropine, a one per cent solution being instilled into one or both eyes twice a day, for many months, a year, or longer. The atropine makes it more difficult for the child to see, and makes the sunlight disagreeable. In order to overcome this handicap it has to relax, and the relaxation cures the squint.

The improvement resulting from eye education in cases of squint and amblyopia is sometimes so rapid as to be

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almost incredible. The following are a few of many other examples that might be quoted:

A girl of eleven had convergent vertical squint of the left eye. The vision of this eye at the distance was 3/200, while at the near-point it was so imperfect that she was unable to read. The vision of the right eye was normal both for the near-point and the distance. She was wearing glasses when she came to the office - convex 4.00 D. S. combined with convex 0.50 D. C., axis 90, for the right eye; and convex 5.50 D. S. for the left eye - but had obtained no benefit from them. When she looked three feet away from the big C with the left eye, she saw it better than when she looked directly at it; but when asked to count my fingers held three feet away from the card, they so attracted her attention that she was able to see the large letter worse. The fact was impressed upon her that she could see the card better when she looked away from it, or she could see it worse, at will; and she was also asked to note that when she saw it worse her vision improved, and when she saw it better her vision declined. After shifting from the card to a point three feet away from it, and seeing the former worse a few times, her vision improved to 10/200. The ability to shift and see **worse** improved by practice so rapidly that in less than ten days her vision was normal in both eyes, and in less than two weeks it had improved to 20/10, while diamond type was read with each eye at from three inches to twenty inches. In less than three weeks her vision for the distance was 20/5, by artificial light, and she read photographic type reductions at two inches, the tests being made with both eyes together and with each eye separately She also read strange test cards as readily as the familiar ones. She

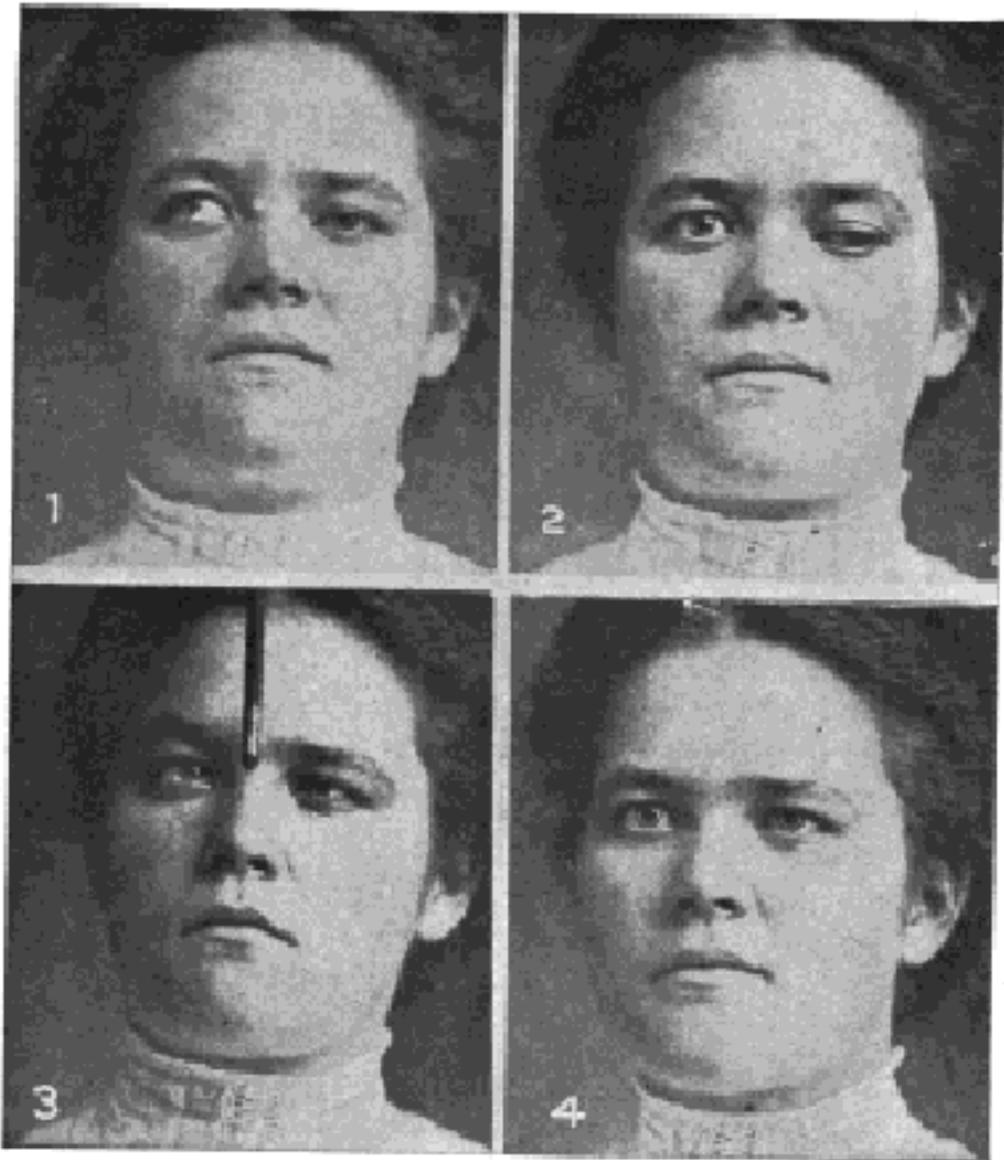


FIG 54. CASE OF DIVERGENT VERTICAL. SQUINT CURED BY EYE

EDUCATION

No. 1. - The right eye turns out and up, the left being straight

No. 2. - The patient learns to look down and out with the left eye while the right looks staring.

No. 3. - The patient learns to turn both eyes in by looking at a pencil held over the bridge of the nose.

No. 4. - The patient is permanently cured other the patient having

All four pictures were taken within fifteen minutes of each other, the patient having learned to reproduce the conditions represented at will.

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was advised to continue the treatment at home to prevent a relapse, and at the end of three years none had occurred. During the treatment at the office and practice at home the good eye was covered with an opaque screen, but this was not worn at other times.

A very remarkable case was that of a girl of fourteen who had squinted from childhood. The internal rectus of the right eye had been cut when she was two years old, but still pulled the eye inward. The patient objected to wearing a ground glass over her good eye, because her friends teased her about it and she thought it made her more conspicuous than the squint. One day she lost her glasses in the snow; but her father, who was a man of strong character, immediately provided another pair. Then she announced that she was ill, and couldn't go to school. I told the father that his daughter was hysterical, and simply imagined she was ill to avoid treatment. He insisted that she continue, and as she did not consider herself well enough to come to see me, I called upon her. With the assistance of her father she was made to understand that she would have to continue the treatment until she was cured, and she at once went to work with such energy and intelligence that in half an hour the vision of the squinting and amblyopic eye had improved from 3/200 to 20/30. She also became able to read fine print at twelve inches. She went back to school wearing the ground glass over the good eye; but whenever she wanted to see she looked over the top of it. Her father followed her to school, and insisted that she use the poorer eye instead of the better one. She became convinced that the simplest way out of her troubles would be to follow my instructions, and in less than a week the squint was corrected and she had perfect vision in both

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eyes. At the beginning of the treatment she could not count her fingers at three feet with the poorer eye, and in three weeks, including all the time that she wasted, she had perfect sight. When told that she was cured her

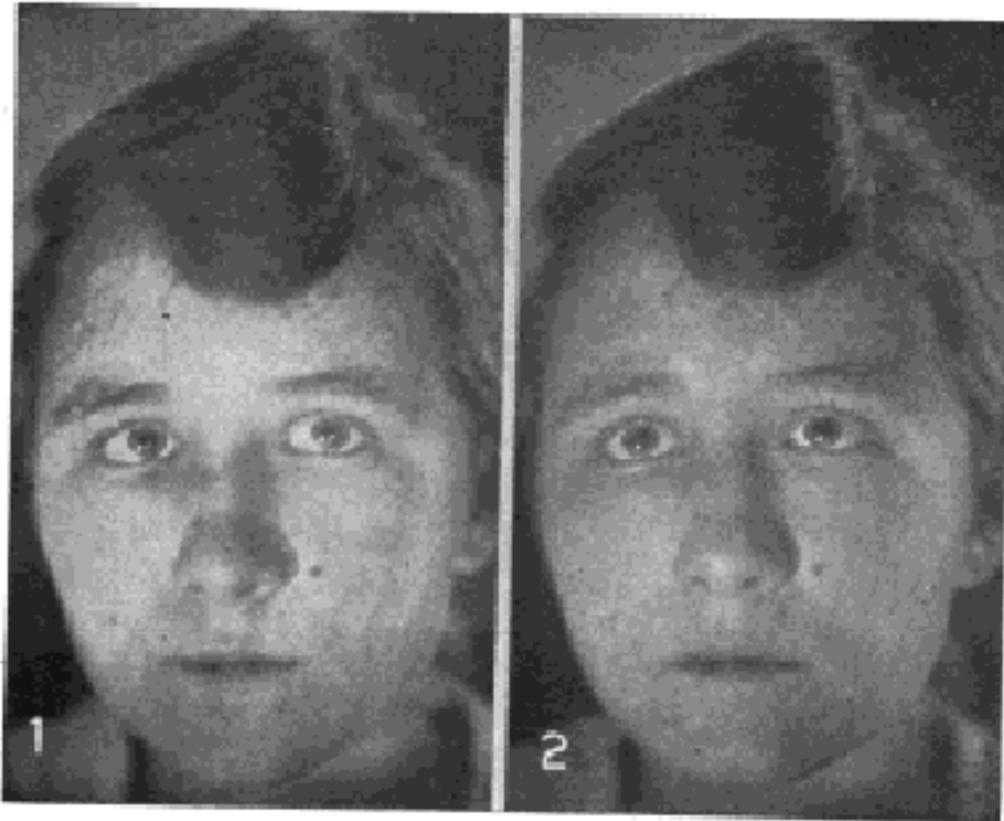


FIG. 55

No. 1. - Convergent squint of the right eye

No. 2. - The patient is temporarily cured by the memory of a black period.

main concern seemed to be to know whether she would have to wear the ground glass any more. She was assured that she would not have to do so unless there was a relapse, but there never was any relapse.¹

¹ Bates: L'education de l'oeil dans l'amblyopie ex anopsia, Clin. Opht., Dec. 10, 1912.

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A girl of eight had had amblyopia and squint since childhood. The vision of the right eye was 10/40, while that of the left was 20/30. Glasses did not improve either eye. The patient was seated twenty feet from a Snellen test

card and the right, or poorer eye, was covered with an opaque screen. She was directed to look with her better eye at the large letter on the card and to note its clearness. Next she was told to look at a point three feet to one side of the card, and her attention was called to the fact that she did not then see the large letter so well. The point of fixation was brought closer and closer to the letter, until she appreciated

the fact that her vision was lowered when she looked only a few inches to one side of it. When she looked at a small letter she readily recognized that an eccentric fixation of less than an inch lowered the vision.

After she had learned to increase the amblyopia of the better eye, this eye was covered while she was taught how to lower the vision of the other, or poorer eye, by increasing its eccentric fixation. This was accomplished in a few minutes. She was told that the cause of her defective sight was her habit of looking at objects with a part of the retina to one side of the true center of sight. She was advised to see by looking straight at the Snellen card. In less than half an hour the vision of the left eye became normal, while the right improved from 10/140 to 10/10. The cure was complete in two weeks.

The following case was unusually prolonged, because as soon as one eye had been cured the defect for which it had been treated appeared in the other eye. The patient, a child of ten, had imperfect sight in both eyes, but worse in the right than in the left. The vision of the right eye was restored after some weeks by eye education, when

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the left eye turned in and became amblyopic. The right eye was then covered, and after a few weeks of eye education the left became normal. The right eye then turned in and the vision became defective. It was necessary to educate the eyes alternately, for about a year, before both became

normal at the same time. This patient had congenital paralysis of the external rectus muscle in both eyes, a condition which was apparently not relieved when the squint and amblyopia were cured.

In the following case the patient had an attack of infantile paralysis after her cure, resulting in a relapse, with new and more serious developments, which were, however, quickly cured. The patient, a girl of six, seen first on December 11, 1914, had had divergent squint of the left eye for three years, and had worn glasses for two years without benefit - convex 2.50 D. S. for the right eye, and convex 6.00 D. S. combined with convex 1.00 D. C., axis 90, for the left. The vision of the right eye with glasses was 12/15 and of the left 12/200. Atropine was prescribed for the right eye for the purpose of partially blinding it and thus encouraging a more nearly proper use of the squinting eye, and the usual methods of securing relaxation, such as shifting, palming, the exercise of the memory, etc., were used. On January 13, 1915, the vision without glasses had improved to 10/70 for the right eye, and 10/50 for the left. On February 6, the vision of the right eye was 10/40 and of the left 10/30. The eyes were apparently straight, and scientific tests showed that both were used at the same time (binocular single vision). On April 17, after about four months' treatment, the vision of the left eye was normal, and there was binocular single vision at six inches. On May 1 the vision of the left eye was still normal, and whereas at the be

ginning the patient had been unable to read with it at all, even with glasses, she now read diamond type without glasses at six inches.

On August 16, 1916, the patient had an attack of infantile paralysis which was then epidemic. The sight of both eyes failed, the muscles that turned the eyes in and out were paralyzed, the eyelids twitched, and there was double

vision. Various muscles of the head, the left leg and the left arm were also paralyzed. When she left the hospital after five weeks the left eye was turned in, and the vision of both eyes was so poor that she was unable to recognize her mother. Later she developed alternate convergent squint. On November 2 the paralysis in the right eye subsided, and four weeks later that of the left eye began to improve. On November 9 she returned for treatment without any conspicuous squint, but still suffering from double vision, with the images sometimes on the same side and sometimes on opposite sides. On November 23 the eyes were straight and the vision normal.

On July 11, 1918, the eyes were still straight and the vision normal, and there was binocular single vision at six inches. Although atropine had been used in the right eye every day for more than a year, and intermittently for a much longer time, and the pupil was dilated to the maximum, it read fine print without difficulty at six inches, central fixation overcoming the paralyzing effect of the drug. According to the current theory the accommodation should have been completely paralyzed, making near vision quite impossible. The patient also read fine print with the left eye as well as, or better than, with the right eye.

CHAPTER XXIII.

FLOATING SPECKS: THEIR CAUSE AND CURE

A VERY common phenomenon of imperfect sight is the one known to medical science as *muscae volitantes* or *flying flies*. These floating specks are usually dark or black, but sometimes appear like white bubbles, and in rare cases may assume all the colors of the rainbow. They move somewhat rapidly, usually in curving lines, before the eyes, and always appear to be just beyond the point of fixation. If one tries to look at them directly, they seem to move a little farther away. Hence their name of "*flying flies*."

The literature of the subject is full of speculations as to the origin of these appearances. Some have attributed them to the presence of floating specks - dead cells, or the debris of cells - in the vitreous humor, the transparent substance that fills four-fifths of the eyeball behind the crystalline lens. Similar specks on the surface of the cornea have also been held responsible for them. It has even been surmised that they might be caused by the passage of tears over the cornea. They are so common in myopia that they have been supposed to be one of the symptoms of this condition, although they occur also with other errors of refraction, as well as in eyes otherwise normal. They have been attributed to disturbances of the circulation, the digestion and the kidneys, and because so many insane people have them, have been thought to be an evidence of incipient insanity. The patent-medicine business has thrived upon

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them, and it would be difficult to estimate the amount of mental torture they have caused, as the following cases illustrate.

A clergyman who was much annoyed by the continual appearance of floating specks before his eyes was told by his eye specialist that they were a symptom of kidney disease, and that in many cases of kidney trouble disease of the retina might be an early symptom. So at regular intervals he went to the specialist to have his eyes examined, and when at length the latter died, he looked around immediately for some one else to make the periodical examination. His family physician directed him to me. I was by no means so well known as his previous ophthalmological adviser, but it happened that I had taught the family physician how to use the ophthalmoscope after others had failed to do so. He thought, therefore, that I must know a lot about the use of the instrument, and what the clergyman particularly wanted was some one capable of making a thorough examination of the interior of his eyes and detecting at once any signs of kidney disease that might make their appearance. So he came to me, and at least four times a year for ten years he continued to come.

Each time I made a very careful examination of his eyes, taking as much time over it as possible, so that he would believe that it was careful; and each time he went away happy because I could find nothing wrong. Once when I was out of town he got a cinder in his eye, and went to another oculist to get it out. When I came back late at night I found him sitting on my door step, on the chance that I might return. His story was a pitiable one. The strange doctor had examined his eyes with the ophthalmoscope, and

had suggested the possibility of glau-

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coma, describing the disease as a very treacherous one which might cause him to go suddenly blind and would be agonizingly painful. He emphasized what the patient had previously been told about the danger of kidney disease, suggested that the liver and heart might also be involved, and advised him to have all of these organs carefully examined. I made another examination of his eyes in general and their tension in particular; I had him feel his eyeballs and compare them with my own, so that he might see for himself that they were not becoming hard as a stone; and finally I succeeded in reassuring him. I have no doubt, however, that he went at once to his family physician for an examination of his internal organs.

A man returning from Europe was looking at some white clouds one day when floating specks appeared before his eyes. He consulted the ship's doctor, who told him that the symptom was very serious, and might be the forerunner of blindness. It might also indicate incipient insanity, as well as other nervous or organic diseases. He advised him to consult his family physician and an eye specialist as soon as he landed, which he did. This was twenty-five years ago, but I shall never forget the terrible state of nervousness and terror into which the patient had worked himself by the time he came to me. It was even worse than that of the clergyman, who was always ready to admit that his fears were unreasonable. I examined his eyes very carefully, and found them absolutely normal. The vision was perfect both for the near-point and the distance. The color perception, the fields and the tension were normal; and under a strong magnifying glass I could find no opacities in the vitreous. In short, there were absolutely no symptoms of any

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disease. I told the patient there was nothing wrong with his eyes, and I also showed him an advertisement of a quack medicine in a newspaper which gave a great deal of space to describing the dreadful things likely to follow the appearance of floating specks before the eyes, unless you began betimes to take the medicine in question at one dollar a bottle. I pointed out that the advertisement, which was appearing in all the big newspapers of the city every day, and probably in other cities, must have cost a lot of money, and must, therefore, be bringing in a lot of money. Evidently there must be a great many people suffering from this symptom, and if it were as serious as was generally believed, there would be a great many more blind and insane people in the community than there were. The patient went away somewhat comforted, but at eleven o'clock - his first visit had been at nine - he was back again. He still saw the floating specks, and was still worried about them. I examined his eyes again as carefully as before, and again was able to assure him that there was nothing wrong with them. In the afternoon I was not in my office, but I was told that he was there at three and at five. At seven he came again, bringing with him his family physician, an old friend of mine. I said to the latter:

"Please make this patient stay at home. I have to charge him for his visits, because he is taking up so much of my time; but it is a shame to take his money when there is nothing wrong with him."

What my friend said to him I don't know, but he did not come back again.

I did not know as much about muscae volitantes then as I know now, or I might have saved both of these patients a great deal of uneasiness. I could tell them that

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their eyes were normal, but I did not know how to relieve them of the symptom, which is simply an illusion resulting from mental strain. The specks are associated to a considerable extent with markedly imperfect eyesight, because persons whose eyesight is imperfect always strain to see; but persons whose eyesight is ordinarily normal may see them at times, because no eye has normal sight all the time. Most people can see muscae volitantes when they look at the sun, or any uniformly bright surface, like a sheet of white paper upon which the sun is shining. This is because most people strain when they look at surfaces of this kind. The specks are never seen, in short, except when the eyes and mind are under a strain, and they always disappear when the strain is relieved. If one can remember a small letter on the Snellen test card by central fixation, the specks will immediately disappear, or cease to move; but if one tries to remember two or more letters equally well at one time, they will reappear and move.

Usually the strain that causes muscae volitantes is very easily relieved. A school teacher who had been annoyed by these appearances for years came to me because the condition had grown recently much worse. I was able in half an hour to improve her sight, which had been slightly myopic, to normal, whereupon the specks disappeared. Next day they came back, but another visit to the office brought relief. After that the patient was able to carry out the treatment at home, and had no more trouble.

A physician who suffered constantly from headaches and muscae volitantes was able to read only 20/70 when he looked at the Snellen test card, while the retinoscope showed mixed astigmatism and he saw the specks.

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When he looked at a blank wall, or a blank white card, the retinoscope still showed mixed astigmatism and he still saw the specks. When, however, he remembered a black spot as well as he could see it, when looking at these surfaces. there were no specks, and the retinoscope indicated no error of refraction. In a few days he obtained complete relief from the astigmatism, the muscae volitantes, and the headaches, as well as from chronic conjunctivitis. His eyes, which had been partly closed, opened wide, and the sclera became white and clear. He became able to read in moving trains with no inconvenience, and - what impressed him more than anything else - he also became able to sit up all night with patients without having any trouble with his eyes next day.

CHAPTER XXIV

HOME TREATMENT

IT is not always possible for patients to go to a competent physician for relief. As the method of treating eye defects presented in this book is new, it may be impossible to find a physician in the neighborhood who understands it; and the patient may not be able to afford the expense of a long journey, or to take the time for treatment away from home. To such persons I wish to say that it is possible for a large number of people to be cured of defective eyesight without the aid, either of a physician or of anyone else. They can cure themselves, and for this purpose it is not necessary that they should understand all that has been written in this book, or in any other book. All that is necessary is to follow a few simple directions.

Place a Snellen test card on the wall at a distance of ten, fourteen, or twenty feet, and devote half a minute a day, or longer, to reading the smallest letters you can see, with each eye separately, covering the other with the palm of the hand in such a way as to avoid touching the eyeball. Keep a record of the progress made, with the dates. The simplest way to do this is by the method used by oculists, who record the vision in the form of a fraction, with the distance at which the letter is read as the numerator and the distance at which it ought to be read as the denominator. The figures above, or to one side of, the lines of letters on the test card indicate the distance at which these letters should be read by persons with normal eyesight. Thus a vision of 10/200 would

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mean that the big C, which ought to be read at 200 feet, cannot be seen at a greater distance than ten feet. A vision of 20/10 would mean that the ten line, which the normal eye is not ordinarily expected to read at a greater distance than ten feet, is seen at double that distance. This is a standard commonly attained by persons who have practiced my methods.

Another and even better way to test the sight is to compare the blackness of the letter at the near-point and at the distance, in a dim light and in a good one. With perfect sight, black is not altered by illumination or distance. It appears just as black at the distance as at the near-point, and just as black in a dim light as in a good one. If it does not appear equally black to you under all these conditions, therefore, you may know that your sight is imperfect.

Children under twelve years who have not worn glasses are usually cured of defective eyesight by the above method in three months, six months, or a year. Adults who have never worn glasses are benefited in a very short time in a week or two - and if the trouble is not very bad, may be cured in the course of from three to six months. Children or adults who have worn glasses, however, are more difficult to relieve, and will usually have to practice the methods of gaining relaxation described in other chapters; they will also have to devote considerable time to the treatment.

It is absolutely necessary that the glasses be discarded. No half-way measures can be tolerated, if a cure is desired. Do not attempt to wear weaker glasses, and do not wear glasses for emergencies. Persons who are unable to do without glasses for all purposes are not likely to be able to cure themselves.

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Children and adults who have worn glasses will have to devote an hour or longer every day to practice with the test card and the balance of their time to practice on other objects. It will be well for such patients to have two test cards, one to be used at the near-point, where it can be seen best, and the other at ten or twenty feet. The patient will find it a great help to shift from the near card to the distant one, as the unconscious memory of the letters seen at the near-point helps to bring out those seen at the distance.

If you cannot obtain a test card, you can make one for yourself by painting black letters of appropriate size on a white card, or on a piece of white paper. The approximate diameter of these letters, reading from the top of the card to the bottom is: 35 in., 1 3/4 in., 1 1/4 in., 7/8 in., 11/16 in., 1/2 in., 3/8 in., 1/4 in., 3/16 in.

If the patient can secure the aid of some person with normal sight, it will be a great advantage. In fact, persons whose cases are obstinate will find it very difficult, if not impossible, to cure themselves without the aid of a teacher. The teacher, if he is to benefit the patient, must himself be able to derive benefit from the various methods recommended. If his vision is 10/10, he must be able to improve it to 20/10, or more. If he can read fine print at twelve inches, he must become able to read it at six, or at three inches. He must also have sufficient control over his visual memory to relieve and prevent pain. A person who has defective sight, either for the distance or the near-point, and who cannot remember black well enough to relieve and prevent pain, will be unable to be of any material assistance in obstinate cases; and no one will be able to be of any assistance in the application of any method which he himself has not used successfully.

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Parents who wish to preserve and improve the eyesight of their children should encourage them to read the Snellen test card every day. There should, in fact, be a Snellen test card in every family; for when properly used it always prevents myopia and other errors of refraction, always improves the vision, even when this is already normal, and always benefits functional nervous troubles. Parents should improve their own eyesight to normal, so that their children may not imitate wrong methods of using the eyes and will not be subject to the influence of an atmosphere of strain. They should also learn the principles of central fixation sufficiently well to relieve and prevent pain, in order that they may teach their children to do the same. This practice not only makes it possible to avoid suffering, but is a great benefit to the general health.

CHAPTER XXV

CORRESPONDENCE TREATMENT

CORRESPONDENCE treatment is usually regarded as quackery, and it would be manifestly impossible to treat many diseases in this way. Pneumonia and typhoid, for instance, could not possibly be treated by correspondence, even if the physician had a sure cure for these conditions and the mails were not too slow for the purpose. In the case of most diseases, in fact, there are serious objections to correspondence treatment.

But myopia, hypermetropia and astigmatism are functional conditions, not organic, as the text-books teach and as I believed myself until I learned better. Their treatment by correspondence, therefore, has not the drawbacks that exist in the case of most physical derangements. One cannot, it is true, fit glasses by correspondence as well as when the patient is in the office, but even this can be done, as the following case illustrates.

An old colored woman in the wilds of Honduras, far removed from any physician or optician, was unable to read her Bible, and her son, a waiter in New York, asked me if I could not do something for her. The suggestion gave me a distinct shock which I will remember as long as I live. I had never dreamed of the possibility of prescribing glasses for anyone I had not seen and I had, besides, some very disquieting recollections of colored women whom I had tried to fit with glasses at my clinic.

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If I had so much difficulty in prescribing the proper glasses under favorable conditions, how could I be expected to fit a patient whom I could not even see? The waiter was deferentially persistent, however. He had more faith in my genius than I had, and as his mother was nearing the end of her life, he was very anxious to gratify her last wishes. So, like the unjust judge of the parable, I yielded at last to his importunity, and wrote a prescription for convex 3.00 D. S. The young man ordered the glasses and mailed them to his mother, and by return mail came a very grateful letter stating that they were perfectly satisfactory.

A little later the patient wrote that she couldn't see objects at the distance that were perfectly plain to other people, and asked if some glasses couldn't be sent that would make her see at the distance as well as she did at the near-point. This seemed a more difficult proposition than the first one; but again the son was persistent, and I myself could not get the old lady out of my mind. So again I decided to do what I could. The waiter had told me that his mother had read her Bible long after the age of forty. Therefore I knew she could not have much hypermetropia, and was probably slightly myopic. I knew also that she could not have much astigmatism, for in that case her sight would always have been noticeably imperfect. Accordingly I told her son to ask her to measure very accurately the distance between her eyes

and the point at which she could read her Bible best with her glasses, and to send me the figures. In due time I received, not figures, but a piece of string about a quarter of an inch in diameter and exactly ten inches long. If the patient's vision had been normal for the distance, I knew that she would have been

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able to read her Bible best with her glasses at thirteen inches. The string showed that at ten inches she had a refraction of four diopters. Subtracting from this the three diopters of her reading glasses, I got one diopter of myopia. I accordingly wrote a prescription for concave 1.00 D. S., and the glasses were ordered and mailed to Honduras. The acknowledgment was even more grateful than in the case of the first pair. The patient said that for the first time in her life she was able to read signs and see other objects at a distance as well as other people did, and that the whole world looked entirely different to her.

Would anyone venture to say that it was unethical for me to try to help this patient? Would it have been better to leave her in her isolation without even the consolation of Bible reading? I do not think so. What I did for her required only an ordinary knowledge of physiological optics, and if I had failed, I could not have done her much harm.

In the case of the treatment of imperfect sight without glasses there can be even less objection to the correspondence method. It is true that in most cases progress is more rapid and the results more certain when the patient can be seen personally; but often this is impossible, and I see no reason why patients who cannot have the benefit of personal treatment should be denied such aid as can be given them by correspondence. I have been treating patients in this way for years, and often with extraordinary success.

Some years ago an English gentleman wrote to me that his glasses were very unsatisfactory. They not only did not give him good sight, but they increased, instead of lessening, his discomfort. He asked if I could help

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him, and since relaxation always relieves discomfort and improves the vision, I did not believe that I was doing him an injury in telling him how to rest his eyes. He followed my directions with such good results that in a short time he obtained perfect sight for both the distance and the near-point without glasses, and was completely relieved of his pain. Five years later he wrote me that he had qualified as a sharpshooter in the army. Did I do wrong in treating him by correspondence? I do not think so.

After the United States entered the European war, an officer wrote to me from the deserts of Arizona that the use of his eyes at the near-point caused him great discomfort, which glasses did not relieve, and that the strain had produced granulation of the lids. As it was impossible for him to come to New York, I undertook to treat him by correspondence. He improved very rapidly. The inflammation of the lids was relieved almost immediately, and in about four months he wrote me that he had read one of my own reprints - by no means a short one - in a dim light, with no bad after effects; that the glare of the Arizona

sun, with the Government thermometer registering 114, did not annoy him; and that he could read the ten line on the test card at fifteen feet almost perfectly, while even at twenty feet he was able to make out most of the letters.

A third case was that of a forester in the employ of the U. S. Government. He had myopic astigmatism, and suffered extreme discomfort, which was not relieved either by glasses or by long summers in the mountains, where he used his eyes but little for close work. He was unable to come to New York for treatment, and although I told him that correspondence treat

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ment was somewhat uncertain, he said he was willing to risk it. It took three days for his letters to reach me and another three for my reply to reach him, and as letters were not always written promptly on either side, he often did not hear from me more than once in three weeks. Progress under these conditions was necessarily slow; but his discomfort was relieved very quickly, and in about ten months his sight had improved from 20/50 to 20/20.

In almost every case the treatment of patients coming from a distance is continued by correspondence after they return to their homes; and although they do not get on so well as when they are coming to the office, they usually continue to make progress till they are cured.

At the same time it is often very difficult to make patients understand what they should do when one has to communicate with them entirely by writing, and probably all would get on better if they could have some personal treatment. At the present time the number of doctors in different parts of the United States who understand the treatment of imperfect sight without glasses is altogether too few, and my efforts to interest them in the matter have not been very successful.[NOTE: Interesting enough, this the final sentence of this paragraph appears in one of the 1920 editions, but not in another!:] I would consider it a privilege to treat medical men without a fee, and when cured they will be able to assist me in the treatment of patients in their various localities.

CHAPTER XXVI

THE PREVENTION OF MYOPIA IN SCHOOLS:

METHODS THAT FAILED

NO phase of ophthalmology, not even the problem of accommodation, has been the subject of so much investigation and discussion as the cause and prevention of myopia. Since hypermetropia was supposed to be due to a congenital deformation of the eyeball, and astigmatism, until recently, was also supposed to be congenital in most cases, these conditions were not thought to call for any explanation, nor to admit of any prevention; but myopia appeared to be acquired. It therefore presented a problem of immense practical importance to which many eminent men devoted years of labor.

Voluminous statistics were collected regarding its occurrence, and are still being collected. The subject has produced libraries of literature. But very little light is to be gained from the perusal of this material, and for the most part it leaves the reader with an impression of hopeless confusion. It is impossible even to arrive at any conclusion as to the prevalence of the complaint; for not only has there been no uniformity of standards and methods, but none of the investigators has taken into account the fact that the refraction of the eye is not a constant condition, but one which continually varies. There is no doubt, however, that most children, when they begin school, are free from this defect, and that both the number of cases and the degree of the myopia steadily increase as the educational process progresses. Professor Hermann Cohen, of Breslau,

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whose report of his study of the eyes of upwards of 10,000 children first called general attention to this subject, found scarcely one per cent of myopia in the village schools, twenty to forty per cent in the *Realschulen*, thirty to thirty-five in the gymnasias, and fifty-three to sixty-four in the professional schools. His investigations were repeated in many cities of Europe and America, and his observations, with some difference in percentages, everywhere confirmed.

These conditions were unanimously attributed to the excessive use of the eyes for near work, though, according to the theory that the lens is the agent of accommodation, it was a little difficult to see just why near work should have this effect. On the supposition that accommodation was effected by an elongation of the eyeball, it would have been easy to understand why an excessive amount of accommodation should produce a permanent elongation. But why should an abnormal demand on the accommodative power of the lens produce a change, not in the shape of that body, but in that of the eyeball? Numerous answers to this question have been proposed, but no one has yet succeeded in finding a satisfactory one.¹

In the case of children it has been assumed by many authorities that, since the coats of the eye are softer in youth than in later years, they are unable to withstand a supposed intraocular tension produced by near work. When other errors of refraction, such as hypermetropia and astigmatism, believed to be congenital, were present, it has been supposed that the accommodative struggle for distinct vision produced irritation and strain which encouraged the production of short

1 A satisfactory explanation of the mechanism by which near work produces myopia has not yet been given. - Tscherning: *Physiologic Optics*, p. 86

It is not yet determined how near work changes the longitudinal structure of the eye. - Eversbusch: *The Diseases of Children*, vol. vii, p. 291.

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sight. When the condition developed in adults, the explanations had to be modified to fit the case, and the fact that a considerable number of cases were observed among peasants and others who did not use their eyes for near work led some authorities to divide the anomaly into two classes, one caused by near work and one unrelated to it, the latter being conveniently attributed to hereditary tendencies.

As it was impossible to abandon the educational system, attempts were made to minimize the supposed evil effects of the reading, writing and other near work which it demanded. Careful and detailed rules were laid down by various authorities as to the sizes of type to be used in schoolbooks, the length of the lines, their distance apart, the distance at which the book should be held, the amount and arrangement of the light, the construction of the desks, the length of time the eyes might be used without a change of focus, etc. Face-rests were even devised to hold the eyes at the prescribed distance from the desk and to prevent stooping, which was supposed to cause congestion of the eyeball and thus to encourage elongation. The Germans, with characteristic thoroughness, actually used these instruments of torture, Cohn never allowing his own children to write without one, "even when sitting at the best possible desk."

The results of these preventive measures were disappointing. Some observers reported a slight decrease in the percentage of myopia in schools in which the prescribed reforms had been made, but on the whole, as Risley has observed in his discussion of the subject in Norris and Oliver's *System of Diseases of the Eye*, "the injurious results of the educational process were not notably arrested."

1 *The Hygiene of the Eye in Schools*, p 127.

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"It is a significant, though discouraging, fact," he continues, "that the increase, as found by Cohn both in the percentage and in the degree of myopia, had taken place in those schools where he had especially exerted himself to secure the introduction of hygienic reforms; and the same



FIG. 56. FACE-REST DESIGNED BY KALLMANN-, A GERMAN OPTICIAN.

Cohn never allowed his children to write without it even when sitting at the best possible desk.

is true of the observations of Just, who had examined the eyes of twelve hundred and twenty-nine of the pupils of the two high schools of Zittau, in both of which the hygienic conditions were all that could be desired. He found, nevertheless, that the excellent arrangements had not in any degree lessened the percentage of increase in myopia."¹

¹ School Hygiene, System of Diseases of the Eye, vol. ii, p. 361.

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Further study of the subject has only added to its difficulty, while at the same time it has tended to relieve the schools of much of the responsibility formerly attributed to them for the production of myopia. As the American Encyclopedia of Ophthalmology points out, "the theory that myopia is due to close work aggravated by town life and badly lighted rooms is gradually giving ground before statistics." ¹

In an investigation in London, for instance, in which the schools were carefully selected to reveal any differences that might arise from the various influences, hygienic, social and racial, to which the children were subjected, the proportion of myopia in the best lighted building of the group was actually found to

be higher than in the one where the lighting conditions were worst, although the higher degrees of myopia were more numerous in the latter than in the former. It has also been found that there is just as much myopia in schools where little near work is done as in those in which the demand upon the accommodative power of the eye is greater.² It is only a minority of children, moreover, that become myopic; yet all are subject to practically the same influences, and even in the same child one eye may become myopic while the other remains normal. On the theory that shortsight results from any external influence to which the eye is exposed it is impossible to account for the fact that under the same conditions of life the eyes of different individuals and the two eyes of the same individual behave differently.

Owing to the difficulty of reconciling these facts on the basis of the earlier theories, there is now a growing

1 American Encyclopedia and Dictionary of Ophthalmology, edited by Wood, 1913-1919, vol. xi, p. 8271.

2 Lawson: Brit. Med. Jour., June 18, 1898.

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disposition to attribute myopia to hereditary tendencies;¹ but no satisfactory evidence on this point has been brought forward, and the fact that primitive peoples who have always had good eyesight become myopic just as quickly as any others when subjected to the conditions of civilized life, like the Indian pupils at Carlisle,² seems to be conclusive evidence against it.

In spite of the repeated failure of preventive measures based upon the limitation of near work and the regulation of lighting, desks, types, etc., the use of the eyes at the nearpoint under unfavorable conditions is still admitted by most exponents of the heredity theory as probably, if not certainly, a secondary cause of myopia. Sidler-Huguenin, however, whose startling conclusions as to the hopelessness of controlling shortsight were quoted earlier, has observed so little benefit from such precautions that he believes a myope may become an engineer just as well as a farmer, or a forester; and as a result of his experiences with anisometropes, persons with an inequality of refraction between the two organs of vision, he even suggests that the use of myopic eyes may possibly be more favorable to their well-being than their non-use. In 150 cases in which, owing to this inequality and other conditions, the subjects practically used but one eye, the weaker organ, he reports, became gradually more and more myopic, sometimes excessively so, in open defiance of all the accepted theories relating to the matter.

The prevalence of myopia, the unsatisfactoriness of

1 It seems to have been amply demonstrated, by the studies of Motais, Steiger, Miss Barrington, and Karl Pearson, that errors of refraction are inherited. And while the use of the eyes for near work is probably a secondary cause, determining largely the development of the defects it is not the primary cause. -

Cyclopedia of Education, edited by Monroe, 1911-1913.

2 Fox (quoted by Risley): System of Diseases of the Eye, vol. ii, p. 357.

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all explanations of its origin, and the futility of all methods of prevention, have led some writers of repute to the conclusion that the elongated eyeball is a natural physiological adaptation to the needs of civilization. Against this view two unanswerable arguments can be brought. One is that the myopic eye does not see so well even at the near point as the normal eye, and the other that the defect tends to progression with very serious results, often ending in blindness. If Nature has attempted to adapt the eye to civilized conditions by an elongation of the globe, she has done it in a very clumsy manner. It is true that many authorities assume the existence of two kinds of myopia, one physiological, or at least harmless, and the other pathological; but since it is impossible to say with certainty whether a given case is going to progress or not, this distinction, even if it were correct, would be more important theoretically than practically.

Into such a slough of despond and contradiction have the misdirected labors of a hundred years led us ! But in the light of truth the problem turns out to be a very simple one. In view of the facts given in Chapters V and IX, it is easy to understand why all previous attempts to prevent myopia have failed. All these attempts have aimed at lessening the strain of near work upon the eye, leaving the strain to see distant objects unaffected, and totally ignoring the mental strain which underlies the optical one. There are many differences between the conditions to which the children of primitive man were subjected, and those under which the offspring of civilized races spend their developing years, besides the mere fact that the latter learn things out of books and write things on paper, and the former did not. In the

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process of education civilized children are shut up for hours every day within four walls, in the charge of teachers who are too often nervous and irritable. They are even compelled to remain for long periods in the same position. The things they are required to learn may be presented in such a way as to be excessively uninteresting; and they are under a continual compulsion to think of the gaining of marks and prizes rather than the acquisition of knowledge for its own sake. Some children endure these unnatural conditions better than others. Many cannot stand the strain, and thus the schools become the hotbed, not only of myopia, but of all other errors of refraction.

CHAPTER XXVII

THE PREVENTION AND CURE OF MYOPIA AND

OTHER ERRORS OF REFRACTION IN SCHOOLS:

A METHOD THAT SUCCEEDED

YOU cannot see anything with perfect sight unless you have seen it before. When the eye looks at an unfamiliar object it always strains more or less to see that object, and an error of refraction is always produced. When children look at unfamiliar writing or figures on the blackboard, distant maps, diagrams, or pictures, the retinoscope always shows that they are myopic, though their vision may be under other circumstances absolutely normal. The same thing happens when adults look at unfamiliar distant objects. When the eye regards a familiar object, however, the effect is quite otherwise. Not only can it be regarded without strain, but the strain of looking later at unfamiliar objects is lessened.

This fact furnishes us with a means of overcoming the mental strain to which children are subjected by the modern educational system. It is impossible to see anything perfectly when the mind is under a strain, and if children become able to relax when looking at familiar objects, they become able, sometimes in an incredibly brief space of time, to maintain their relaxation when looking at unfamiliar objects.

I discovered this fact while examining the eyes of 1,500 school children at Grand Forks, N. D., in 1903.¹
In

¹ Bates: The Prevention of Myopia in School Children, N. Y. Med. Jour., July 29, 1911.

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many cases children who could not read all of the letters on the Snellen test card at the first test read them at the second or third test. After a class had been examined the children who had failed would sometimes ask for a second test, and then it often happened that they would read the whole card with perfect vision. So frequent were these occurrences that there was no escaping the conclusion that in some way the vision was improved by reading the Snellen test card. In one class I found a boy who at first appeared to be very myopic, but who, after a little encouragement, read all the letters on the test card. The teacher asked me about this boy's vision, because she had found him to be very "nearsighted." When I said that his vision was normal she was incredulous, and suggested that he might have learned the letters by heart, or been prompted by another pupil. He was unable to read the writing or figures on the

blackboard, she said, or to see the maps, charts and diagrams on the walls, and did not recognize people across the street. She asked me to test his sight again, which I did, very carefully, under her supervision, the sources of error which she had suggested being eliminated. Again the boy read all the letters on the card. Then the teacher tested his sight. She wrote some words and figures on the blackboard, and asked him to read them. He did so correctly. Then she wrote additional words and figures, which he read equally well. Finally she asked him to tell the hour by the clock twenty-five feet distant, which he did correctly. It was a dramatic situation, both the teacher and the children being intensely interested. Three other cases in the class were similar, their vision, which had previously been very defective for distant objects, becoming normal in the few moments devoted

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to testing their eyes. It is not surprising that after such a demonstration the teacher asked to have a Snellen test card placed permanently in the room. The children were directed to read the smallest letters they could see from their seats at least once every day, with both eyes together and with each eye separately the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. Those whose vision was defective were encouraged to read it more frequently, and, in fact, needed no encouragement to do so after they found that the practice helped them to see the blackboard, and stopped the headaches, or other discomfort, previously resulting from the use of their eyes.

In another class of forty children, between six and eight, thirty of the pupils gained normal vision while their eyes were being tested. The remainder were cured later under the supervision of the teacher by exercises in distant vision with the Snellen card. This teacher had noted every year for fifteen years that at the opening of the school in the fall all the children could see the writing on the blackboard from their seats, but before school closed the following spring all of them without exception complained that they could not see it at a distance of more than ten feet. After learning of the benefits to be derived from the daily practice of distant vision with familiar objects as the points of fixation, this teacher kept a Snellen test card continually in her classroom and directed the children to read it every day. The result was that for eight years no more of the children under her care acquired defective eyesight.

This teacher had attributed the invariable deterioration in the eyesight of her charges during the school year to the fact that her classroom was in the basement and the

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light poor. But teachers with well-lighted classrooms had the same experience, and after the Snellen test card was introduced into both the well-lighted and the poorly lighted rooms, and the children read it every day, the deterioration of their eyesight not only ceased, but the vision of all improved. Vision which had been below normal improved, in most cases, to normal, while children who already had

normal sight, usually reckoned at 20/20, became able to read 20/15, or 20/10. And not only was myopia cured, but the vision for near objects was improved.

At the request of the superintendent of the schools of Grand Forks, Mr. J. Nelson Kelly, the system was introduced into all the schools of the city and was used continuously for eight years, during which time it reduced myopia among the children, which I found at the beginning to be about six per cent, to less than one per cent.

In 1911 and 1912 the same system was introduced into some of the schools of New York City,¹ with an attendance of about ten thousand children. Many of the teachers neglected to use the cards, being unable to believe that such a simple method, and one so entirely at variance with previous teaching on the subject, could accomplish the desired results. Others kept the cards in a closet except when they were needed for the daily eye drill, lest the children should memorize them. Thus they not only put an unnecessary burden upon themselves, but did what they could to defeat the purpose of the system, which is to give the children daily exercise in distant vision with a familiar object as the point of fixation. A considerable number, however, used the system intelligently and persistently, and in less than a year were

¹ Bates: Myopia Prevention by Teachers, N. Y. Med. Jour., Aug. 30, 1913.

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able to present reports showing that of three thousand children with imperfect sight over one thousand had obtained normal vision by its means. Some of these children, as in the case of the children of Grand Forks, were cured in a few minutes. Many of the teachers were also cured, some of them very quickly. In some cases the results of the system were so astonishing as to be scarcely credible.

In a class of mental defectives, where the teacher had kept records of the eyesight of the children for several years, it had been invariably found that their-vision grew steadily worse as the term advanced. As soon as the Snellen test card had been introduced, however, they began to improve. Then came a doctor from the Board of Health who tested the eyes of the children and put glasses on all of them, even those whose sight was fairly good. The use of the card was then discontinued, as the teacher did not consider it proper to interfere while the children were wearing glasses prescribed by a physician. Very soon, however, the children began to lose, break, or discard, their glasses. Some said that the spectacles gave them headaches, or that they felt better without them. In the course of a month or so most of the aids to vision which the Board of Health had supplied had disappeared. The teacher then felt herself at liberty to resume the use of the Snellen test card. Its benefits were immediate. The eyesight and the mentality of the children improved simultaneously, and soon they were all drafted into the regular classes, because it was found that they were making the same progress in their studies as the other children were.

Another teacher reported an equally interesting experience. She had a class of children who did not fit into

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the other grades. Many of them were backward in their studies. Some were persistent truants. All of them had defective eyesight. A Snellen test card was hung in the classroom where all the children could see it, and the teacher carried out my instructions literally. At the end of six months all but two had been cured, and these had improved very much, while the worst incorrigible and the worst truant had become good students. The incorrigible, **who** had previously refused to study, because, he said it gave him a headache to look at a book, or at the blackboard, found out that the test card, in some way, did him a lot of good; and although the teacher had asked him to read it but once a day, he read it whenever he felt uncomfortable. The result was that in a few weeks his vision had become normal and his objection to study had disappeared. The truant had been in the habit of remaining away from school two or three days every week, and neither his parents nor the truant officer had been able to do anything about it. To the great surprise of his teacher he never missed a day after having begun to read the Snellen test card. When she asked for an explanation, he told her that what had driven him away from school was the pain that came in his eyes whenever he tried to study, or to read the writing on the blackboard. After reading the Snellen test card, he said, his eyes and head were rested and he was able to read without any discomfort.

To remove any doubts that might arise as to the cause of the improvement noted in the eyesight of the children, comparative tests were made with and without cards. In one case six pupils with defective sight were examined daily for one week without the use of the test card. No improvement took place. The card was then restored to its place, and the group was instructed to read it every

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day. At the end of a week all had improved and five were cured. In the case of another group of defectives the results were similar. During the week that the card was not used no improvement was noted; but after a week of exercises in distant vision with the card all showed marked improvement, and at the end of a month all were cured. In order that there might be no question as to the reliability of the records of the teachers some of the principals asked the Board of Health to send an inspector to test the vision of the pupils, and whenever this was done the records were found to be correct.

One day I visited the city of Rochester, and while there I called on the Superintendent of Public Schools and told him about my method of preventing myopia. He was very much interested and invited me to introduce it in one of his schools. I did so, and at the end of three months a report was sent to me showing that the vision of all the children had improved, while quite a number of them had obtained normal vision in both eyes.

The method has been used in a number of other cities and always with the same result. The vision of all

the children improved, and many of them obtained normal vision in the course of a few minutes, days, weeks, or months.

It is difficult to prove a negative proposition, but since this system improved the vision of all the children who used it, it follows that none could have grown worse. It is therefore obvious that it must have prevented myopia. This cannot be said of any method of preventing myopia in schools which had previously been tried. All other methods are based on the idea that it is the excessive use of the eyes for near work that causes myopia, and all of them have admittedly failed.

It is also obvious that the method must have prevented

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other errors of refraction, a problem which previously had not even been seriously considered, because hypermetropia is supposed to be congenital, and astigmatism was until recently supposed also to be congenital in the great majority of cases. Anyone who knows how to use a retinoscope may, however, demonstrate in a few minutes that both of these conditions are acquired; for no matter how astigmatic or hypermetropic an eye may be, its vision always becomes normal when it looks at a blank surface without trying to see. It may also be demonstrated that when children are learning to read, write, draw, sew, or to do anything else that necessitates their looking at unfamiliar objects at the nearpoint, hypermetropia, or hypermetropic astigmatism, is always produced. The same is true of adults. These facts have not been reported before, so far as I am aware, and they strongly suggest that children need, first of all, eye education. They must be able to look at strange letters or objects at the near-point without strain before they can make much progress in their studies, and in every case in which the method has been tried it has been proven that this end is attained by daily exercise in distant vision with the Snellen test card. When their distant vision has been improved by this means children invariably become able to use their eyes without strain at the near-point.

The method succeeded best when the teacher did not wear glasses. In fact, the effect upon the children of a teacher who wears glasses is so detrimental that no such person should be allowed to be a teacher, and since errors of refraction are curable, such a ruling would work no hardship on anyone. Not only do children imitate the visual habits of a teacher who wears glasses, but the nervous strain of which the defective sight is an expression produces in them a similar condition. In classes of the same grade, with the same lighting, the sight of children whose teachers did not wear glasses has always been found to be better than the sight of children whose teachers did wear them.

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In one case I tested the sight of children whose teacher wore glasses, and found it very imperfect The

teacher went out of the room on an errand, and after she had gone I tested them again. The results were very much better. When the teacher returned she asked about the sight of a particular boy, a very nervous child, and as I was proceeding to test him she stood before him and said, "Now, when the doctor tells you to read the card, do it." The boy couldn't see anything. Then she went behind him, and the effect was the same as if she had left the room. The boy read the whole card.

Still better results would be obtained if we could reorganize the educational system on a rational basis. Then we might expect a general return of that primitive acuity of vision which we marvel at so greatly when we read about it in the memoirs of travellers. But even under existing conditions it has been proven beyond the shadow of a doubt that errors of refraction are no necessary part of the price we must pay for education.

There are at least ten million children in the schools of the United States who have defective sight. This condition prevents them from taking full advantage of the educational opportunities which the State provides. It undermines their health and wastes the taxpayers' money. If allowed to continue, it will be an expense and a handicap to them throughout their lives. In many cases it will be a source of continual misery and suffering. And

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yet practically all of these cases could be cured and the development of new ones prevented by the daily reading of the Snellen test card.

Why should our children be compelled to suffer and wear glasses for want of this simple measure of relief? It costs practically nothing. In fact, it would not be necessary, in some cases, as in the schools of New York City, even to purchase the Snellen test cards, as they are already being used to test the eyes of the children. Not only does it place practically no additional burden upon the teachers, but, by improving the eyesight, health, disposition and mentality of their pupils, it greatly lightens their labors. No one would venture to suggest, further, that it could possibly do any harm. Why, then, should there be any delay about introducing it into the schools? If there is still thought to be need for further investigation and discussion, we can investigate and discuss just as well after the children get the cards as before, and by adopting that course we shall not run the risk of needlessly condemning another generation to that curse which heretofore has always dogged the footsteps of civilization, namely, defective eyesight. I appeal to all who read these lines to use whatever influence they possess toward the attainment of this end.

DIRECTIONS

FOR USING THE SNELLEN TEST CARD FOR THE PREVENTION AND CURE OF IMPERFECT SIGHT

IN SCHOOLS

The Snellen Test Card is placed permanently upon the wall of the classroom, and every day the children silently read the smallest letters they can see from their seats with each eye separately, the other being covered

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with the palm of the hand in such a way as to avoid pressure on the eyeball. This takes no appreciable amount of time, and is sufficient to improve the sight of all children in one week and to cure all errors of refraction after some months, a year, or longer.

Children with markedly defective vision should be encouraged to read the card more frequently. Children wearing glasses should not be interfered with, as they are supposed to be under the care of a physician, and the practice will do them little or no good while the glasses are worn.

While not essential, it is a great advantage to have records made of the vision of each pupil at the time when the method is introduced, and thereafter at convenient intervals - annually or more frequently. This may be done by the teacher.

The records should include the name and age of the pupils, the vision of each eye tested at twenty feet, and the date. For example:

John Smith, 10, Sept. 15, 1919

R. V. (vision of the right eye) 20/40

L. V. (vision of the left eye) 20/20

John Smith, 11, January 1, 1920

R. V. 20/30

L. V. 20/15

A certain amount of supervision is absolutely necessary. At least once a year some one who understands the method should visit each classroom for the purpose of answering questions, encouraging the teachers to continue the use of the method, and making some kind of a report to the proper authorities. It is not necessary that either the supervisor, the teachers, or the children, should understand anything about the physiology of the eye.

CHAPTER XXVIII

TINE STORY OF EMILY

THE efficacy of the method of treating imperfect sight without glasses presented in this book has been demonstrated in thousands of cases, not only in my own practice but in that of many persons of whom I may not even have heard; for almost all patients, when they are cured, proceed to cure others. At a social gathering one evening, a lady told me that she had met a number of my patients; but when she mentioned their names, I found that I did not remember any of them and said so.

"That is because you cured them by proxy," she said. "You didn't directly cure Mrs. Jones or Mrs. Brown, but you cured Mrs. Smith, and Mrs. Smith cured the other ladies. You didn't treat Mr. and Mrs. Simpkins, or Mr. Simpkins' mother and brother; but you may remember that you cured Mr. Simpkins' boy of a squint, and he cured the rest of the family."

In schools where the Snellen test card was used to prevent and cure imperfect sight, the children, after they were cured themselves, often took to the practice of ophthalmology with the greatest enthusiasm and success, curing their fellow students, their parents and their friends. They made a kind of game of the treatment, and the progress of each school case was watched with the most intense interest by all the children. On a bright day, when the patients saw well, there was great rejoicing, and on a dark day there was corresponding depression. One girl cured twenty-six children in six months; another cured twelve in three months; a third

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developed quite a varied ophthalmological practice, and did things of which older and more experienced practitioners might well have been proud. Going to the school which she attended one day, I asked this girl about her sight, which had been very imperfect. She replied that it was now very good, and that her headaches were quite gone. I tested her sight and found it normal. Then another child whose sight had also been very poor spoke up.

"I can see all right too," she said. "Emily" - indicating girl No. 1 - "cured me."

"Indeed!" I replied. "How did she do that?"

The second girl explained that Emily had had her read the card, which she could not see at all from the back of the room, at a distance of a few feet. The next day she had moved it a little farther away, and so

on, until the patient was able to read it from the back of the room, just as the other children did. Emily now told her to cover the right eye and read the card with her left, and both girls were considerably upset to find that the uncovered eye was apparently blind. The school doctor was consulted and said that nothing could be done. The eye had been blind from birth and no treatment would do any good.

Nothing daunted, however, Emily undertook the treatment. She told the patient to cover her good eye and go up close to the card, and at a distance of a foot or less it was found that she could read even the small letters. The little practitioner then proceeded confidently as with the other eye, and after many months of practice the patient became the happy possessor of normal vision in both eyes. The case had, in fact, been simply one of high myopia, and the school doctor, not being a specialist, had not detected the difference between this condition and blindness.

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In the same classroom, there had been a little girl with congenital cataract, but on the occasion of my visit the defect had disappeared. This, too, it appeared, was Emily's doing. The school doctor had said that there was no help for this eye except through operation, and as the sight of the other eye was pretty good, he fortunately did not think it necessary to urge such a course. Emily accordingly took the matter in hand. She had the patient stand close to the card, where, with the good eye covered, she was unable to see even the big C. Emily now held the card between the patient and the light, and moved it back and forth. At a distance of three or four feet this movement could be observed indistinctly by the patient. The card was then moved farther away, until the patient became able to see it move at ten feet and to see some of the larger letters indistinctly at a less distance. Finally; after six months, she became able to read the card with the bad eye as well as with the good one. After testing her sight and finding it normal in both eyes, I said to Emily:

"You are a splendid doctor. You beat them all. Have you done anything else?"

The child blushed, and turning to another of her classmates, said:

"Mamie, come here."

Mamie stepped forward and I looked at her eyes. There appeared to be nothing wrong with them.

"I cured her," said Emily.

"What of ?" I inquired.

"Cross eyes," replied Emily.

"How?" I asked, with growing astonishment.

Emily described a procedure very similar to that adopted in the other cases. Finding that the sight of the crossed eye was very poor, so much so, indeed, that poor

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Mamie could see practically nothing with it, the obvious course of action seemed to her to be the restoration of its sight; and, never having read any medical literature, she did not know that this was impossible. So she went to it. She had Mamie cover her good eye and practice the bad one at home and at school, until at last the sight became normal and the eye straight. The school doctor had wanted to have the eye operated upon, I was told, but, fortunately, Mamie was "scared" and would not consent. And here she was with two perfectly good, straight eyes.

"Anything else?" I inquired, when Mamie's case had

been disposed of. Emily blushed again, and said:

"Here's Rose. Her eyes used to hurt her all the time, and she couldn't see anything on the blackboard. Her headaches used to be so bad that she had to stay away from school every once in a while. The doctor gave her glasses; but they didn't help her, and she wouldn't wear them. When you told us the card would help our eyes I got busy with her. I had her read the card close up, and then I moved it farther away, and now she can see all right, and her head doesn't ache any more. She comes to school every day, and we all thank you very much."

This was a case of compound hypermetropic astigmatism.

Such stories might be multiplied indefinitely. Emily's astonishing record cannot, it is true, be duplicated; but lesser cures by cured patients have been very numerous, and serve to show that the benefits of the method of preventing and curing defects of vision in the schools which is presented in the foregoing chapter would be far-reaching. Not only errors of refraction would be cured, but many more serious defects; and not only the children would be helped, but their families and friends also.

CHAPTER XXIX

MIND AND VISION

POOR sight is admitted to be one of the most fruitful causes of retardation in the schools. It is estimated¹ that it may reasonably be held responsible for a quarter of the habitually "left-backs," and it is commonly assumed that all this might be prevented by suitable glasses.

There is much more involved in defective vision, however, than mere inability to see the blackboard, or to use the eyes without pain or discomfort. Defective vision is the result of an abnormal condition of the mind; and when the mind is in an abnormal condition it is obvious that none of the processes of education can be conducted with advantage. By putting glasses upon a child we may, in some cases, neutralize the effect of this condition upon the eyes, and by making the patient more comfortable may improve his mental faculties to some extent; but we do not alter fundamentally the condition of the mind, and by confirming it in a bad habit we may make it worse.

It can easily be demonstrated that among the faculties of the mind which are impaired when the vision is impaired is the memory; and as a large part of the educational process consists of storing the mind with facts, and all the other mental processes depend upon one's

¹ School Health News, published by the Department of Health of New York City, February, 1919.

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knowledge of facts, it is easy to see how little is accomplished by merely putting glasses on a child that has "trouble with its eyes." The extraordinary memory of primitive people has been attributed to the fact that owing to the absence of any convenient means of making written records they had to depend upon their memories, which were strengthened accordingly; but in view of the known facts about the relation of memory to eyesight it is more reasonable to suppose that the retentive memory of primitive man was due to the same cause as his keen vision, namely, a mind at rest.

The primitive memory as well as primitive keenness of vision, has been found among civilized people; and if the necessary tests had been made it would doubtless have been found that they always occur together, as they did in a case which recently came under my observation. The subject was a child of ten with such marvelous eyesight that she could see the moons of Jupiter with the naked eye, a fact which was demonstrated by her drawing a diagram of these satellites which exactly corresponded to the diagrams made by persons who had used a telescope. Her memory was equally remarkable. She could recite the whole content of a book after reading it, as Lord Macaulay is said to have done, and she learned more Latin in a few days without a teacher than her sister, who had six diopters of myopia, had been able to do in several years. She remembered five years afterward what she ate at a restaurant, she

recalled the name of the waiter, the number of the building and the street in which it stood. She also remembered what she wore on this occasion and what every one else in the party wore. The same was true of every other event which had awakened her interest in any way, and it was

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a favorite amusement in her family to ask her what the menu had been and what people had worn on particular occasions.

When the sight of two persons is different it has been found that their memories differ in exactly the same degree. Two sisters, one of whom had only ordinary good vision, indicated by the formula 20/20, while the other had 20/10, found that the time it took them to learn eight verses of a poem varied in almost exactly the same ratio as their sight. The one whose vision was 20/10 learned eight verses of the poem in fifteen minutes, while the one whose vision was only 20/20 required thirty-one minutes to do the same thing. After palming, the one with ordinary vision learned eight more verses in twenty-one minutes, while the one with 20/10 was able to reduce her time by only two minutes, a variation clearly within the limits of error. In other words, the mind of the latter being already in a normal or nearly normal condition, she could not improve it appreciably by palming, while the former, whose mind was under a strain, was able to gain relaxation, and hence improve her memory, by this means.

Even when the difference in sight is between the two eyes of the same person it can be demonstrated, as was pointed out in the chapter on "Memory as an Aid to Vision," that there is a corresponding difference in the memory, according to whether both eyes are open, or the better eye closed.

Under the present educational system there is a constant effort to compel the children to remember. These efforts always fail. They spoil both the memory and the sight. The memory cannot be forced any more than the vision can be forced. We remember without effort,

Interest Necessary To Good Vision 277

just as we see without effort, and the harder we try to remember or see the less we are able to do so.

The sort of things we remember are the things that interest us, and the reason children have difficulty in learning their lessons is because they are bored by them. For the same reason, among others, their eyesight becomes impaired, boredom being a condition of mental strain in which it is impossible for the eye to function normally.

Some of the various kinds of compulsion now employed in the educational process may have the effect of awakening interest. Betty Smith's interest in winning a prize, for instance, or in merely getting ahead

of Johnny Jones, may have the effect of rousing her interest in lessons that have hitherto bored her, and this interest may develop into a genuine interest in the acquisition of knowledge; but this cannot be said of the various fear incentives still so largely employed by teachers. These, on the contrary, have the effect, usually, of completely paralyzing minds already benumbed by lack of interest, and the effect upon the vision is equally disastrous.

The fundamental reason, both for poor memory and poor eyesight in school children, in short, is our irrational and unnatural educational system. Montessori has taught us that it is only when children are interested that they can learn. It is equally true that it is only when they are interested that they can see. This fact was strikingly illustrated in the case of one of the two pairs of sisters mentioned above. Phebe, of the keen eyes, who could recite whole books if she happened to be interested in them, disliked mathematics and anatomy extremely, and not only could not learn them but became myopic when they were presented to her mind. She

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could read letters a quarter of an inch high at twenty feet in a poor light, but when asked to read figures one to two inches high in a good light at ten feet she miscalled half of them. When asked to tell how much 2 and 3 made, she said "4," before finally deciding on "5": and all the time she was occupied with this disagreeable subject the retinoscope showed that she was myopic. When I asked her to look into my eye with the ophthalmoscope, she could see nothing, although a much lower degree of visual acuity is required to note the details of the interior of the eye than to see the moons of Jupiter.

Shortsighted Isabel, on the contrary, had a passion for mathematics and anatomy, and excelled in those subjects. She learned to use the ophthalmoscope as easily as Phebe had learned Latin. Almost immediately she saw the optic nerve, and noted that the center was whiter than the periphery. She saw the light-colored lines, the arteries; and the darker ones, the veins; and she saw the light streaks on the blood-vessels. Some specialists never become able to do this, and no one could do it without normal vision. Isabel's vision, therefore, must have been temporarily normal when she did it. Her vision for figures, although not normal, was better than for letters.

In both these cases the ability to learn and the ability to see went hand in hand with interest. Phebe could read a photographic reduction of the Bible and recite what she had read verbatim, she could see the moons of Jupiter and draw a diagram of them afterwards, because she was interested in these things; but she could not see the interior of the eye, nor see figures even half as well as she saw letters, because these things bored her. When, however, it was suggested to her that it would be

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a good joke to surprise her teachers, who were always reproaching her for her backwardness in mathematics, by taking a high mark in a coming examination, her interest in the subject awakened and she contrived to learn enough to get seventy-eight per cent. In Isabel's case letters were antagonistic. She was not interested in most of the subjects with which they dealt, and, therefore, she was backward in those subjects, and had become habitually myopic. But when asked to look at objects which aroused an intense interest her vision became normal.

When one is not interested, in short, one's mind is not under control, and without mental control one can neither learn nor see. Not only the memory but all other mental faculties are improved when the eyesight becomes normal. It is a common experience with patients cured of defective sight to find that their ability to do their work has improved.

The teacher whose letter is quoted in a later chapter testified that after gaining perfect eyesight she "knew better how to get at the minds of the pupils," was "more direct, more definite, less diffused, less vague," possessed, in fact, "central fixation of the mind." In another letter she said: "The better my eyesight becomes the greater is my ambition. On the days when my sight is best have the greatest anxiety. to do things."

Another teacher reported that one of her pupils used to sit doing nothing all day long, and apparently was not interested in anything. After the test card was introduced into the classroom and his sight improved, he became anxious to learn, and speedily developed into one of the best students in the class. In other words his eyes and his mind became normal together.

A bookkeeper nearly seventy years of age who had

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worn glasses for forty years found after he had gained perfect sight without glasses that he could work more rapidly and accurately and with less fatigue than ever in his life before. During busy seasons, or when short of help, he has worked for some weeks at a time from 7 a. m. until 11 p. m., and he insisted that he felt less tired at night after he was through than he did in the morning when he started. Previously, although he had done more work than any other man in the office, it always tired him very much. He also noticed an improvement in his temper. Having been so long in the office, and knowing so much more about the business than his fellow employees, he was frequently appealed to for advice. These interruptions, before his sight became normal, were very annoying to him, and often caused him to lose his temper. Afterward, however, they caused him no irritation whatever.

In another case, symptoms of insanity were relieved when the vision became normal. The patient was a physician who had been seen by many nerve and eye specialists before he came to me, and who consulted me at last, not because he had any faith in my methods, but because nothing else seemed to be left for him to do. He brought with him quite a collection of glasses prescribed by different men, no two of them being alike. He had worn glasses, he told me, for many months at a time without benefit, and

then he had left them off and had been apparently no worse. Outdoor life had also failed to help him. On the advice of some prominent neurologists he had even given up his practice for a couple of years to spend the time upon a ranch, but the vacation had done him no good.

I examined his eyes and found no organic defects and

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no error of refraction. Yet his vision with each eye was only three-fourths of the normal, and he suffered from double vision and all sorts of unpleasant symptoms. He used to see people standing on their heads, and little devils dancing on the tops of the high buildings. He also had other illusions too numerous to be mentioned here. At night his sight was so bad that he had difficulty in finding his way about, and when walking along a country road he believed that he saw better when he turned his eyes far to one side and viewed the road with the side of the retina instead of with the center. At variable intervals, without warning and without loss of consciousness, he had attacks of blindness. These caused him great uneasiness, for he was a surgeon with a large and lucrative practice, and he feared that he might have an attack while operating.

His memory was very poor. He could not remember the color of the eyes of any member of his family, although he had seen them all daily for years. Neither could he recall the color of his house, the number of rooms on the different floors, or other details. The faces and names of patients and friends he recalled with difficulty, or not at all.

His treatment proved to be very difficult, chiefly because he had an infinite number of erroneous ideas about physiological optics in general and his own case in particular, and insisted that all these should be discussed; while these discussions were going on he received no benefit. Every day for hours at a time over a long period he talked and argued. His logic was wonderful, apparently unanswerable, and yet utterly wrong.

His eccentric fixation was of such high degree that when he looked at a point forty-five degrees to one side from

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of the big C on the Snellen test card, he saw the letter just as black as when he looked directly at it. The strain to do this was terrific, and produced much astigmatism; but the patient was unconscious of it, and could not be convinced that there was anything abnormal in the symptom. If he saw the letter at all, he argued, he must see it as black as it really was, because he was not color-blind. Finally he became able to look away from one of the smaller letters on the card and see it worse than when he looked directly at it.

It took eight or nine months to accomplish this, but when it had been done the patient said that it seemed as if a great burden had been lifted his mind. He experienced a wonderful feeling of rest and relaxation throughout his whole body.

When asked to remember black with his eyes closed and covered he said he could not do so, and he saw every color but the black which one ought normally to see when the optic nerve is not subject to the stimulus of light. He had, however, been an enthusiastic football player at college, and he found at last that he could remember a black football. I asked him to imagine that this football had been thrown into the sea and that it was being carried outward by the tide, becoming constantly smaller but no less black. This he was able to do, and the strain floated with the football, until, by the time the latter had been reduced to the size of a period in a newspaper, it was entirely gone. The relief continued as long as he remembered the black spot, but as he could not remember it all the time, I suggested another method of gaining permanent relief. This was to make his sight voluntarily worse, a plan against which he protested with considerable emphasis.

"Good heavens!" he said. "Isn't my sight bad enough without making it worse?"

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After a week of argument, however, he consented to try the method, and the result was extremely satisfactory. After he had learned to see two or more lights where there was only one, by straining to see a point above the light while still trying to see the light as well as when looking directly at it, he became able to avoid the unconscious strain that had produced his double and multiple vision and was not troubled by these superfluous images any more. In a similar manner other illusions were prevented.

One of the last illusions to disappear was his belief that an effort was required to remember black. His logic on this point was overwhelming, but after many demonstrations he was convinced that no effort was required to let go, and when he realized this, both his vision and his mental condition immediately improved.

He finally became able to read 20/10 or more, and although more than fifty-five years of age, he also read diamond type at from six to twenty-four inches. His night blindness was relieved, his attacks of day blindness ceased, and he told me the color of the eyes of his wife and children. One day he said to me:

"Doctor, I thank you for what you have done for my sight; but no words can express the gratitude I feel for what you have done for my mind."

Some years later he called with his heart full of gratitude, because there had been no relapse.

From all these facts it will be seen that the problems of vision are far more intimately associated with the problems of education than we had supposed, and that they can by no means be solved by putting concave, or convex, or astigmatic lenses before the eyes of the children.

CHAPTER XXX

NORMAL SIGHT AND THE RELIEF OF PAIN FOR
SOLDIERS AND SAILORS

THE Great War is over, and among the millions of brave men who- laid down their lives in the cruel conflict there were some who thought that they were doing so that wars might be no more. But the earth IS still filled with wars and rumors of war, and in the countries of the victorious Allies the spirit of militarism is rampant. In the United States we are being urged to increased naval and military expenditure, and there is a strong demand for universal military training. Whether it is necessary for us to join in the competition of armaments which resulted in the terrific convulsion through which we have just passed, is a question which need not be entered into here; but if we are going to do so, we may as well have soldiers and sailors with normal sight; and if we attain this end we shall not have borne the burdens of militarism and navalism altogether in vain.

After the United States entered the recent war, I had the privilege of making it possible for many young men who had been unable to meet the visual requirements for admission to the army and navy, or to favorite branches of these services, to gain normal vision; and seeing no reason why such benefits should be confined to the few, I supplied the Surgeon General of the Army with a plan whereby with far less trouble and expense than was involved by the optical service upon which

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we were then depending to make the worst of the enlisted eye-defectives available for service at the front, normal vision without glasses might have been insured to all soldiers and sailors. This plan was not acted upon, and I now present it, with some modifications, to the public, in the hope that enough people will see its military value to secure its adoption.

If we are to have universal military training, we shall find, as the nations of Europe have found, that it will be necessary to take measures to provide suitable material for such training. In Europe this necessity has resulted in extensive systems of child care, but in this book we are concerned only with the question of eyesight. In the first draft for the recent war, defective eyesight was the greatest single cause for rejection, while in later drafts it became one of three leading causes only because of an enormous lowering of an already low standard. Yet there is no impediment to the raising of an army which might be more easily removed. If we want our children to grow big enough to be soldiers, without losing most of their teeth and developing flat feet and crooked spines before they reach the military age, we shall have to make some arrangements, as every one of the advanced countries of Europe has done, for providing material as well as intellectual food in the schools. We shall have to employ school physicians on full time, and pay them enough to compensate men of eminence for the loss of private practice. We

shall also have to see that the children are not sacrificed to the ignorance or poverty of their parents before they reach school age. But to preserve their eyesight it is only necessary to place Snellen test cards in every school classroom, and see that the children read them every day. With this simple

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system of eye education beginning in the kindergarten and extending through the whole educational process up to the university and the professional school, it would soon be found that the young men of the country, on arrival at the military age, were practically free from eye defects.

But some years must elapse before this happy result can be achieved; and all eyes, moreover, no matter how good their vision, are benefited by the daily practice of the art of seeing, while by such practice those visual lapses to which every eye is subject, and which are particularly dangerous in military and naval operations, are either prevented or minimized. Therefore a system of eye education for training camps and the front should also be provided. For this purpose the method used in the schools could be modified.

Under conditions of actual warfare, or on the parade grounds of training camps, a Snellen test card might be impracticable; but there are other letters, or small objects,. On the uniforms, on the guns, on the wagons, or elsewhere, which would serve the purpose equally well.

Letters or objects which require a vision of 20/20 should be selected by some one who has been taught what 20/20 means, and the men should be required to regard these letters or objects twice a day. After reading the letters they should be directed to cover their closed eyes with the palms of their hands to shut out all the light, and remember some color, preferably black, as well as they are able to see it, for half a minute. Then they should read the letters again and note any improvement in vision. The whole procedure would take not more than a minute. It should be made part of the regular drill, night and morning, and men with imperfect sight

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should be encouraged to repeat it as many times a day as convenient. They will need no urging; for imperfect vision is a bar to advancement, and excludes from the favorite branch of the service, namely, aviation.

In each regiment every ten men should be under the supervision of one man who understands the method, and who must possess normal vision without glasses. He should carry a pocket test card, consisting of a few of the smaller letters, and should test the vision of the men at the beginning of the training, and thereafter at intervals of three months, reporting the results to the medical officer in charge.

Since errors of refraction are curable, no soldier should be allowed to wear glasses; but if the use of these aids to vision is permitted, the men wearing them should not be required to take part in the eye drills. as the method will do them no good under these conditions. When they see the benefits of eye education, however, they may wish to share them, and will, no doubt, be willing to submit to the inconvenience resulting, temporarily, from going without their glasses.

In military colleges the same method could be used as in the schools; but a daily eye drill should also form part of the maneuvers on the parade ground, so that the students may be prepared to use it later in training camps, or at the front.

To aviators, whether engaged in military or civilian operations, or whether they are flying merely for pleasure, eye education is of particular importance. Accidents to aviators, otherwise unaccountable, are easily explained when one understands how dependent the aviator is upon his eyesight, and how easily perfect vision may be lost amid the unaccustomed surroundings, the dangers and

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hardships of the upper air. It was formerly supposed that aviators maintained their equilibrium in the air by the aid of the internal ear; but it is now becoming evident from the testimony of aviators who have found themselves emerging from a cloud with one wing down, or even with their machines turned completely upside down, that equilibrium is maintained almost entirely, if not altogether, by the sense of sight. If the aviator loses his sight, therefore, he is lost, and we have one of those "unaccountable" accidents which, during the war, were so unhappily common in the air service. All aviators, therefore, should make a daily practice of reading small, familiar letters, or observing other small, familiar objects, at a distance of ten feet or more. In addition, they should have a few small letters, or a single letter, on their machines, at a distance of five, ten, or more feet from their eyes, arrangements being made to illuminate them for night flying and fogs, and should read them frequently while in the air. This would greatly lessen the danger of visual lapses, with their accompanying loss of equilibrium and judgment.

As has already been pointed out, eye education not only improves the sight, but affords a means by which pain, fatigue, the symptoms of disease and other discomforts, can be relieved. For this latter purpose it is of the greatest value to soldiers and sailors; and if, during the recent war, they had only understood the simple and always available method of relieving pain by the aid of the memory, not only much suffering, but many deaths from the destructive effects of pain upon the body, might have been prevented. A soldier in a flooded trench, if he can remember black perfectly, will know the temperature of

1 Anderson Lancet, March 16, 1918, 398: Hucks: Scientific American.

the water, but will not suffer from cold. Under the same conditions he may succumb from weakness on the march, but will not feel fatigue. He may die of hemorrhage, but he will die painlessly. It will not be necessary to give him morphine to relieve his pain; and thus to the dangers of the battlefields will not be added the danger of returning to civil life under the handicap of a lifelong morphine habit.

This danger, there is reason to believe, assumed enormous proportions during the war. The Germans used a bullet which broke when it struck the bone and caused intense pain. The men often died of this pain before help arrived. When they were rescued the surgeons at once gave them morphine. A few hours later the injection was probably repeated. Then the drug was given less frequently, but in many cases it was not discontinued entirely while the man was in the hospital. A Red Cross surgeon at a meeting of the New York County Medical Society stated that he had been responsible for producing the morphine habit in thousands of soldiers, and that every physician at the front had done the same. By such a simple method as palming all this might have been prevented.

If we are going to have universal military and naval training, an essential part of that training should be the instruction of the prospective soldiers and sailors in the art of relieving their own pain; and in the event of war every one who goes to the front, in whatever capacity, from the generals and admirals down to the ambulance drivers, should understand palming. Everyone in the war zone, no matter how far behind the lines, may need this knowledge to relieve his own pain, and everyone may need it to relieve the pain of others.

CHAPTER XXXI

LETTERS FROM PATIENTS

The following letters have been selected almost at random from the author's mail-bag, and are only specimens of many more that are equally interesting. They are published: because it was felt that the personal stories of patients, told in their own language, might be more interesting and helpful to many readers than the more formal presentation of the facts in the preceding chapters.

ARMY OFFICER CURES HIMSELF

AS noted in the chapter on *What Glasses Do to Us*, the sight always improves when glasses are discarded, though this improvement may be so slight as not to be noticed. In a few unusual cases the patients, when freed from the handicap of a condition which compels them to keep their eyes continually under a strain, find out, in some way, how to avoid strain, and thus regain a greater or less degree of their normal visual power. The writer of the following letter was able, without any help from anyone, to discover and put into practice the main principles presented in this book, and thus became able to read without his glasses. He is an engineer, and at the time the letter was written was fifty-one years of age. He had worn glasses since 1896, first for astigmatism, getting stronger ones every couple of years, and then for astigmatism and presbyopia. At one time he asked his oculist and several opticians if the eyes could not be strengthened by exercises, so as to

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make glasses unnecessary, but they said: "No. Once started on glasses you must keep to them." When the war broke out he was very nearly disqualified for service in the Expeditionary Forces by his eyes, but managed to pass the required tests, after which he was ordered abroad as an officer in the Gas Service. While there he saw in the *Literary Digest* of May 2, 1918, a reference to my method of curing defective eyesight without glasses, and on May 11 he wrote to me in part as follows:

"At the front I found glasses a horrible nuisance, and they could not be worn with gas masks. After I had been about six months abroad I asked an officer of the Medical Corps about going without glasses. He said I was right in my ideas and told me to try it. The first week was awful, but I persisted and only wore glasses for reading and writing. I stopped smoking at the same time to make it easier on my nerves.

"I brought to France two pairs of bow spectacles and two extra lenses for repairs. I have just removed the extra piece for near vision from these extra lenses and had them mounted as pince-nez, with shur-on mounts, to use for reading and writing, so that the only glasses I now use are for astigmatism, the age lens being off. Three months ago I could not read ordinary head-line type in newspapers without glasses.

To-day, with a good light, I can read ordinary book type, held at a distance of eighteen inches from my eyes. Since the first week in February, when I discarded my glasses, I have had no headaches, stomach trouble, or dizziness, and am in good health generally. My eyes are coming back, and I believe it is due to sticking it out. I ride considerably in automobiles and trams, and somehow

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the idea has crept into my mind that after every trip my eyes are stronger. This, I think, is due to the rapid changing of focus in viewing scenery going by so fast. Other men have tried this plan on my advice, but gave it up after two or three days. Yet, from what they say, I believe they were not so uncomfortable as I was for a week or ten days. I believe most people wear glasses because they 'coddle' their eyes."

The patient was right in thinking that the motor and tram rides improved his sight. The rapid motion compelled rapid shifting.

A TEACHER S EXPERIENCES

It has frequently been pointed out in this book that imperfect vision is always associated with an abnormal state of the mind, and that when the vision improves the mental faculties improve also, to a greater or less degree. The following letter is a striking illustration of this fact. The writer, a teacher forty years of age, was first treated on March 28, 1919. She was wearing the following glasses: right eye, convex 0.75D.S. with convex 4.00D.C., 105 deg.; left eye, convex 0.75D.S. with convex 3.50D.C., 105 deg. On June 9, 1919, she wrote:

"I will tell you about my eyes, but first let me tell you other things. You were the first to unfold your theories to me, and I found them good immediately - that is, I was favorably impressed from the start. I did not take up the cure because other people recommended it, but because I was convinced: first, that you believed in your discovery yourself; second, that your theory of the cause of eye trouble was true. I don't know how I knew these two things, but I did. After a little conversation with you, you and your discovery both seemed to me to bear

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the ear-marks of the genuine article. As to the success of the method with myself I had a little doubt. You might cure others, but you might not be able to cure me. However, I took the plunge, and it has made a great change in me and my life.

"To begin with, I enjoy my sight. I love to look at things, to examine them in a leisurely, thorough way, much as a child examines things. I never realized it at the time, but it was irksome for me to look at

things when I was wearing glasses, and I did as little of it as possible. The other day, going down on the Sandy Hook boat, I enjoyed a most wonderful sky without that hateful barrier of misted glasses, - and I am positive I distinguished delicate shades of color that I never would have been able to see, even with clear glasses. Things seem to me now to have more form, more reality, than when I wore glasses. Looking into the mirror you see a solid representation on a flat surface, and the flat glass can't show you anything really solid. My eyeglasses, of course, never gave me this impression, but one curiously like it. I can see so clearly without them that it is like looking around corners without changing the position. I feel that I can almost do it.

"I very seldom have occasion to palm. Once in a great while I feel the necessity of it. The same with remembering a period. Nothing else is ever necessary. I seldom think of my eyes, but at times it is borne in upon me how much I do use and enjoy using them.

"My nerves are much better. I am more equable, have more poise, I am less shy. I never used to show that I was shy, or lacked confidence. I used to go ahead and what was required, if not without hesitation; but it was hard. Now I find it easy. Glasses, or poor sight

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rather, made me self-conscious. It certainly is a great defect, and one people are sensitive to without realizing it. I mean the poor sight and the necessity for wearing glasses. I put on a pair of glasses the other day just for an experiment, and I found that they magnified things. My skin looked as if under a magnifying glass. Things seemed too near. The articles on my chiffonier looked so close I felt like pushing them away from me. The glasses I especially wanted to push away. They brought irritation at once. I took them off and felt peaceful. Things looked normal.

"From the beginning of the treatment I could use my eyes pretty well, but they used to tire. I remember making a large Liberty Loan poster two weeks after I took off my glasses, and I was amazed to find I could make the whole layout almost perfectly without a ruler just as well as with my glasses. When I came to true it up with the ruler I found only the last row of letters a bit out of line at the very end. I couldn't have done better with glasses. However this wasn't fine work. About the same time I sewed a hem at night in a black dress, using a fine needle. I suffered a little for this but not much. I used to practice my exercises at that time, and palm faithfully. Now I don't have to practice, or palm; I feel no discomfort, and I am absolutely unsparing in my use of my eyes. I do everything I want to with them. I shirk nothing, pass up no opportunity of using them. From the first I did all my school work, read every notice, wrote all that was necessary, neglected nothing.

"Now to sum up the school end of it: I used to get headaches at the end of the month from adding columns of figures necessary to reports, etc. Now I do not get them. I used to get flustered when people came into

my room. Now I do not; I welcome them. It is a pleasant change to feel this way. And - I suppose this is most important really, though I think of it last - I teach better. I know how to get at the mind and how to make the children see things in perspective. I gave a lesson on the horizontal cylinder recently, which, you know, is not a thrillingly interesting subject, and it was a remarkable lesson in its results and in the grip it got on every girl in the room, stupid or bright. What you have taught me makes me use the memory and imagination more, especially the latter, in teaching.

"To sum up the effect of being cured upon my own mind: I am more direct, more definite, less diffused, less vague. In short, I am conscious of being better centered. It is central fixation of the mind. I saw this in your latest paper, but I realized it long ago and knew what to call it."

A MENTAL TRANSITION

A man of forty-four who had worn glasses since the age of twenty was first seen on October 8, 1917, when he was suffering, not only from very imperfect sight, but from headache and discomfort. He was wearing for the right eye concave 5.00D.S. with concave 0.50D.C., 180 degrees, and for the left concave 2.50D.S. with concave 1.50D.C., 180 degrees. As his visits were not very frequent and he often went back to his glasses, his progress was slow. But his pain and discomfort were relieved very quickly, and almost from the beginning he had flashes of greatly improved and even of normal vision. This encouraged him to continue, and his progress,

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dition has improved as much as his sight. His wife was particularly impressed with the latter effect, and in December, 1919, she wrote:

"I have become very much interested in the thought of renewing my youth by becoming like a little child. The idea of the mental transition is not unfamiliar, but that this mental, or I should say spiritual, transition should produce a physical effect, which would lead to seeing clearly, is a sort of miracle very possible indeed, I should suppose, to those who have faith.

"In my husband's case, certainly, some such miracle was wrought; for not only was he able to lay aside his spectacles after many years constant use, and to see to read in almost any light, but I particularly noticed his serenity of mind after treatments. In this serenity he seemed able to do a great deal of work efficiently, and not under the high nervous pressure whose after-effect is the devastating scattering of forces.

"It did not occur to me for a long time that perhaps your treatment was quieting his nerves. But I think

now that the quiet periods of relaxation, two or three times a day, during which he practiced with the letter card, must have had a very beneficial effect. He is so enthusiastic by nature, and his nerves are so easily stimulated, that for years he used to overdo periodically. Of course, his greatly improved eyesight and the relief from the former strain must have been a large factor in this improvement. But I am inclined to think that the intervals of quiet and peace were wonderfully beneficial. and why shouldn't they be? We are living on stimulants, physical stimulants, mental stimulants of all kinds. The minute these stop we feel we are merely existing, and yet, if we retain any of the normality of our youth, do you

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not think that we respond very happily to natural simple things ?"

RELIEF AFTER TWENTY-FIVE YEARS

While many persons are benefited by the accepted methods of treating defects of vision, there is a minority of cases, known to every eye specialist, which gets little or no help from them. These patients sometimes give up the search for relief in despair, and sometimes continue it with surprising pertinacity, never being able to abandon the belief, in spite of the testimony of experience, that somewhere in the world there must be some one with sufficient skill to fit them with the right glasses. The rapidity with which these patients respond to treatment by relaxation is often very dramatic, and affords a startling illustration of the superiority of this method to treatment by glasses and muscle-cutting. In the following case relaxation did in twenty-four hours what the old methods, as practiced by a succession of eminent specialists, could not do in twenty-five years.

The patient was a man of forty-nine, and his imperfect sight was accompanied by continual pain and misery, culminating twenty years before I saw him, in a complete nervous breakdown. As he was a writer, dependent upon his pen for a living, his condition was a serious economic handicap, and he consulted many specialists in the vain hope of obtaining relief. Glasses did little,- either to improve his sight, or to relieve his discomfort, and the eye specialists talked vaguely about disease of the optic nerve and brain as a possible cause of his troubles. The nerve specialists, however, were unable to do anything to relieve him. One specialist diagnosed his case as muscular, and gave him prisms, which helped him a little.

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Later, the same specialist, finding that all of the apparent muscular trouble was not corrected by glasses, cut the external muscles of both eyes. This also brought some relief, but not much. At the age of twenty-nine the patient suffered the nervous breakdown already mentioned. For this he was treated unsuccessfully by various specialists, and for nine years he was compelled to live out of doors. This life,

although it benefited him, failed to restore his health, and when he came to me on September 15, 1919, he was still suffering from neurasthenia. His distant vision was less than 20/40, and could not be improved by glasses. He was able to read with glasses, but could not do so without discomfort. I could find no symptom of disease of the brain or of the interior of the eye. When he tried to palm he saw grey and yellow instead of black; but he was able to rest his eyes simply by closing them, and by this means alone he became able, in twenty-four hours, to read diamond type and to make out most of the letters on the twenty line of the test card at twenty feet. At the same time his discomfort was materially relieved. He was under treatment for about six weeks, and on October 25 he wrote as follows:

"I saw you last on October 6, and at the end of the week, the 11th, I started off on a ten-day motor trip as one of the officials of the Cavalry Endurance Test for horses. The last touch of eyestrain which affected me nervously at all I experienced on the 8th and 9th. On the trip, though I averaged but five hours' sleep, rode all day in an open motor without goggles and wrote reports at night by bad lights, I had no trouble. After the third day the universal slow swing seemed to establish itself, and I have never had a moment's discomfort since. I stood fatigue and excitement better than I have ever

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done, and went with less sleep. My practicing on the trip was necessarily somewhat curtailed, yet there was noticeable improvement in my vision. Since returning I have spent a couple of hours a day in practice, and have at the same time done a lot of writing.

"Yesterday, the 24th, I made a test with diamond type, and found that after twenty minutes' practice I could get the lines distinct, and make out the capital letters and bits of the text at a scant three inches. At seven I could read it readily, though I could not see it perfectly. This was by an average daylight - no sun. In a good daylight I can read the newspaper almost perfectly at a normal reading distance, say fifteen inches.

"I feel now that I am really out of the woods. I have done night work without suffering for it, a thing I have not done in twenty-five years, and I have worked steadily for more hours than I have been able to work at a time since my breakdown in 1899, all without sense of strain or nervous fatigue. You can imagine my gratitude to you. Not only for my own sake, but for yours, I shall leave no stone unturned to make the cure complete and get back the child eyes which seem perfectly possible in the light of the progress I have made in eight weeks."

SEEKING A MYOPIA CURE

In spite of the emphasis with which the medical profession denies the possibility of curing errors of refraction, there are many lay persons who refuse to believe that they are incurable. The author of the following statement represents a considerable class, and was remarkable only in the persistency with

which he searched for relief. He was first seen on June 27, 1919, at which time he was thirty-two years of age. He was wearing

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concave 2.50D.S. for each eye, and his vision in each eye was 20/100 - . After he had obtained almost normal vision he wrote the following account of his experiences for *Better Eyesight*:

"When the *Lusitania* was sunk I knew that the United States was going to get into trouble, and I wanted to be in a position to join the Army. But I was suffering from a high degree of myopia, and I knew they wouldn't take me with glasses. Later on they took almost anyone who wasn't blind, but at that time I couldn't possibly have measured up to the standard. So I began to look about for a cure. I tried osteopathy, but didn't go very far with it. I asked the optician who had been fitting me with glasses for advice, - but he said that myopia was incurable. I dismissed the matter for a time, but I didn't stop thinking about it. I am a farmer, and I knew from the experience of outdoor life that health is the normal condition of living beings. I knew that when health is lost it can often be regained. I knew that when I first tried to lift a barrel of apples onto a wagon I could not do so, but that after a little practice I became able to do it easily, and I did not see why, if one part of the body could be strengthened by exercise, others could not be strengthened also. I could remember a time when I was not myopic, and it seemed to me that if a normal eye could become myopic, it ought to be possible for a myopic eye to regain normality. After a while I went back to the optician and told him that I was convinced that there must be some cure for my condition. He replied that this was quite impossible, as everyone knew that myopia was incurable. The assurance with which he made this statement had an effect upon me quite the opposite of what he intended, for when he said that the cure of

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myopia was impossible I knew that it was not, and I resolved never to give up the search for a cure until I found it. Shortly after I had the good fortune to hear of Dr. Bates, and lost no time in going to see him. At the first visit I was able, just by closing and resting my eyes, to improve my sight considerably for the Snellen test card, and after a few months of intermittent treatment I became able to read 20/10 - in flashes. I am still improving, and when I can see a little better I mean to go back to that optician and tell him what I think of his ophthalmological learning."

FACTS VERSUS THEORIES

Reading fine print is commonly supposed to be an extremely dangerous practice, and reading print of any kind upon a moving vehicle is thought to be even worse. Looking away to the distance, however, and not seeing anything in particular is believed to be very beneficial to the eyes. In the light of these

superstitions the facts contained in the following letter are particularly interesting:

"On reaching home Monday morning I was surprised and pleased at the comments of my family regarding the appearance of my eyes. They all thought they looked so much brighter and rested, and that after two days of railroading. I didn't spare my eyes in the least on the way home. I read magazines and newspapers, looked at the scenery; in fact, used my eyes all the time. My sight for the near-point is splendid. Can read for hours without tiring my eyes. I went downtown to-day and my eyes were very tired when I got home. The fine print on the card [diamond typed] helps me so much I would like to have your little Bible [a photographic re-

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duction of the Bible with type much smaller than diamond]. I'm sure the very fine print has-a soothing effect on one's eyes, regardless of what my previous ideas on the subject were."

It will be observed that the eyes of this patient were not tired by her two days railroad journey, during which she read constantly; they were not tired by hours of reading after her return; they were rested by reading extremely fine print; but they were very much tired by a trip downtown during which they were not called upon to focus upon small objects. Later a leaf from the Bible was sent to her, and she wrote:

"The effect even of the first effort to read it was wonderful. If you will believe it, I haven't been troubled having my eyes feel 'crossed' since, and while my actual vision does not seem to be any better, my eyes feel a great deal better."

CURED WITHOUT PERSONAL ASSISTANCE

I am constantly hearing of patients who have been able to improve their sight by the aid of information contained in my publications, without personal assistance. The writer of the following letter, a physician, is a remarkable example of these cases, as he was able not only to cure himself, but to relieve some very serious cases of defective vision among his patients.

"I first tried central fixation on myself and had marvelous results. I threw away my glasses and can now see better than I have ever done. I read very fine type (smaller than newspaper type) at a distance of six inches from the eyes, and can run it out at full arm's length and still read it without blurring the type. "I have instructed some of my patients in your

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methods, and all are getting results. One case who has a partial cataract of the left eye could not see anything on the Snellen test card at twenty feet, and could see the letters only faintly at ten feet. Now she, can read 20/10 with both eyes together, and also with each eye separately; but the left eye seems, as she

says, to be looking through a little fog. I could cite many other cases that have been benefited by central fixation, but this one is the most interesting to me."

CHAPTER XXXII

REASON AND AUTHORITY

SOME ONE - perhaps it was Bacon - has said: "You cannot by reasoning correct a man of ill opinion which by reasoning he never acquired." He might have gone a step further and stated that neither by reasoning, nor by actual demonstration of the facts, can you convince some people that an opinion which they have accepted on authority is wrong.

A man whose name I do not care to mention, a professor of ophthalmology, and a writer of books well known in this country and in Europe, saw me perform the experiment illustrated on page 40, an experiment which, according to others who witnessed it, demonstrates beyond any possibility of error that the lens is not a factor in accommodation. At each step of the operation he testified to the facts; yet at the conclusion he preferred to discredit the evidence of his senses rather than accept the only conclusion that these facts admitted.

First he examined the eye of the animal to be experimented upon, with the retinoscope, and found it normal, and the fact was written down. Then the eye was stimulated with electricity, and he testified that it accommodated. This was also written down. I now divided the superior oblique muscle, and the eye was again stimulated with electricity. The doctor observed the eye with the retinoscope when this was being done and said: "You failed to produce accommodation." This fact, too, was written down. The doctor now used the electrode himself, but again failed to observe accommodation, and

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these facts were written down. I now sewed the cut ends of the muscle together, and once more stimulated the eye with electricity. The doctor said, "Now you have succeeded in producing accommodation," and this was written down. I now asked:

"Do you think that superior oblique had anything to do with producing accommodation ?"

"Certainly not," he replied.

"Why ?" I asked.

"Well," he said, "I have only the testimony of the retinoscope; I am getting on in years, and I don't feel that confidence in my ability to use the retinoscope that I once had. I would rather you wouldn't quote me on this."

While the operation was in progress, however, he gave no indication whatever of doubting his ability to use the retinoscope. He was very positive, in fact, that I had failed to produce accommodation after the cutting of the oblique muscle, and his tone suggested that he considered the failure ignominious. It was only after he found himself in a logical trap, with no way out except by discrediting his own observations, that he appeared to have any doubts as to their value.

Patients whom I have cured of various errors of refraction have frequently returned to specialists who had prescribed glasses for them, and, by reading fine print and the Snellen test card with normal vision, have demonstrated the fact that they were cured, without in any way shaking the faith of these practitioners in the doctrine that such cures are impossible.

The patient with progressive myopia whose case was mentioned in Chapter XV returned after her cure to the specialist who had prescribed her glasses, and who had said not only that there was no hope of improvement, but

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that the condition would probably progress until it ended in blindness, to tell him the good news which, as an old friend of her family, she felt he had a right to hear. But while he was unable to deny that her vision was, in fact, normal without glasses, he said it was impossible that she should have been cured of myopia, because myopia was incurable. How he reconciled this statement with his former patient's condition he was unable to make clear to her.

A lady with compound myopic astigmatism suffered from almost constant headaches which were very much worse when she took her glasses off, The theatre and the movies caused her so much discomfort that she feared to indulge in these recreations. She was told to take off her glasses and advised, among other things, to go to the movies; to look first at the corner of the screen, then off to the dark, then back to the screen a little nearer to the center, and so forth. She did so, and soon became able to look directly at the pictures without discomfort. After that nothing troubled her. One day she called on her former ophthalmological adviser, in the company of a friend who wanted to have her glasses changed, and told him of her cure. The facts seemed to make no impression on him whatever. He only laughed and said, "I guess Dr. Bates is more popular with you than I am."

Sometimes patients themselves, after they are cured, allow themselves to be convinced that it was impossible that such a thing could have happened, and go back to their glasses. This happened in the case of a patient already mentioned in the chapter on *Presbyopia*, who was cured in fifteen minutes by the aid of his imagination. He was very grateful for a time, and then he began to talk to eye specialists whom he knew and straightway grew skeptical as to the value of what I had done for him.

One day I met him at the home of a mutual friend, and in the presence of a number of other people he accused me of having hypnotized him, adding that to hypnotize a patient without his knowledge or consent was to do him a grievous wrong. Some of the listeners protested that whether I had hypnotized him or not, I had not only done him no harm but had greatly benefited him, and he ought to forgive me. He was unable, however, to take this view of the matter. Later he called on a prominent eye specialist who told him that the presbyopia and astigmatism from which he had suffered were incurable, and that if he persisted in going without his glasses he might do himself great harm. The fact that his sight was perfect for the distance and the near-point without glasses had no effect upon the specialist, and the patient allowed himself to be frightened into disregarding it also. He went back to his glasses, and so far as I know has been wearing them ever since. The story obtained wide publicity, for the man had a large circle of friends and acquaintances; and if I had destroyed his sight I could scarcely have suffered more than I did for curing him.

Fifteen or twenty years ago the specialist mentioned in the foregoing story read a paper on cataract at a meeting of the ophthalmological section of the American Medical Association in Atlantic City, and asserted that anyone who said that cataract could be cured without the knife was a quack. At that time I was assistant surgeon at the New York Eye and Ear Infirmary, and it happened that I had been collecting statistics of the spontaneous cure of cataract at the request of the executive surgeon of this institution, Dr. Henry G. Noyes, Professor of Ophthalmology at the Bellevue Hospital Medical School. As a result of my inquiry I had secured records of a large num-

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ber of cases which had recovered, not only without the knife, but without any treatment at all I also had records of cases which I had sent to Dr. James E. Kelly of New York and which he had cured, largely by hygienic methods. Dr. Kelly is not a quack, and at that time was Professor of Anatomy in the New York Post Graduate Medical School and Hospital and attending surgeon to a large city hospital. In the five minutes allotted to those who wished to discuss the paper, I was able to tell the audience enough about these cases to make them want to hear more. My time was, therefore, extended, first to half an hour and then to an hour. Later both Dr. Kelly and myself received many letters from men in different parts of the country who had tried his treatment with success. The man who wrote the paper had blundered, but he did not lose any prestige because of my attack, with facts, upon his theories. He is still a prominent and honored ophthalmologist, and in his latest book he gives no hint of having ever heard of any successful method of treating cataract other than by operation. He was not convinced by my record of spontaneous cures, nor by Dr. Kelly's record of cures by treatment; and while a few men were sufficiently impressed to try the treatment recommended, and while they obtained satisfactory results, the facts made no impression upon the profession as a whole, and did not modify the teaching of the schools. That spontaneous cures of cataract do sometimes occur cannot be denied; but they are supposed to be very rare, and any one who suggests that the condition can be cured by treatment still exposes himself to the suspicion of being a quack.

Between 1886 and 1891 I was a lecturer at the Post Graduate Hospital and Medical School. The head of the institution was Dr. D. B. St. John Roosa. He was

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the author of many books, and was honored and respected by the whole medical profession. At the school they had got the habit of putting glasses on the nearsighted doctors, and I had got the habit of curing them without glasses. It was naturally annoying to a man who had put glasses on a student to have him appear at a lecture without them and say that Dr. Bates had cured him. Dr. Roosa found it particularly annoying, and the trouble reached a climax one evening at the annual banquet of the faculty when, in the presence of one hundred and fifty doctors, he suddenly poured out the vials of his wrath upon-my head. He said that I was injuring the reputation of the Post Graduate by claiming to cure myopia. Every one knew that Donders said it was incurable, and I had no right to claim that I knew more than Donders. I reminded him that some of the men I had cured had been fitted with glasses by himself. He replied that if he had said they had myopia he had made a mistake. I suggested further investigation. "Fit some more doctors with glasses for myopia," I said, "and I will cure them. It is easy for you to examine them afterwards and see if the cure is genuine." This method did not appeal to him, however. He repeated that it was impossible to cure myopia, and to prove that it was impossible he expelled me from the Post Graduate, even the privilege of resignation being denied to me.

The fact is that, except in rare cases, man is not a reasoning being. He is dominated by authority, and when the facts are not in accord with the view imposed by authority, so much the worse for the facts. They may, and indeed must, win in the long run; but in the meantime the world gropes needlessly in darkness and endures much suffering that might have been avoided.

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Your Glasses and Your Eyes Twenty Lessons



Written in short and simple language

Ten Lessons on Your Glasses Ten Lessons on Your Eyes

By
Dr. Jacob Raphaelson, O.D., *Retired*

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We are confronted with compulsory unnatural use of our eyes. It is about time that our educators, legislators, medical men and the general public acquire some basic and practical knowledge about spectacles and glasses.

This book is written for the public
In the language of the public

Preface

For more than fifty-five years the author of this book has been doing independent optical research on the relationship of vision, spectacles and health. He has made some discoveries and has come to certain conclusions which are unknown to the medical and optical professions. He has developed a new approach to the fitting and wearing of spectacles and glasses. It follows the basic principles of optics; it

does not follow the path as practiced, at present, by the optical professions.

The author believes that, in regard to the relationship of spectacles, vision and health, the medical and optical professions are in a state of confusion and on the wrong track. He has written this book to clarify and simplify the matter and to uncover the mystery about the fitting and wearing of spectacles and glasses.

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Lesson 1

Spectacles and Glasses

Spectacles and Glasses are two names for the same thing. They are a pair of lenses mounted in a frame. The lenses are, mostly, transparent glass with surfaces ground or molded to a certain curvature. This curvature gives optical power to the lenses. It bends rays of light passing through the lenses and brings them to a focus. The purpose of the frame is to hold the lenses firmly and steadily in front of the eyes.

Formerly they were called spectacles. They were small lenses mounted in a metal rim with side or ear temples. They were used, mainly, by older persons to read smaller print. Later, when some spectacles were made without temples they were called Eye-glasses. In the early 19th century, when younger adults began to wear spectacles constantly, a nose piece was developed which held them firmly on the nose. These were called "Nose-glasses." In recent years, when plastic frames became popular and nose-glasses almost disappeared, the name glasses came into popular use.

Glasses, at present, is the popular name for spectacles. Glasses is a meaningless word; it has nothing to differentiate it from beer-glasses or colored-glasses. The dictionary will not help us because the name "Glasses" is not to be found in the old or new dictionaries. The lack of knowledge about spectacles is widespread. It includes not only the ordinary person but also our educators, our legislators, and most of the medical profession. A proper name for spectacles would be Focus-glasses.

Formerly, when they were called spectacles it was believed that they were, more or less, spectacular and fictitious. Now, they are believed to be mystic, some mystery in the glass or about the glass that makes you see better or worse. Lately, I asked a medical doctor, (a pathology professor in a large eastern medical college): "What is it in glasses that makes you see better or worse?" First he tried to give me a meaningless answer. When I insisted on a clear answer, he said: "It is the molecular structure of the glass." His answer proved his confusion about spectacles and glasses.

It is important that we know and understand that it is the curvature in the lenses that gives it the optical power. It is the curvature in the spectacles or glasses that changes the focus in our eyes.

Lesson 2

The Focus In Glasses

A focus means a point, any central point. In optics, it means the point where rays of light meet after being bent (refracted) by a lens. It also means the line or distance from the lens to the point. It also means many points forming an image or picture. In taking pictures with a camera, "to focus" means obtaining a sharp and clear picture.

In taking pictures, in order to get a clear picture, the photographer has to adjust the camera according to the distance of the person from the camera -- everyone knows that. The eye, which is physically a miniature camera, also has to make adjustments for different distances -- no one seems to know that.

Lenses, which are curved glass, will bend or refract rays of light and heat towards the thicker part of the lenses. If it is a convex lens, which is thicker in the center, light rays will bend towards the center and come to a point or focus some distance from the lens. If it is a strong lens, it will come to a point near the lens. If it is a weak lens, it will come to a focus farther away.

The lenses in your spectacles or glasses affect and change the course of light rays entering your eyes. They affect and change the focus in your eyes. If it is a convex lens, the focus will be closer -- if a concave lens, the focus will be farther. A neutral lens will not affect the focus, and will not make you see better or worse. A neutral lens is one that is neither convex or concave. It is one that has the same thickness over the whole surface of the lens. It is called plano lens.

Spectacles or glasses that affect our vision in any way are focus-glasses. They have optical power to change the focus in our eyes. They have curvature, either convex or concave.

Lesson 3

The Curvature in Glasses

A curve means a bend -- a bend means a curve. Most of us are familiar with curves or bends on the road. There are straight roads and curved roads. There are short curves, and long curves that are hardly noticeable. A curve is part of a circle, it is also part of a sphere, and it is also part of a cylinder. In optics, a curve is called a curvature.

It is the curvature in your eyes that makes them focus and produce a clear picture. It is the curvature in the lenses that gives them the optical power to focus or to change the focus in your eyes -- it is this curvature and nothing else. There are no molecular changes in the glasses, there are no other physical or chemical changes. The differences in lenses are differences in curvature. A higher curvature is a higher power lens. A lower curvature is a weaker power lens.

When you go to an oculist or optometrist and he prescribes a pair of glasses, it is curvature that he prescribes, one diopter or a half a diopter of curvature in the lenses. He may prescribe spherical or cylindrical curvature. He may combine them both. He may prescribe a little spherical and a little curvature in each lens.

Lenses, to have optical power, must have either an elevated surface which is a convex curvature, or a depressed surface which is a concave curvature. If a lens has an elevation on one side and a depression on the other side it loses its optical power. If the depression is as much as the elevation it loses all optical power. It becomes a neutral lens. It is the remainder of curvature that gives the optical power. The curvature on lenses is measured by the diopter. The unit is one diopter (symbol 1.00d.).

Note

The optical curvatures of lenses and of our eyes are relative curvatures. It is similar to relative humidity.

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Lesson 4

The Diopter Unit

Formerly, lenses were measured by the focus in inches. If a lens was strong enough to focus at one inch, it was called a one inch lens. If it focused at ten inches, it was called a ten inch lens. At forty inches, it was a forty inch lens. Now, instead of measuring the length of the focus we measure the curvature which makes the focus. A forty inch focus was adopted as the unit measure of curvature. It was given the name Diopter. One diopter equals a 40 inch focus lens.

The Diopter measures the curvature power of lenses similar to the dollar which measures the purchasing power of money. Both are shortened by the initial D. or d. Both are added and subtracted, both are divided in halves and quarters. The unit of both is "one, period, double zero (1.00). One and a half is written 1.50, one and one-quarter is written 1.25.

The Diopter is added and subtracted the same as the dollar. If you have a plus 6.00 curvature on one side of the lens and a minus 5.00 curvature on the other side, it is a plus 1.00 lens. if you have a plus 6.00 on one side and a minus 7.00 on the other side, it is a minus 1.00 lens. The plus curvature lenses add curvature to your eyes. The minus curvature lenses subtract and reduce the curvature of your eyes.

If a lens is ground or molded with a plus 6.00 curvature on one side of the lens and a minus 6.00 on the other side, the curvatures neutralize each other. It becomes a neutral lens. If lenses are ground or molded with plus curvatures on one side and with identical minus curvatures on the other side, they are called plano lenses. They have no optical power. The proper name for them should be "Neutral lenses" and "Neutral glasses."

Lesson 5

Colored Glasses

Colored glasses are sold in nearly all drugstores, department, variety, five-and-ten, and many other stores. They have become popular. In fact, they have become too popular. There are many who are wearing colored glasses who would do better if they wore focus-glasses instead (see "Color vs. Focus in Glasses", link forthcoming). The purpose of color is to diminish the brightness of sunlight. They are called sun-glasses.

Sun-glasses are made in a variety of colors and shades. In most cases, it is the customer who picks the color or shade. So far, there is no special color which is generally claimed, by the public or the optical profession, to be the best color. In fact, I saw a government booklet, a few years ago, which stated that, after some years of research, they were still unable to determine which color would be best.

Colored glasses, sold in stores, have no optical power, they do not change or affect the focus. They are neutral glasses. The same is true of goggles, which have no color. Goggles protect the eyes from dust or cinders. many goggle-wearers also would do better if they wore focus-glasses (see "Dust and Focus", link forthcoming). In many cases, oculists and optometrists prescribe a shade of color in the focus-glasses. Color can be added to focus and focus can be added to colored glasses.

Colored glasses or goggles are made with flat lenses and with curved lenses. Most colored glasses have a plus 6.00 curvature on the outside surface of the lenses and a minus 6.00 curvature on the inside surface. Some colored glasses and goggles have as high as a plus 10.00 curvature on the outside and a minus 10.00 on the inside.

Colored glasses are popular. Plus focus-glasses are unwelcome -- this is because the benefits of colored glasses are apparent and visible, while the benefits of plus focus-glasses, in most cases, are hidden and invisible.

Lesson 6

FOCUS GLASSES (new term)

Focus-glasses are those which affect and change the focus in our eyes. About ninety-nine per cent of glasses prescribed by oculists are focus-glasses. The lenses have either a plus (convex) curvature which shortens the focus, or a minus (concave) curvature which lengthens the focus. The lenses are either plus, which add curvature to your eyes, or minus, which subtract and take away curvature from your eyes.

It is important, it is very important, that we recognize and emphasize the difference between plus and minus lenses.

They are opposite to each other.
They neutralize each other.

Plus is like a hill	Minus is like a hollow
Plus stands for positive	Minus stands for negative
Plus magnifies	Minus reduces
Plus means convex	Minus means concave
Plus adds curvature	Minus subtracts curvature
Plus helps nearer seeing	Minus helps farther seeing

The lenses in opera glasses, camera lenses, magnifiers and microscopes are all focus lenses. They all have plus (convex) curvatures which bend or refract light and heat rays which fall on their surfaces. They bend the rays towards an imaginary line from the optical center of the lens to the focus, which is some distance from the lens. This distance depends on the curvature of the lens. A little curvature will have the focus far away. More curvature will bring the focus nearer.

Colored glasses and goggles are not focus-glasses because they are either flat or neutral. Prism lenses are not focus lenses because they bend light rays into a line instead of a point or focus. Focus lenses are those which are either plus or minus.

Lesson 7

PLUS AND MINUS GLASSES

A FAR-SIGHTED LENS, A CONVEX LENS, A MAGNIFYING LENS, A POSITIVE LENS AND A PLUS LENS ARE DIFFERENT NAMES FOR THE SAME LENS.

It is called a far-sighted lens, because it is fitted to far-sighted eyes; a convex lens because it has an elevated surface, and is thicker in the center and thinner at the edges; a magnifying lens because it magnifies things and makes them look larger; a positive lens because it bends rays of light inwards and brings them to focus; a plus lens because it adds curvature to your eyes.

A NEAR-SIGHTED LENS, A CONCAVE LENS, A REDUCING LENS, A NEGATIVE LENS AND A MINUS LENS ARE DIFFERENT NAMES FOR THE SAME LENS.

It is called a near-sighted lens because it is fitted to near-sighted eyes; a concave lens because it has a depressed surface and is thinner at the center and thicker at the edges; a reducing lens because it reduces and makes things look smaller; a negative lens because it bends rays of light outwards and spreads them away from the focus; and a minus lens because it subtracts and lessens the curvatures of your eyes.

Plus and minus lenses are each subdivided into spherical lenses and cylinder lenses. They are designated as plus spherical and minus spherical lenses. They are also designated as plus cylinder and minus cylinder lenses. The spherical and cylinder curvatures are often ground on one lens. Formerly they used to grind the sphere on one side and the cylinder on the other side. Now, both are ground on one surface of the lens. It is a compound (toric) curvature. It is similar to an egg-shaped curvature.

The eyes, being spherical in shape, mostly, need and require spherical lenses.

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Lesson 8

SPHERICAL LENSES

The main division of lenses is plus and minus. Each is subdivided into spherical and cylinder lenses. They are plus sphere or plus cylinder, and minus sphere or minus cylinder lenses. Sph. stands for spherical and Cl. stands for cylinder. Most often the sign for spherical is omitted. It is assumed to be aspherical lens, unless it is marked cylinder and the axis is given. Opera glasses, camera and magnifying lenses, microscope and telescope lenses are understood to be spherical lenses.

A sphere is a round body like a ball or globe. It is round equally in all directions. Spherical curvature means that the curvature is identical in all directions. Spherical lenses mean that the surfaces of the lenses are spherical in shape. A spherical lens is really a piece of the outer portion of a sphere. A spherical plus curvature is ground on the surface of the lens with a minus tool. A minus curvature is ground with a plus tool.

When you get a prescription for a pair of glasses, the symbol of plus (+) or minus (-) is always designated, but seldom the sphere. It is assumed to be spherical. Thus a prescription for a 3/4 diopter plus lens will be +0.75, a minus 3/4 of a diopter will read -0.75; likewise +1.50 or -1.50, +3.00 and -3.00.

Spherical lenses can be correctly made in mass production. On a small comparative scale, they are now being made in mass production on precise automatic machines. They are being made to be sold ready-to-wear in frames, and also for the greater portion of spherical lenses, which are prescribed by oculists and optometrists.

Mass-produced spherical lenses can be more precise and less subject to mistakes and imperfections than the spherical lenses that are being ground in small shops. Mass-produced lenses can be, and are, produced cheaply.

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Lesson 9

CYLINDER LENSES

A cylinder is a body that is round like a circle and has curvature in one direction and is flat or neutral in the opposite direction. Thus a broomstick or a water pipe is like a cylinder. The round body of a bottle and tin can are good illustrations of cylinders.

The flat or neutral side of the cylinder is called the axis. The curvature is in the opposite direction of the axis. Thus, if a water pipe is set vertically, up and down, the axis is 90 degrees. If set horizontally, the axis would be 180 degrees. A cylinder lens is, in reality, a small piece of the outer portion of a cylinder.

Cylinder lenses also are either minus or plus. They have plus or minus curvature in one direction with the axis in the opposite direction. Thus, if a cylinder lens is set in your frame with the axis at 90 degrees, the curvature of the lens will be in the opposite direction. Cylinder lenses, like water pipes, are sometimes set at an angle. The axis is then given by degrees.

If a cylinder lens is prescribe, it must be designated as plus or minus and also the axis of the cylinder must be stated. Thus a cylinder prescription is written in symbol, +0.50 x 90, or -0.50 x 90. Likewise, +0.5. x 120, or -0.5. x 120, or any other given axis.

Many lenses are prescribed with both the sphere and the cylinder in the same lens. They are called compound lenses. They have a certain spherical curvature and a cylinder curvature added to the spherical. They are egg-shaped but not noticeably so. They are written as follows: plus 1.00 sph. combined with plus 0.50 cl. axis 90 -- in symbol it is +1.00==+0.50x90. They are written in many variations.

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Lesson 10

READY-TO-WEAR GLASSES

Ready-to-wear glasses are plus spherical glasses. There are no minus lenses nor cylinder lenses in glasses that are made to sell ready-to-wear. But, the ready-to-wear glasses of past and present have no symbol that they are plus and no sign that they are spherical. They have tags on them, but the tags are confusing. Neither the seller nor the buyer knows what the tags mean. The tags give you both numbers; the old inch system and the diopter number. The tags are a left-over from olden times.

The tags have the diopter number plainly written. Only the symbol of plus is omitted. They seem like price numbers. In olden times they may have known better. If you disregard the inch number you can readily tell, in diopters, what strength each pair of glasses has. You would know what you are looking for.

Ready-to-wear glasses are plus and spherical. Therefore, they can do no harm to your eyes or vision. It is only minus lenses or cylinder lenses that may do you harm if fitted wrongly. The minus lenses can, mainly, be harmful if used for near seeing. The cylinder lenses can be harmful if too much cylinder is given, and if the axis is not set in the right position.

Plus spherical glasses are always beneficial for nearer vision. Also, they will do you no harm, rather they will do your eyes good if you wear them for distance, even when you can see better with the naked eyes. Plus spherical glasses relax and stretch your eyes. They give your eyes a posture similar to star-gazing. And the posture of star-gazing is what the eyes of civilized human beings need and what they do not have.

Ready-to-wear glasses can be had from one-quarter of a diopter up to five diopters--symbols 0.25 up to 5.00. The weaker numbers, 0.25 up to 1.25 can safely be used by children and adults up to the age of forty-five or older. They are a positive help in near-seeing and many benefits may be had by their use for distant seeing. The stronger numbers of glasses are, mainly, used by older persons for reading and other near work. Also, they are used by the higher grades of hyper-sighted eyes (see [Lesson 16](#)) which require stronger plus glasses.

Lesson 16

HYPER-SIGHTED EYES (new term)

"Hyper-sighted" eyes is a new term. It is a suitable term for "Hyper-opia," misnamed "far-sighted" eyes. Hyper-sighted eyes have too much curvature. Hyper-sighted eyes do not have enough curvature. The focus in near-sighted eyes is too short. The focus in hyper-sighted eyes is too long. It is too long because hyper-sighted eyes are deficient in curvature. *<More than 80 per cent of all persons have hyper-sighted eyes.*

Hyper-sighted eyes, when fully relaxed or flattened, are unable to see distant objects clearly without the assistance from the bending apparatus inside the eyes. A person with hyper-sighted eyes of 1.00d. has to bend his eyes 1.00d. in order to see distant objects clearly. At 40 inches, he has to bend his eyes 2.00d. At 40 inches, he has to bend his eyes 1.00d. more than a person with neutral eyes. *This bending is done automatically and unknowingly by the person.*

A person with hyper-sighted eyes of 2.00d. has to bend his eyes 2.00d. for distant seeing and 3.00d. more for reading at 13 inches. He has to bend his eyes 5.00d. which is 2.00d. more than a person with neutral eyes would have to bend. It should be readily understood that hyper-sighted eyes are not suitable for prolonged near-seeing. At far-far distances, hyper-sighted eyes, if not spoiled, can see better than neutral, normal or perfect eyes. They are better for star-gazing.

Hyper-sighted eyes of as much as 4.00d. or even 5.00d., if not spoiled by prolonged near-seeing or otherwise, can see both far and near as well or nearly as well as neutral eyes, but more often they give us visible and hidden trouble. They are visible when they affect our eyes in a visible way. *They are hidden when they undermine our eyes and our health without notice, without clue and without a trace -- no medical examination can reveal it.*

There are many variations of hyper-sighted eyes. Most of hyper-sighted eyes can see both far and near. Many, especially older persons, can see far but not near. A good many have poor vision and cannot see well, either far or near. Many hyper-sighted eyes, especially in children and young persons, act like near-sighted eyes. They see well near but not far. Hyper-sighted eyes are all deficient in curvature. *They all can be benefitted by hyper-sighted glasses which are plus spherical glasses.*

It is well to divide hyper-sighted eyes into two separate classes and give each a separate name. Class 1: Hyper-sighted eyes which have 20/20 vision or better. A suitable "Hyper-far-sighted" eyes. Class 2: Hyper-sighted eyes which have less than 20/20 vision -- a suitable term is "Hyper-eyes."

Lesson 15

NEAR-SIGHTED EYES

A near-sighted eye is one that sees objects better when they are nearer than 20 feet from the eyes. Distant objects are, more or less, blurred. In optics, it is called Myopia. It is an eye that, when relaxed and flattened, has more curvature than needed to focus on the retina. The excess curvature brings the farther light rays to a focus before they reach the retina. The light rays then spread out and reach the retina with an imperfect focus, with a blurred focus. In the eye mechanism for near and far vision, being a one-way adjustment, is unable to reduce the curvature. The eye must accept blurred vision for distance.

If the size of the eye is exactly one inch and the curvature of the eye, when fully relaxed or flattened, is 41 optical diopters, it would have 1.00d. too much. It would be a 1.00d. near-sighted eye. If the eye is larger or smaller, it would make no difference. If the eye has 1.00d. more curvature than is required for the right focus, it will be 1.00d. near-sighted, if it has 2.00d. more curvature, it will be 2.00d. near-sighted, if it has 10.00d. excess curvature, it will be 10.00d. near-sighted.

Minus lenses which have minus curvatures neutralize plus curvatures. If the eye has plus 10.00d. more curvature than is needed, a minus 1.00d. lens will take it away. It will neutralize it. The eye, then, will become a neutral eye and will have 20/20 distant vision the same as a neutral eye. If the eyes have 2.00d. too much curvature, a pair of minus 2.00d. glasses will give them 20/20 vision. If a person has 10.00d. too much curvature, which would make him very near-sighted, a pair of minus 10.00 glasses will make him see distant objects as good or almost as good as a neutral eye.

Near-sighted eyes of lower and medium grades are better suited for near-seeing than neutral, normal or perfect eyes. Neutral eyes have a bend 3.00d. at 13 inches where most of near seeing is done. A near-sighted person of 1.00d. at 13 inches, has to bend his eyes only 2.00d. which is 1.00d. less than neutral, normal or perfect eyes. A near-sighted person of 2.00d. bends his eyes only 1.00d. or 2.00d. less than neutral or perfect eyes.

It is advisable for near-sighted eyes of less than 2.00d., especially children, not to use minus glasses for prolonged reading or other sustained near work.

Lesson 14

NEUTRAL EYES (new term)

The neutral eye is one which is neither near-sighted nor hyper-sighted. It is supposed to be, and it is often called, the perfect eye and the normal eye. In optics, it is called "Emmetropia." It is an eye where the curvature of the eye balances with the focus. If the eye is exactly a one inch eye, the curvature will be exactly forty optical diopters. If the eye is smaller than one inch, the curvature will be more. If the eye grows larger, the curvature will become less than forty optical diopters.

The neutral eye, when fully relaxed or flattened, is set to focus distant objects. Rays of light emanating from objects farther than 20 feet are considered to be parallel, and parallel rays or bundles of rays of light will focus on the retina of a neutral eye without change or effort. Should the object be nearer than 20 feet, then a bending of the eyes must take place in order to see objects clearly. Distant vision for neutral eyes is 20/20 (ability to read on a chart, line 20 at 20 foot distance) or better.

At 40 inches from the eyes, neutral eyes have to bend or add 1.00d. of curvature to the eyes. At 20 inches 2.00d. -- at 13 inches, which is the reading distance, neutral eyes have to bend and add 3.00d. of curvature to the eyes. At 10 inches it is 4.00d., at 4 inches it is 10.00 d. At 2 inches, a person with neutral eyes would have to bend and add 20.00d. of curvature to his eyes. A watchmaker's loop, which he wears all day long on one eye, has a plus 20.00d. spherical lens.

A plus lens will blur the distant vision of a neutral eye, but it would reduce the bending of the eyes for near work. At 13 inches, which is the reading distance, neutral eyes wearing plus 1.00 spherical glasses would have to bend their eyes only 2.00d. instead of 3.00d. It would be a big help to a person who has to read a long time. But, for distance he would be able to see much better with the naked eyes. When age sets in and the bending of the eyes becomes difficult, the wearing of a pair of plus 1.00 glasses, for near work, becomes a necessity.

It would do much good and no harm to children or adults who have neutral, perfect and normal eyes, to wear plus spherical glasses up to plus 1.00d. whenever they do sustained and prolonged near work. It would lessen the bending of the eyes in looking near and downward. It would fully relax and stretch the eyes in trying to see far and upward. It would lessen the chances of their eyes becoming poor-sighted, near-sighted and astigmatic.

Lesson 13

THE CURVATURE IN YOUR EYES

The eye is about one inch in size. It is about one inch from the cornea to the retina. To focus one inch takes about 40.00 optical diopters of curvature. This is divided between the cornea and the eye lens. The cornea has about 30 diopters of plus curvature. The eye lens, when it is relaxed or flattened, has about ten diopters of plus curvature.

The curvature of the eye lens is proven by the following facts: When the eye lens is extracted in operations for cataract, it takes about a plus 10 diopter spherical lens, in glasses, to replace it for clear distant vision. It takes about 3.00d. more for reading at 13 inches. It takes a lens of more than 100.00d. for hyper-sighted eyes. It takes a weaker lens for near-sighted eyes. A cataract lens is, ordinarily, a plus 10.00d. spherical lens.

Should the eyes grow bigger, if the growth is natural and symmetrical, it would make no difference for the focus. A larger sphere or a larger eye has less curvature. It would focus on the retina just the same as the one inch eye. Should the eye be smaller it would also make no difference. A smaller sphere or a smaller eye has more curvature to focus nearer.

It is claimed by many authorities that the far-sighted or hyper-sighted eyes are smaller eyes and near-sighted eyes are those which grow bigger. This is a fanciful assumption. *The midgets are not all hyper-sighted and the giants are not all nearsighted. The small birds cannot see farther than the eagle -- the eagle, surely, is not near-sighted.*

The natural size and the natural growth of the eyes should have little to do with being hyper-sighted and becoming near-sighted. *It is the unnatural use and the subsequent unnatural growth which can, and does, make our eyes poor-sighted, near-sighted and astigmatic.*

Note

The optical curvature of our eyes and of lenses are relative curvatures; it is similar to relative humidity.

Lesson 12

THE FOCUS IN YOUR EYES

Like the camera, the eyes have to focus for clear vision. In the camera, the photographer adjusts the camera for different distances. The eyes, likewise, have a mechanism inside the eyes which do the work of the photographer. The mechanism is composed of a plus spherical lens which is flexible. The lens can bend and assume a higher curvature for nearer seeing. It can unbend and, more or less, stretch, for farther seeing.

The eye lens is acted upon and controlled by a muscle which is called the ciliary muscle and also by a process, which is called the ciliary process. The muscle and process contract to give the eyes nearer vision. They relax and, more or less, stretch, for farther vision. The eye lens, the muscle and the process are located inside the eyes. *It is important to emphasize that the mechanism which changes the focus for near and far seeing is located inside the eyes.*

In the optical language, the bending of the eyes for nearer seeing is called "Accommodation." This is a term which is meaningless and misleading. It is meaningless because it gives you no clue as to how or what it does. It is misleading because it assumes and makes one believe that it is effortless. On the contrary, the bending of your eyes for nearer seeing, like the bending of your body, is a work of action. Often it takes lots of effort and consumes lots of energy for nearer seeing.

Unlike the camera, the adjustments of the eyes for far and near seeing is a one-way adjustment. The natural rest position for the eyes is when the mechanism assumes the position of least curvature for the eye lenses, and the least contraction for the ciliaries. This position is a far-away focus position. *Our eyes are unable to see nearer objects clearly without bending and assuming a higher curvature.*

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Lesson 11

THE EYE AND THE CAMERA

The eye is a non-perfect round sphere or ball. It is called an eyeball. It is set in a socket in the bony structure of the skull, below the forehead. In the center of the eye, at the front, there is a slight elevation on the eye which is called the cornea. In the rear of the eye, where the retina is located, there is a slight depression where vision is clearest. Vision is produced by physical, chemical and psychological processes and actions.

In its physical structure and action, the eye is similar to a camera and is controlled by similar rules. The cornea is transparent and, normally, has a plus spherical curvature. It is the rigid lens of the eye which bends rays of light entering the eye. Like the camera, the eye has a shutter to control the light. It is called the iris. It works automatically -- like the camera, it has a film, for forming images, which covers the retina.

The retina is like a flower emerging from the stem. It is composed of innumerable rods and cones emerging from the stem. The stem is composed of a bundle or bundles of nerves which are directly connected to the brain. The stem is called the optic nerve. It is the optic nerve with the rods and cones which is the main factor in seeing.

The eye can see objects only in front and in a limited space. In order to see sideways, without turning the head, the eyes themselves must turn. For turning and moving purposes the eyes are supplied with six sets of muscles. Four of them to turn the eyes inward, outward, upward, and downward. The other two muscles are for oblique and rotation purposes. *It is important to emphasize that the muscles which move the eye for direction are located outside the eye ball.*

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Lesson 17

HYPER-FAR-SIGHTED EYES (new term)

Natural human eyes are not the neutral (normal) eyes, but the hyper-far-sighted eyes. They are eyes with lower curvature and longer focus than neutral eyes, but flexible and active. They are able to see very far and very near. They can see better and clearer at far distances than neutral eyes. They can see more stars in the heavens. They can also see better in the dark. They have to bend their eyes slightly to see ordinary distances. It is this bending action which makes them see better than neutral and perfect eyes.

Nearly all primitive men had hyper-far-sighted eyes. It is admitted by most eye-men that nearly all children today, up to the age of four or five years, have hyper-sighted or long focus eyes. It is in childhood or adolescence that they lose their hyper and become neutral and near-sighted. Sometimes, they also become poor-sighted and astigmatic.

Hyper-far-sighted eyes may well be divided in three grades. The normal or low grade from 0.25d. to 1.25d., the middle grade from 1.50d. up to 3.00d., the higher grade from 3.00d. up to 4.50d. Hyper-sighted eyes of 4.00d. or more seldom can see well at a distance. It is a poor vision eye. It is hyper but not far-sighted. Hyper-sighted eyes of 4.00d. or more can see much better in the dark. In the dark, they can see much better with their naked eyes than with their glasses -- in the dark, they can see better than good eyes.

Nearly all primitive men had and nearly all children now, who are 5 years or younger, have eyes that are about 1.00d. hyper. Primitive man used his eyes mainly for distance, for heavenward and star-gazing. He bent his eyes for nearer seeing at intervals and only for short and momentary durations. Our children of today are compelled to use their eyes for prolonged near-seeing. They are given no chance to relax their eyes for far-distant seeing, nor to stretch their eyes for star-gazing. It is no wonder that many change, during adolescence from being hyper-far-sighted and become poor-sighted or near-sighted and astigmatic.

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Lesson 18

HYPER-EYES (new term)

Hyper-eyes are those hyper-sighted eyes that have poor vision for distance. They have less than 20/20 vision in eye tests. They are mainly of two kinds: the poor vision eyes and the deceptive-vision eyes. The poor vision eyes are mostly older persons who had hyper-far-sighted eyes when younger. They lost the flexibility in their eyes for nearer seeing. They became unable to see clearly at any distance nearer than the stars in the heavens.

Besides age, there are many causes that make hyper-eyes unable to have clear vision even when young. The medium grade hypers of more than 1.25d. may get spoiled because of the excessive use of their eyes for near vision. The higher grades of more than 2.00d. are not suited even for ordinary civilized seeing. They easily get spoiled -- besides, they are susceptible to many ailments in the eyes and in the body.

Before any structural, fluid or any other changes take place in the eyes, poor vision hyper-eyes can have good vision by wearing full strength plus glasses. If spoiled too much they may be able to get only better vision, but not full vision. Often, hyper-eyes are and become deceptive.

Deceptive hyper-eyes are those which imitate and act like near-sighted, or myopic, eyes. Some deceptive eyes are poor vision eyes which are unable to see well, either distance or near-by. But they seem to see a little better nearer than farther. They also seem to get a little better vision from minus glasses instead of plus. Others, especially young children, lose only their distant vision. Like near-sighted eyes they can see well near-by but not far away. Also, like near-sighted eyes, they seem to regain their full distant vision with minus glasses.

These acting near-sighted eyes are really deceptive. There are many variations and they have been given many names. Here are a few: Simple myopia, Progressive myopia, School-myopia, False myopia, Pseudo myopia, Spasm myopia, Acquired myopia, Occupational myopia, Functional myopia, Temporary myopia, Neuro myopia and Postural myopia. In many cases they imitate myopia so well that they cannot be detected by the drops (mydratic) of the oculist or by the complicated testing machinery of the optometrist. *They can be revealed only by the wearing of plus spherical glasses for a certain time.*

If civilized man is to save his natural hyper-far-sighted eyes, he must provide a pair of plus 1.00d. spherical glasses for every child, to be used whenever he has to do prolonged near vision work.

Lesson 19

ASTIGMATISM IN YOUR EYES

Astigmatism is a meaningless term suitable to scare you. It means there is a cylinder curvature in your eyes. Instead of being perfectly spherical in shape they assume, more or less, a cylindrical curvature. Instead of being plus 40.00d. in every direction they have plus 40.00d. up and down which is vertical, and plus 39.50d. sideways which is horizontal. That makes it a plus 0.50d. astigmatism.

Astigmatism is corrected by neutralizing the cylinder in the eye with an opposite cylinder lens. A minus cylinder neutralizes a plus cylinder, and a plus cylinder neutralizes a minus cylinder. The axis of the cylinder must be set in an identical position. If the eye is short on plus we give it a plus cylinder -- if it has too much plus we give it a minus cylinder. The purpose of cylinders is to make the eye spherical. **IT IS THE SPHERICAL EYE WHICH GIVES BEST VISION.**

Astigmatic eyes may well be divided into low grades and high grades -- the low grades are many -- the high grades are few. The low grades, mostly, have good vision with the naked eyes. The high grades, as a rule, have poor vision without glasses. Most low grades of astigmatism are hyper or were spherical hyper eyes. They developed their astigmatism by misusing their eyes in near-seeing. Many children who wear weak minus cylinder glasses would do better if they wore a pair of plus spherical glasses for near-seeing.

There are many expensive instruments to find the exact amount of the cylinder needed, and the exact position of the axis. Unfortunately, in many cases, they are more confusing than revealing. They are especially confusing when minus cylinders are indicated.

Quite often older persons cannot accept or wear cylinders because they seem to distort the vision.

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Lesson 20

AGE IN YOUR EYES

Nearly all persons who have neutral or hyper-far-sighted eyes can see well, both far and near, up to a certain age. They begin to have some eye trouble between the ages of forty and fifty. First the trouble starts in near seeing. They have to push their newspaper or their telephone book farther away in order to see the finer print. Later, it blurs so they can hardly read it, and it takes great effort to read.

In neutral eyes the trouble starts between the ages of 45 to 50, sometimes even later. In hyper-far-sighted eyes it begins between the ages of 40 to 45. Near-sighted eyes of minus 3.00 or more, who wear no glasses, have no near vision trouble when they get old.

It is the loss of flexibility in the bending apparatus or ciliary mechanism of your eyes that is the cause of the trouble. You can not bend your eyes for nearer seeing as well as you could when you were younger. To see at 13 inches neutral eyes have to bend 3.00d. and at 20 inches only 2.00d. That is why you can see better holding your newspaper farther away. If you get pair of plus 1.00 glasses, you have to bend your eyes only 2.00d. Again, you can see well at 13 inches. The plus 1.00 glasses make your eyes 1.00d. near-sighted and blur the distant vision.

Between the ages of 50 and 60, you lose more bending ability. Again you have to hold your near work farther away and again it begins to blur. You get a pair of plus 2.00d. glasses and again you can see well at 13 inches. Between the ages of 60 and 70 you may lose all your bending ability and you may have to get a pair of plus 3.00d. glasses to see tiny objects nearby. The distant vision of neutral eyes seldom fails. You are old. You cannot see to read without glasses, but for distant seeing you can see well with your naked eyes.

It is different with hyper or hyper-far-sighted eyes. Signs of trouble begin in the early forties and sometimes sooner. First the blur is noticed in near work, but sooner or later, the distant vision also begins to blur. Hyper-far-sighted persons have to bend their eyes even for distant seeing. When a person gets older he loses that bending ability. The vision begins to blur and there is much effort even in distant seeing. A pair of plus 1.00 glasses for distant seeing will, in most cases, make him see well again and also relieve the strain on the eyes. For near-seeing, hyper-sighted eyes have to add more plus to their distant glasses. A pair of bi-focal glasses will make him see both, far and near.

Why Eyeglasses Are Harmful For Children And Young People

by *Joseph J. Kennebeck, O.D.*



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See the [corrections page](#) for editorial changes.

Hate those glass windows: A person who wears glasses "even though he doesn't need them," needs them. He hides behind the glasses in a variety of ways. They make him feel intellectual, or they may cover dark circles or wrinkles -- or they may provide just the measure of separation he needs from himself and the next fellow. -- Ann Landers

"The man with a new idea is a crank until his idea succeeds." -- Mark Twain

It's easy to be misled into thinking a man has good, strong facial features when all he really has is a pair of large super-dark spectacle frames. -- *The Cristian*, Aug. 6, 1967

PREFACE

I have practiced optometric eyework for over fifty years. During the first ten years of my practice, I did as I had been taught to do, prescribing glasses for all cases of children and young people who came before me.

Some forty years ago I discovered the key, or clue, to what I call my own theory and method for helping eyes. We should have had this a hundred years ago, instead of what we have had. I studied it for over a year, and used it only on my own eyes until I was sure it was right, and that the old theory of wearing glasses was wrong. I had to turn from prejudice in favor of glasses to prejudice against glasses. I became bitter against that which I had been taught, and lamented the ten years I had lost in prescribing unscientific glasses for innocent and unsuspecting children and young people. If I had only used my head, I would have discovered the cause of their refractive eye troubles sooner, and how to prevent, improve, or cure them without glasses. But I was so brainwashed with the old tradition of using glasses that I had a hard time convincing myself to turn against that old tradition. Now I find that it is even harder to convince the masses against glasses.

Over the past forty years, while I have handled thousands of cases successfully, giving improvement or cure, this is only a handful compared to the masses who wear glasses. The results in the thousands of cases I have handled have proven to me that my theory and method is right, and that the old tradition of wearing glasses is wrong. However, proving it to myself is one thing, and proving it to the world is another.

I have found that the world *wants* to believe in glasses, as a supposed panacea for the refractive eye troubles of children and young people, just as they believe in God, and that one who raises his voice against glasses is regarded with suspicion, doubt, indifference and contempt. It was as if some of the eyeglasses wearers knew more about eyes and glasses than I did. In their loyalty to the old tradition of glasses, they would fight to the last ditch to save face and not be proven wrong.

In the face of much opposition, I have persevered alone in my private practice, with success, in spite of such opposition. While there was nowhere to turn to convince the world against glasses for children and young people, I was able to convince practically every individual case that came to me. However, I will never be satisfied until I have found a way to convince the world.

This book is intended for the benefit of young children mostly, who are the victims of glasses. It is written for their elders - young people, parents, teachers, nurses, and school nurses, eyemen, schools of eyework, and all concerned who are the guardians of these children. They are the ones who will have to read it, understand what I have to say, and do something about it. Until this is done, there is no hope for the future welfare of the eyes of the present and future generations of children and young people, who will be forced to resort to glasses.

My writings are based on my own studies and experiences of fifty years, covering thousands of cases, without references, bibliographies, or the documentation of others. Unless one has watched cases as I have, over a long period of time, he cannot know what the eyes can do without glasses, and what can be done otherwise. I was never interested or impressed by articles that "quote-unquote" writings of others, with many references, bibliographies, or documentations. I have already read most of them, and I see no reason for reading them again and again in articles written by others who had little or nothing else to say. Let's leave them for students to make a thesis. I am now interested only in helping eyes, in a way that we should have followed years ago.

Be it known that I am not a follower of any other method. My theory and method is my own, and is not to be confused with any other method. However, I do give credit to another method which, before mine, declared that glasses were ruining the eyes of those who wear them. While I now agree that this is true, I am mostly concerned with the eyes of children and young people under the age of thirty-five. Older people will have to resort to glasses; it is too late for them to respond to corrective measures. But it is never too late to do something for the eyes of children and young people under my theory and method.

J. J. Kennebeck, O.D.

CHAPTER I

BASIC EYE PROBLEMS

This book will attempt to bring out and expose the causes of refractive and muscular eye troubles, pains, strains, and headaches, in cases of children and young people, and why glasses and contact lenses are not scientifically correct for them. If this can be done, then it will prove that all schools of eyework, all eyemen, including myself, and millions of eyeglass wearers have been wrong in what they have been doing and have believed in for many years. I was guilty for ten years.

Human eyes are doing so badly with glasses that they could not do worse without them. It may seem that it is just the other way, but nothing in the healing art could appear so right and be so wrong as glasses, as the supposed remedy for refractive eye troubles.

Let us forget about glasses and contact lenses long enough to consider what I have to say. We will start all over, right from the cradle. I will try to write this in plain language that the average person can understand.

I will be mentioning circular ciliary muscles, accommodation, and dynamic skiametry. For those who may not know what they are, the circular ciliary muscles are the muscles of accommodation of the human eye; accommodation is the focusing of human eyes at all distances from far to near; dynamic skiametry is the use of what is known as the retinoscope to look into the eyes at a distance of thirteen inches, the patient looking at the examiner's nose, then his forehead, then his left ear, then his chin, and back to the nose, to determine the refractive status of the transparent media of the patient's eyes. There is another version of skiametry known as static skiametry. It is done at a distance of twenty-six inches, while the patient looks at what would be twenty feet. It does not uncover that which dynamic skiametry uncovers. Therefore, I use dynamic skiametry exclusively to determine the refractive status of the transparent media of human eyes, which cannot be determined by static skiametry.

All are born with more or less weak, undeveloped circular ciliary muscles of human eyes. Optically speaking this weakness is known as plus 2.00 to plus 8.00 diopters in dynamic skiametry findings, commonly known as farsightedness. Some are born cross-eyed, caused by the same findings, in one eye or both, but mostly in both.

As the child develops, the plus dynamic skiametry findings will develop toward normal, or less plus, by the natural use of the eyes. This means that the circular ciliary muscles of the eyes will develop toward normal as they grow older, which is natural and expected, if left alone.

By the time the child is five years old, his eyes will have about half as much dynamic skiametry findings

as he had when born. By the time the child is ten years old, his eyes will have about half as much plus dynamic skiametry findings as he had at age five years, and so on as he goes through life. If left alone up to the time when his circular ciliary muscles and dynamic skiametry findings are normal, or near normal, many cross-eyes would be straightened. For the few that may not develop fast and far enough, or may over-develop, and the cross-eyes that may not straighten quickly enough, there are corrective measures. These can only be determined after an examination under the proper theory and method.

Most eyes can go through life, or at least up to age forty, without glasses, providing they were used right from the cradle. If some do not, these used their eyes wrong, and glasses are not the remedy, regardless of what type of refractive or muscular eye trouble they might have, caused by what they did wrong.

Before going into real refractive eye troubles, let us take up astigmatism and muscular imbalances, so that the finger can then be put on the cause of real refractive eye troubles.

Let us ignore and make little of astigmatism, instead of making a big case of it. Astigmatism will also tend to grow normal, if let alone, as one grows older. Making a big thing of astigmatism is making little of the real refractive eye trouble. Everyone can get along and see in their way through astigmatism over a period of time, as their circular ciliary muscles develop by the natural use of their eyes. As they grow older, if left alone, the eyes will round out, and the astigmatism will disappear.

Those who talk the most about their astigmatism, usually have only a slight case or none at all. They were horrified when they were told they had it. It sounded like they had some kind of a twist in the eyes, or a disease. They take the glasses and wear them faithfully from then on, telling everyone they meet that they have astigmatism, as if glasses improved or cured it. They don't know what it is, but they have it because the eyemen said so. Many eyemen know that when they tell a patient that he has astigmatism there will be no questions asked, and that the patient will take the glasses without argument.

Astigmatism is no more than a slight off-shape of the eyeball, due to lack of internal tone and pressure, allowing the eyeball to sag out of round in its socket. It amounts to little or nothing, and should be ignored in most cases. However, there is one type of astigmatism that might be classified as real. These cases are few and far between, compared to ordinary astigmatism. It is called structural astigmatism, of a more or less high degree, up to five diopters, rarely more. It could be due partly to sectional accommodation of the circular ciliary muscles. However, if left alone it, too, will tend toward normalcy over a period of time. If glasses are prescribed and worn, it will become permanent.

There are five kinds of astigmatism: plain farsighted, compound farsighted, mixed, plain nearsighted and compound nearsighted. The last three were formerly the first two. They changed from the first two, just the same as plus (farsightedness) changes into minus (nearsightedness); this will be explained under the heading of the cause of farsightedness and nearsightedness.

Like astigmatism, let us test for, record, and then ignore any and all muscular imbalances. They are the result of and caused by the off-normal circular ciliary muscles. As the circular ciliary muscles improve

over a period of time, by the natural use of the eyes as they grow older, the muscular imbalances will improve and tend toward normal if left alone.

The circular ciliary muscles are the opposing muscles of the four extrinsic muscles. When the circular ciliary muscles are weak and undeveloped, the nerve force they do not get goes into one of the extrinsic muscles, causing it to over-contract, which in turn causes the muscular imbalance. As the circular ciliary muscles develop, taking up more and more nerve force, the nerve force is taken away from the over-contracted extrinsic muscle which is getting too much, allowing the muscular imbalance to improve or disappear. A one-eyed person has no extrinsic muscular problem. He can have only a circular ciliary muscle problem.

So let us ignore astigmatism and muscular imbalance, and blame all refractive eye troubles on the circular ciliary muscles.

If the circular ciliary muscles and the subjective tests are normal, there is no eye problem. If there is an eye problem, it has to be the fault of the circular ciliary muscles. It is nothing else. It could not be any other part of the human eye. The circular ciliary muscles are the key to any and all refractive eye troubles. To know the circular ciliary muscles is to know the cause of eye problems. The only exception might be amblyopia, which is the fault of the retina, optic nerve, or visual centers of the brain. Amblyopia means a dullness of vision that no lens will improve. It is not the fault of the ciliary muscles; therefore it is useless to try to fit a lens to an amblyopic eye. However, my corrective measures might improve amblyopia better than any other way.

To cite one case of amblyopia, or sub-normal vision, in both eyes: (Usually amblyopia is found only in one eye.) This case was a Miss W., age eleven; visual acuity was 20/70 poor in each eye. Dynamic skiametry was plus 4.00. She read only #6 type poorly at close range. In the Subjective (chart) test, no lenses would improve visual acuity. Esophoria, which was difficult to get, was 4 degrees at 13 inches, and 8 degrees at 20 feet. This case had been examined by several other eyemen, who could do nothing for her eyes. According to my theory and method, I ignored the esophoria, and no glasses were prescribed for wear. I gave corrective measures for the dynamic skiametry findings alone; nothing else. Checkups were made every two weeks for some time, showing no improvement in visual acuity. She seemed to have little trouble in school. However, we persevered, having the full cooperation from the patient and parents. We continued the corrective measures for the dynamic skiametry findings, when suddenly her visual acuity improved to 20/40, and two weeks later, to 20/20. Her dynamic skiametry findings improved from plus 4.00, to much less plus. I did not bother to take the muscular test.

This case had another affliction, that of sloughing or peeling of the skin of both hands and both feet. She had been to dermatology clinics for this, and her case was shown at medical meetings and conventions. I did not know whether or not there was any connection between this condition and her amblyopia. It seemed that dermatologists could do nothing for her. However, her amblyopia did finally respond to my corrective measures, but it took perseverance and full cooperation.

Dynamic skiametry is the key test of the circular ciliary muscles, along with the subjective (chart) test being the key test of the visual acuity. These two tests are the keys to all eye problems. Of the two key tests, the dynamic skiametry test is the most important to know, as it can be used even on an infant, or an illiterate who cannot have a subjective test or a muscular balance test. Without the dynamic skiametry key test, one could not know the eye problem. Static skiametry will not reveal the latent circular ciliary condition. Unless one is expert in determining dynamic skiametry tests, he cannot know the deep-seated fault of the circular ciliary muscles.

Dynamic skiametry tests should be done at thirteen inches from the patient, with the patient (if old enough) first looking at the examiner's nose, then his forehead, then his left ear, then his chin, and back to his nose. In this way, the examiner can test at several angles, through the transparent media of the eyes, to ascertain the dynamic skiametry findings, neutralizing them by turning lenses in the phoropter to measure the latent error. If the child patient is not old enough, the examiner can proceed as above, as the child's eyes wander around, watching the examiner, and the examiner can estimate the plus dynamic skiametry findings.

Since children who are too young, or illiterates cannot undergo a subjective test, they should be left alone rather than fitted or misfitted with wrong glasses. Skiametry findings alone are not enough to prescribe glasses for them. It's the poorest kind of guesswork. However, children will wear whatever is prescribed for them, whether the glasses are right or wrong. They love the novelty of the glasses; they even want to sleep with them on. Because of this, it looks like the glasses are a perfect fit, that the eyeman did a good job, and all seems well. The eyes conform to the wrong lenses, becoming what the glasses make them, and that is anything but good. They would all be better off if left alone while their eyes are in the process of developing toward normalcy. Usually the lenses are more or less high plus, which retards or stops natural development. It would be worse than the plus lenses if the examiner were foolish enough to guess at and prescribe minus (nearsighted) lenses, for a patient at such a young age. We all know what we have been doing for them; I say it is wrong, and I would like to put a stop to it.

Along with the dynamic skiametry findings, and, if possible, the subjective test, we should know the symptoms - whether they say they can't see, they see double, print runs together, they have pains, strains, or headaches, etc., or they feigning eye trouble just to get a pair of glasses, or malingering, or not doing well in school. Heretofore all such symptoms ended up with a pair of glasses as a supposed panacea for eyes, which they are not.

Let us analyze the symptoms, expose the cause, and then analyze why glasses are not scientifically correct for them. Regardless of the refractive eye condition, the dynamic skiametry findings, or the subjective test, they brought on their own symptoms by misuse and abuse of their eyes in any and all close work, such as reading too much, often with head in hands, on their elbows, on the stomach, on the floor, or reading prayer books the way they do in church; by writing, drawing, sketching, coloring, comics, girls crocheting, knitting, sewing, cutting out paper dolls, boys making model airplanes, cars, boats, keeping stamps and coins, picking at their fingers, etc. All of these were done the wrong way, the hard way-too hard, too close, too long, without looking up and away. In short, they caused their symptoms themselves. If they had not done any of the things mentioned above, there would be no eye

troubles and therefore no glasses. If there are eye troubles, they did too much of what I just outlined.

Some go nearsighted just from having tried on someone else's glasses foolishly, to see if he could see with them. Depending on the strength of someone else's lenses, and how long he left them on, it could happen that quickly. No one should ever try on someone else's glasses for any reason. After even the slightest nearsightedness is once acquired, such cases should never look through binoculars, opera glasses, field glasses, or telescopes. They are worse than glasses. But it seems that these cases will do too much of the very things they should not do, and then wonder why their nearsightedness gets so bad, so quickly.

Because of what they did, they will have to pay for it by getting worse with glasses, or getting better quickly or slowly without glasses. They need discipline in the use of their eyes, in any and all close work, and corrective measures are necessary for those who might need help. Many will improve by themselves, if they will stop that which caused the eye trouble. Over a period of time they could become normal. Again I would say that they caused their own symptoms by the misuse and abuse of their eyes, in any and all close work, and that glasses are not their remedy. There are no exceptional cases where glasses might seem to be the remedy.

Cross-eyes, called esotropia, should be classified in a category of their own. They do not necessarily cause it themselves. They are afflicted with it, in most cases. Practically all cases I have had had a high diopter plus 4.00 to plus 8.00 dynamic skiametry findings, meaning weakness of the circular ciliary muscles, making for an over-contracted internal extrinsic muscle. In other words, what nerve force the circular ciliary muscles did not get got "off the track" into the internal extrinsic muscles, over-contracting them and causing the eyes to cross. Some cases-not all-have been made to look straight with high plus glasses for wear, which I say was a poor straightening. The high plus lenses not only prevented circular ciliary muscle development that would have taken place in time, if left alone, but paralyzed the action of the circular ciliary muscles. I did that myself for ten years, until I discovered it was wrong and unscientific. Just how it made some eyes look straight with glasses on I'll never know, and I don't think anyone else knows. However, during forty years of my theory and method for cross-eyes I used an entirely different procedure, without using glasses, developing the circular ciliary muscles toward normal and straightening the eyes, at the same time, in a number of cases. Some straightened at once and others took a little longer. However, all had to continue my corrective measures for some time thereafter, in order to continue the further development of the circular ciliary muscles that caused the cross-eyes in the first place. I have straightened some cases even after one, two, or three operations had failed. In an operation (tenotomy) for cross-eyes, there is a high percentage of risk and failure. In fact, they have to wear high plus glasses thereafter to try to hold the eyes straight. We can do better than that. I found out that practically all cross-eyed cases are the same, and practically all call for and respond to the same procedure, under my theory and method. Cross-eyed cases can be left alone, to watch and wait for improvement, or if eyemen think they must prescribe some kind of glasses, he could prescribe weak mild plus one lenses for wear, not high plus, as they would have ordinarily done before.

The "patch over one eye" system, used in some cross-eye cases and also in amblyopia, is a feeble effort that can do little if any good, especially in cases of cross-eyes. It stands to reason, that the minute a patch

is put on the good eye of a cross-eyed case, there is no incentive for the eyes to straighten. In fact, it retards straightening. I discarded the use of a patch forty years ago as not being a true scientific effort. Even under the old theory of cross-eyes, or amblyopia, a powerful plus lens over the good eye would do better than a patch. The patch is used for want and need of a better procedure. The same goes for prescribing of more or less strong plus lenses for wear in cases of cross-eyes. The straightening of cross-eyes, with more or less strong plus lenses for wear, if they do make the eyes look straight with glasses on, is a poor straightening, and accomplished at the expense of stopping the development of the circular ciliary muscles. Any other method would be better than that or the patch over one eye.

Following are eight outstanding cases of cross-eyes, picked at random, ones that I remember well; ages are from seven to seventeen years. All are 100 per cent improvement cases, where the eyes not only were straightened, but the high plus refraction was made normal without glasses. All wore high plus glasses for some time before coming to me, and the eyes were crossed, with and without their glasses. All were cured under my theory and method of corrective measures. As said before, while some cases straightened in the first visit, and others in a short time, all had to continue the corrective measures long enough to improve or cure the plus refraction which caused the eyes to cross in the first place.

For the record, the names were John D. (age 16); Mary D. (age 17); Georgette L. (age 17); Cynthia B. (age 7); Beachy M. (age 16); Tom J. Jr. (age 14); John G. (age 15); and Richard O. (age 7). I have many other cases to my credit. They were all the same type of case. But if I did no more than what I did for the above eight cases, it was positive proof to me that my theory and method was correct, and that glasses were wrong for them. There's a long story attached to each one of them - too long to go into here.

In my forty years of practice, under my own theory and method, I have had only one or two cases of cross-eyes that were not like all the rest. Most cases showed high plus dynamic skiametry and subjective findings, along with the cross-eyes. The results I have had without glasses and with my corrective measures-borders on accomplishing the impossible.

The first case of cross-eyes I tackled with my own theory and method of corrective measures, was John D., age 16. His eyes straightened in the first visit, after being crossed for some sixteen years. It proved to me that my theory and method was right. Subsequent cases further proved to me that it takes more than glasses can ever do for any case of cross-eyes, to accomplish what can and, should be done. (Be it understood that I had already handled other types of cases successfully.)

If I told here and now what I do in corrective measures under my theory and method for cross-eyes and other types of cases, too many eyemen would laugh in my face and ridicule me to save their face, and not be proven wrong for what they have been doing all these years. They would declare that they knew it all the time, when their records will show otherwise, and that they did not know it all the time. That is why I say that corrective measures can be determined only after an examination under the proper theory and method. I feel that I am sticking my neck out far enough by making known my feelings against glasses for children and young people, without disclosing what I do or use in corrective measures, other than glasses for wear, for them. I am exposing my hand this much. If the masses of children and young people

will take the first step and do what I have said, all will begin to improve or cure, even without corrective measures. This means that the children and young people will have to do the best they can by stopping their bad eye habits in any and all close work, by never resorting to glasses in the first place, and discarding the glasses already worn. If they will not do that much, corrective measures will be useless.

(Schools of eyework and eyemen can draw their own conclusions of what my corrective measures might be from what I have had to say, or they can contact me for the information. However, if they choose to contact me for the information they will have to admit, in their request for it and over their signature, that they agree with what I have had to say. If too few apply for the information, this offer will be withdrawn.)

It may seem that glasses can do only good and not harm, but the fact is that glasses can do only harm and not good for them, all arguments to the contrary notwithstanding. If all glasses were kept off or taken away from all children and young people who wear them, all would begin to improve. Not one would be hurt, go blind, or even half-blind, and all would be better off in the long run. There is no halfway measure. It must be all the way-glasses off. If one wears glasses part-time, he must grow worse. If one does not want to grow worse, he must give up glasses for all time.

Through a twist or blur in the vision, or any symptoms of pains, strains, or headaches which they caused themselves, they will become glasses conscious and resort to glasses. Then they will keep up their bad eye habits, in any and all close work, with the use of glasses. Soon-in a year or so-the same symptoms appear, this time with the glasses on, and they will be told they need a change of lenses. This goes on and on thereafter, as the eyes grow worse. If they had been disciplined in the use of their eyes and no glasses prescribed in the first place, this would not have happened.

Those who wear glasses for pains, strains, or headaches, soon have them again with the glasses, and they are the biggest users of headache powders. Headaches come from many things, such as exposure to fumes of fresh paint, varnish oils or gases, indigestion, gastritis, etc. Certainly glasses are not the remedy for these causes of headaches, but too many put on their first glasses because of such headaches. Whole families have put on glasses because of paint and varnish fumes while redecorating inside the home, wearing the glasses forever after. The eyeman should have traced the cause of the headaches to the fumes, and not to the supposed need of glasses. Headaches caused by fumes can last for some time, even after the fumes are cleared. But after getting unnecessary glasses and the fumes clear, the headaches are no more, and credit is given to the glasses. They continue to wear the glasses for fear of the return of the headaches.

All glasses are fitted, by all eyemen, in all cases, at twenty feet or its equivalent. Twenty feet is only one point where eyes look, from near to far, in all directions. Particularly in myopia, there is no lens that can be made to scientifically fit the eyes to all other distances. No one uses his eyes at a distance of exactly twenty feet all the time.

Glasses fitted at twenty feet are harmful and habit-forming at twenty feet and beyond. Few, if any, use

their eyes beyond twenty feet as much as they do inside of twenty feet. Inside of twenty feet the glasses are many times worse. Glasses are wrong at every foot inside of twenty feet. At ten feet the glasses are *twice wrong*; at five feet they are *four times* wrong; at one foot, they are *twenty times wrong*. This is arrived at by dividing the distance eyes look into twenty feet, to determine how many times the glasses are wrong. This is the reason why glasses are not scientifically correct, and this reason alone should turn the masses against glasses. (This does not apply to cases after cataract removal.)

There are those who would try to discredit me, to save face and not to be proven wrong for what they have been doing all these years, loudly proclaiming that eyes will compensate through glasses made for twenty feet to see at all other distances. That is true as long as they are young enough to do it. I always knew that. But I must warn you, eyes cannot compensate through glasses made for twenty feet for all other distances, **WITHOUT BEING HURT**. This is why and where glasses fall down. This is what brings on the progressiveness of myopia, which could have been prevented if the glasses had never been prescribed or worn.

There are those who know that the above is true, who will prescribe bifocals, which is a feeble effort which can do little or no good. They know that myopic lenses, fitted for twenty feet, are too strong for close work. What they do not seem to realize is that there are nineteen other feet, inside of the twenty feet, where the myopic lenses are too strong. Besides, children and young people do not like bifocals, and will not bother to look through the bifocal part for close work, looking over the bifocals most of the time. Myopic cases continue to progress, in spite of the bifocals.

There have been many articles in our eye journals expressing concern about the cause of myopia (nearsightedness) of children and young people, and what to do about it. It is something to be concerned about; it has gone too far and gotten out of control, using the old tradition of glasses as a remedy. Old-timers in the optical supply business remember, and agree, that up to twenty-five years ago their stock of already ground but uncut lenses was mostly farsighted lenses. Today, most of their stock is nearsighted lenses. Today, most of the prescriptions for glasses for children and young people, whether ready-made, or specially ground, are of the nearsighted variety. Today, making children and young people see with nearsighted glasses is considered to be not only a skill but an art, when, in fact it is placing too much confidence in glasses on the part of the one who does the examining and prescribing, and the gullibility of those concerned, the ones for whom the glasses were prescribed.

While the articles in our eye journals are more or less alike, one recent article concerns itself in great detail as to whether nearsightedness grows progressively worse faster or slower with single vision or bifocal nearsighted lenses. Nearsightedness grows progressively worse with either or both. The writers seem to think that they must allow the patients to see clearly, with nearsighted glasses, while at the same time trying to prevent progression. This cannot be done. But such articles do show that some eyemen are concerned about the progression of myopia in cases of children and young people. None of them advocate, as I do, deliberately removing glasses for everything and anything, and disciplining them in the use of their eyes in any and all close work, which was and always will be the cause of their nearsightedness.

Progression of myopia cannot be stopped as long as the patients are allowed to wear nearsighted glasses (single vision or bifocals), at any time. It can be stopped, and the myopia can be improved or cured, by not allowing that just mentioned, and by disciplining them in the use of their eyes in any and all close work. Let those concerned think about that for a while. Parents can do that much themselves, without even consulting an eyeman. The parents should watch and wait for the nearsightedness to improve or cure itself over a period of time.

There is another scientific reason why nearsighted glasses, in particular, are unscientific and wrong for children and young people. We all know, or should know, that normal eyes accommodate three diopters of power to read at thirteen inches, relaxing to a state of rest when looking up and away; not so with nearsighted eyes and glasses. Nearsighted eyes have to over-accommodate through nearsighted glasses to read at thirteen inches, as compared to normal eyes. Their over-accommodation adds up to the nearsighted lens power they wear for distance, say for example minus three diopters, plus the same three diopters that normal eyes use to see at thirteen inches, which makes six diopters of accommodation used by such nearsighted eyes through nearsighted glasses. In cases where the eyes are six diopters nearsighted, they use nine diopters to read, and so on, whereas normal eyes only use three diopters to read. Such reasoning applies to all other distances inside of twenty feet.

Just as misuse and abuse of the eyes, or over-accommodation, in any and all close work, causes the nearsightedness in the first place, such terrific over-accommodation through nearsighted glasses, causes the increased progressive nearsightedness in the second place. Part or all of such over-accommodating locks the refractive media of the eyes into more and more nearsightedness, or over-convexity of the eyeballs. Children and young people can see through nearsighted glasses, at all distances, as long as they are young enough to do it, but the nearsighted lenses will prevent improvement of the nearsightedness. In other words, nearsighted glasses and also farsighted glasses will create more of the same problem for which the lenses were prescribed and worn. If left alone, without glasses, and the bad eye habits in all close work were stopped, the eyes would return towards normal.

Under the old tradition of prescribing glasses for the eyes, the same eyeman who will harness up the accommodation with the strongest plus lenses the eye will take in hyperopic or farsighted cases, will prescribe minus lenses that will force the eyes into over-accommodation in nearsighted eyes. This does not make scientific sense. If accommodating is supposed to be bad for farsighted eyes, it is worse for nearsighted eyes. We should allow farsighted eyes to accommodate to see and overcome their own weakness, developing toward normal over a period of time, and we should prevent nearsighted eyes from over-accommodating, relaxing the circular ciliary muscles toward normalcy over a period of time, both without glasses. Therefore, prescribing plus or minus lenses in cases of children and young people is doing worse than doing nothing for them, regardless of the type of case, or whether or not there is a better method for them.

CHAPTER II

WHY WEAR GLASSES?

No one is blind without glasses. Anyone who can see with glasses can also see, in a way, without them, at least well enough to get along until his eyes improve. Only the blind ARE blind, and they cannot see even with glasses. Too many of them are blind from wearing glasses. Let it be understood that nearsighted eyes can do close work easily without glasses.

The severe cases of today were the mild cases of yesterday, just as the mild cases of today will be the severe cases of tomorrow, from wearing glasses. There are eye troubles—that is true—but no one is so bad in the beginning that he has to resort to glasses and wear them as he does, to supposedly see with or to supposedly save his eyes. One might be able to see with glasses until they need changing, but the glasses will not save his eyes. Of course if one does not live very long, it makes little or no difference if he wears glasses, but no one knows how long one will live. If one lives to a ripe old age, he will have the poorest eyes, at middle age and past, if he wore glasses before. Therefore, one must fight off glasses at a younger age to have the best eyes at an older age. One cannot wait until it is too late to do it. No one would be hurt by fighting off glasses, as much as all are hurt who resort to glasses.

Loyalty to the old tradition of glasses is widespread, and practically universal. As said before, all must save face and not be proven wrong in what all have believed in throughout the years. If all were as loyal and true to their eyes as they are to glasses, all would be better off in the long run. But all have more confidence in glasses, and less confidence in their eyes; too bad. Those who wear glasses think that they are wiser than those who do not, and will not wear them. Why be so loyal to glasses, when glasses are not loyal to eyes?

To know more about lenses is to better understand what they are. There are spheres, cylinders, and prism lenses. It has been said that a prism is not a lens. The fact is that all lenses are prisms, pure and simple. Spheres and cylinders are prisms to the circular ciliary muscles, just the same as prisms are prisms to the extrinsic muscles. The spherical lenses are cone-shaped prisms, having a curvature. The curvature is there to make them useful as lenses. Without the curvature, they would be useless. The cylindrical lenses are V-shaped split prisms, having a curvature for the same purpose as for spheres. Plus spherical and cylindrical lenses for wear kill the action of the circular ciliary muscles. Minus spherical and cylindrical lenses, for wear, over-develop the circular ciliary muscles. If left alone, without glasses, the circular ciliary muscles would tend toward normal.

With plus or minus glasses, the circular ciliary muscles will tend to grow farther and farther away from normal. Plus lenses are sedatives to the circular ciliary muscles of farsighted eyes that are in need of a stimulant, or development. Minus lenses are a stimulant to the circular ciliary muscles of nearsighted

eyes that are in need of a sedative, relaxation, or underdevelopment. In other words, the circular ciliary muscles of farsighted eyes need building up, while the circular ciliary muscles of nearsighted eyes need toning down. Either or both will do that, over a period of time, if left alone. The wearing of glasses, for either or both, does just the opposite.

Prisms are rarely fitted for wear, for muscular imbalance, for obvious reasons. The muscular imbalance could never improve, and would only worsen, with prisms for wear. Certainly no eyeman would fit powerful base out prisms for esotropia, or cross-eyes. Every effort would be made to straighten cross-eyes, in some way, without prisms for wear. Therefore, if one would not prescribe base out prisms for cross-eyes, he should not prescribe prisms for wear, or for any other muscular imbalance, tropia or phoria. Patients will have to live with whatever muscular imbalance they have without prisms for wear. In severe cases of vertical or horizontal imbalance, causing double vision, the patient will have to close one eye, when necessary, until the imbalance improves itself, or be improved by corrective measures, or both.

Since spherical and cylindrical lenses are also prisms, particularly to the circular ciliary muscles, by the same token they should not be prescribed for wear. With them, the circular ciliary muscles could never improve, and would only grow worse. It stands to reason that the circular ciliary muscles could never get better with plus or minus spherical and cylindrical glasses for wear. They have to grow worse. They would get better and not worse without spherical and cylindrical prism lenses. It can be no other way.

In orthoptics, or so-called vision training, one tries to improve the muscular imbalance, usually using prisms, base opposite that found in the eye examination, to supposedly build up the ductions. Since muscular imbalances are the result of, and caused by, off-normal ciliary muscles, this is a waste of time, and an unscientific procedure; treating a condition, and not the cause. Therefore, prisms are only useful in the eye examination to measure the muscular imbalance; they are useless otherwise. We should test for, record, and know the muscular imbalance, and then ignore it. Then if we do not prescribe plus or minus spherical and cylindrical prism lenses for wear, the circular ciliary muscles and the muscular imbalance will improve over a period of time, and especially if we stop our bad eye habits.

Previously I tried to show that the plus found in the eyes through dynamic skiametry, in infancy, will grow toward normal through the natural use of the eyes as they grow older, if left alone and without glasses. This is providing the eyes were used right, and all children and young people should be taught how to use their eyes right, and how not to use them wrong. However, some are bound to use their eyes wrong. In doing so, by using their eyes the hard way-too hard, too close, too long, without looking up and away-some over develop through the normal into myopia, or nearsightedness. Large pupils, pains, strains, and headaches are the first signs of one going to over-develop this way. As of today, this happens to over ten out of a hundred children and young people. Twenty-five years ago it was only a few per thousand. This is because the children and young people of today use their eyes harder, in much more close work, than they did twenty-five years ago. The way they are going today, if something is not done to stop it the score will be up to fifty or more in each hundred going nearsighted, in years to come. What is necessary is to discipline all children and young people in the use of their eyes as previously described, and never, never allow them to resort to glasses. Those who develop nearsightedness in spite of all

precautions, should be forced to do the best they can with their eyes, without glasses, regardless of the diopter or degree of the nearsightedness. Resorting to glasses will multiply it progressively.

Only children and young people are stricken with nearsightedness. Once they are stricken with even a quarter of one diopter, they are subject to it for some time to come thereafter. However, most cases are stricken with one to three diopters before it is discovered. All will go progressive if bad eye habits are not stopped, and glasses are resorted to, or both. There is no end to its progression; up to and past the age of forty, into ten, twenty, or even thirty diopters of nearsightedness.

Farsightedness is not bad or good, compared to nearsightedness. Nearsightedness is mean, dangerous, and treacherous. It is the worst refractive eye trouble that can happen to children and young people, the worst condition that eyemen have to deal with and for the patient to have. As said before, it is over-developed, over-contracted, circular ciliary muscles. It is an eyeball locked into nearsightedness, with a strong tendency to lock more and more, tighter and tighter, circular ciliary muscles. Adults are not as subject to it, but if an adult is foolish enough to use his eyes as children and young people do, and did not go nearsighted at a young age, possibly one in 500 or 1000 could go nearsighted at an older age. Then they would go progressive from there. But it is children and young people we should be most concerned about. If we can prevent them from going nearsighted, there will be few if any adults thereafter going nearsighted.

There are those who will try to discredit me, who will declare and insist that one is born nearsighted, that it is hereditary, and that the eyeballs are too long. Even if that were so, glasses are not the scientific remedy. But it is not so. As said before, no one can be born nearsighted, any more than one can be born with false teeth or a wooden leg. Infants might acquire nearsightedness from sucking their thumb or fingers, but they are not born with it. It is not hereditary. It would make no difference if the parents, grandparents, uncles, or aunts, were or were not nearsighted. Each and every one who is nearsighted had to acquire it himself. There are parents having normal eyes whose children might be nearsighted, and there are nearsighted parents whose children's eyes are normal or farsighted. One might inherit the traits that cause nearsightedness, but not the nearsightedness. Only farsightedness, or weak circular ciliary muscles, can be hereditary.

As for nearsighted eyes being too long, they could not be as long in the eye socket as they would have to be in a more or less high diopter of nearsightedness; neither could a farsighted eye be as short in its socket as it would have to be in a more or less high diopter of farsightedness. Nearsightedness is too much convexity, or refractive power, of the eyes, while farsightedness is too little convexity, or refractive power, of the eyes. For the sake of argument, let us suppose that one was born with one diopter of nearsightedness, and glasses are prescribed as a remedy. Since all grow worse with glasses, as explained previously, in a year or so the nearsightedness has progressed to two or three diopters. In another year or so, the nearsightedness has progressed to three or four diopters, and so on every year thereafter up to and past the age of forty, into ten, twenty, and even thirty diopters. They were supposed to have been born with only one diopter. Let anyone try to prove otherwise, or where the increased myopia came from.

There are too many cases of malingerers, of children and young people who feign eye trouble just to get glasses for secret reasons of their own. Because others wear them, they want to wear them. They fool their parents and the eyeman into getting glasses they secretly know they do not need. It is really a question as to whether they really fooled the eyeman or the eyeman fooled them in the deal. However, the eyeman should have suspected the patient. Since the patient demanded glasses, the eyeman had no trouble finding a lens for him to wear. In such cases, the lens is hardly ever plus, which would blur the vision of good eyes. So, during the eye examination, the eyeman turns in minus lens power, more or less, and the patient suddenly proclaims how much better he can see. Let it be understood that a normal or even a farsighted eye can see sharper through a more or less mild nearsighted minus lens, making black more black, and white more white, but the patient should not be allowed to wear them. However, the unnecessary minus nearsighted lenses are prescribed for wear, the patient is proud of and loves his glasses, and he wears them all the time. Soon his vision is blurred without them. Then soon, in a year or so, his vision is not clear as it was with them, and he demands a change. It goes on and on from there. The glasses never last and must be changed often. All this happens because the patient developed an eyeglass complex in the beginning, and the eyeman prescribed unnecessary nearsighted glasses.

It could be that too many eyemen are afraid of losing the patient, thinking that if he did not prescribe the unnecessary glasses some other eyeman would. It would have been wiser and better for the patient if the eyeman had fooled him by prescribing plano lenses, instead of mild minus lenses. The patient would not know the difference, being more interested in glass frames than lenses. Few, if any, eyemen would do this, being afraid that they would be caught prescribing plano lenses. But the plano lenses would not hurt the patient's eyes. Eyes are quick to take hold, and become what the minus lenses make them-nearsighted for life. If those who would wear unnecessary glasses wore plano lenses, they would be better off. It is hard to understand why one who supposedly does not need glasses would want to wear them.

There are probably as many wearing glasses they never should have had in the first place, as those who might have had real refractive eye trouble.

Because so many are wearing glasses, it makes it next to impossible to prove that glasses are not scientific. Glass-wearers will give all kinds of excuses and reasons why they put on their first glasses, and why they cannot do without them. They will never admit that they love to wear glasses.

Not all who have real refractive eye trouble wear glasses, and not all who wear glasses have real refractive eye trouble. It is hard to tell one from the other; you see so many wearing glasses. Glasses do not make the dumb smart, or the smart smarter, but too many wear them as a mark of distinction, with an air of superiority, to get sympathy, to cover up facial defects, failures in life or school, etc. It has been said-"He is such a nice person. Isn't it too bad that he has to wear glasses?" In too many cases they don't have to wear them, but they love to hear that. They are sure that glasses can do only good and no harm, when the fact is that glasses can do harm and no good. If anyone thinks he became better with glasses, the truth is he became better in spite of the glasses, and not from wearing them. For each one, who might insist that his eyes got better with glasses, there are millions who became worse with them. Glasses are looked upon as something sacred, something which no one should ever raise his voice against, at any time. Glasses are put on without a fight or opposition; it's "goodbye eyes" from that time on.

The Salk vaccine is for the prevention of polio; it was never intended for treatment, or as a remedy after the polio is once acquired. I often wonder how Dr. Salk overcame the superior complexes and jealousies of medical practitioners in establishing his claim to his discovery of the prevention of polio. I feel that it is going to be even harder for me to overcome the superior complexes and jealousies of ophthalmological and optometrical schools of eyework. Fifty thousand eyemen and countless millions believe in glasses as they all believe in God. It was easy for Dr. Salk, compared to this.

Pasteur was almost exiled from his country, half-paralyzed, a broken man, and almost died before he could prove his germ theory to a skeptical world. He had to fight the medical minds of his day, yet he was only a chemist. If it were not for his discovery, a great many of the people of today would not be among the living. Many so-called medical discoveries of today should be credited to chemistry. My theory and method should be credited to optometry.

Far be it from me to compare myself to Pasteur or Salk, but what I would like to do for the eyes of children and young people, is not secondary to the Pasteur or Salk accomplishments. I feel that my opposition is greater by far, than was that of Pasteur or Salk, or any other discovery. It seems that the whole world believes in glasses so firmly that it is skeptical of anyone who raises his voice against them. The skeptics so love what they think glasses do for their wearers that they would crucify the one who would hold otherwise.

Just as the Salk vaccine is only for the prevention of new cases of polio, my theory is first and foremost for the prevention of new cases of refractive eye troubles and complaints, by stopping bad eye habits in all cases and never, never resorting to glasses. However, unlike the Salk theory, in my theory cases of refractive eye trouble, already stricken and wearing glasses, can be helped, improved, or cured by stopping bad eye habits and discarding glasses.

As the germ theory is the key to infection and disease, the circular ciliary muscles are the key to practically all refractive and muscular eye troubles, pains, strains and headaches. This is proven even under the old tradition of glasses for the masses, by the fact that minus or plus spherical and/or cylindrical lenses are fitted for wear, in practically all cases, as a supposed remedy. They were fitted for the faults of the circular ciliary muscles. In doing so, they created more of the same faults for which the glasses were prescribed and worn. To know the germ theory is to know the cause of infection and disease. To know the circular ciliary muscles is to know the cause and condition of refractive and muscular eye troubles. It takes skill in dynamic skiametry to know the circular ciliary muscles. Too few eyemen have that skill. Most of them use static skiametry.

There are just so many different types of cases, such as nearsightedness (myopia), farsightedness (hyperopia), astigmatism (five kinds), in one eye, the other, or both the same; also cross-eyes and muscular imbalances, pains, strains, and headaches-all caused by and the result of off-normal circular ciliary muscles. There is no mystery about them. The mystery is in how it has been believed that glasses for wear are the remedy for any and all cases. All such symptoms and conditions can be traced back to

the cause, namely the misuse and abuse of the eyes. Stop the cause and there will be no such eye troubles.

Patients do not consult eyemen because they might have one or all of the above-mentioned eye conditions. They could live with and get along with such conditions, if they used their eyes right. They consult eyemen because they used their eyes wrong. The eyeman finds one of the above-mentioned conditions, and blames that as the cause of their complaints. Instead of telling them that they need glasses, the eyemen should tell them that they need DISCIPLINE in the use of their eyes. But both eyeman and patient think the case calls for and has to be remedied by glasses. The glasses never last and have to be changed often, always for stronger and stronger lenses, every year or so thereafter. If, in some cases, a change is not called for, the glasses were prescribed too strong the time before. Nothing could be worse than for an eyeman to prescribe too strong a lens for any type case, but it is particularly bad in nearsightedness (myopia). It is bad enough in farsightedness (hyperopia), or astigmatism of any type.

Practically all eyemen use the same system of eye examination. They take the visual acuity test, then the retinoscope, (it should be dynamic skiametry), then run the fogging method for the subjective test, to see what lens they can prescribe for the patient to wear. Of course there are other tests, but those are the most important.

The fogging method consists of starting with high plus to blur, gradually reducing the plus by quarters of a diopter until the patient can see letters on the test chart, down to about 20/50. Then the eyeman attempts to apply minus cylindrical lenses for more or less astigmatism. For this the eyeman must find the power and axis of the astigmatic lenses. He tries to find some astigmatism-more or less-in every case, as he was taught to do. Since I make little of astigmatism, I try not to find any, making little of the more or less that I might find, except in real cases of structural astigmatism, and I do not make big of that. I have seen many of them get along without glasses, and improve or turn into farsightedness, and then the farsightedness improve toward normal, by leaving them alone. Finding some astigmatism at some axis might take the patient's visual acuity down to the 20/20 line. If not, then the eyeman will reduce the plus spherical lenses another quarter of a diopter, or more, until the patient does 20/20. If the patient's eyes are on the plus side, the eyeman will then prescribe it for wear, the lens being the strongest plus the eyes would take still retaining 20/20, or nearest to artificial vision, which is supposed to be the proper and scientific thing to do. Then the eyes go into more and more plus every year thereafter, with the use of the glasses.

I would abolish and discontinue the fogging method for an eye examination. Instead of fogging down from high plus lenses, I would start at plano, turning in plus by quarters of a diopter, until the vision is worse. Then I would back up the plus until vision is best, to determine the refractive condition from the subjective test. In most cases, there will be a great difference between the maximum plus found in the fogging down method, and the **minimum plus found in the turning up** of the plus method. Thus, instead of prescribing the strongest plus the eye would take, I would prescribe the weakest plus, if I were going to prescribe glasses for wear. Since I am opposed to glasses for wear, I would use my findings, along with my dynamic skiametry findings, to determine the refractive status and the condition of the circular ciliary muscles, thereby enabling me to advise the patient what to do, as outlined before. So

much for cases on the plus side, from a dynamic skiametry and subjective standpoint.

In cases below plano, or below zero, or calling for minus lenses for more or less nearsightedness (myopia), again I would start at plano, turning in minus lenses by quarters of a diopter down, in the same way as in the plus fogging method, until the patient can do 20/20, being overly careful not to turn in any more minus than absolutely necessary, urging the patient to respond, knowing that the more minus I would turn in, the better the eyes could see. Too often a nearsighted patient will wait for the eyeman to turn in more and more minus before he will say that he can see as good as he wants to; this I would not allow. The patient is only allowed the minimum minus, barely retaining 20/20 vision. While plus farsighted eyes have a tendency toward (pseudo) astigmatism, nearsighted eyes have little or no tendency toward it. This is due to the fact that the weak plus farsighted circular ciliary muscles can and do allow the eyeball to sag out of round in its socket, causing the astigmatism, while the too strong minus nearsighted circular ciliary muscles keep the eyeball round, allowing little or no astigmatism.

Therefore I spend little or no time trying to find astigmatism in the nearsighted case. As said before, since I am opposed to glasses for wear I would use my subjective findings, along with any dynamic skiametry findings, to determine the refractive status and the condition of the circular ciliary muscles, thereby enabling me to advise the patient what to do, as outlined before. So much for cases on the minus side, from the dynamic skiametry findings and the subjective standpoint.

In any refractive eye trouble, there are only two kinds of circular ciliary muscle faults. They are too weak or too strong.

Measured in diopters, in cases of children and young people, they are born with plus 2 to 8 diopters in farsightedness, or acquire up to thirty diopters in nearsightedness after having been born with farsightedness. The lenses that it takes, in the eye examination, to artificially make see, or relieve, are only a measure of the refractive eye trouble, not the remedy. If no glasses are prescribed for wear, farsighted circular ciliary muscles will develop normally, if used correctly, and there will be no cases of nearsightedness. If used incorrectly, some may overdevelop through the normal into the nearsighted field. If no glasses are prescribed for the latter, and they are disciplined in the use of their eyes, they could return toward normal.

Children and young people do not have to have 20/20 vision to see, or to save their eyes. Twenty/twenty vision is nice to have, but not healthy if it takes glasses to do it. Beware of clear vision with glasses. The wearing of glasses can fool the wearer, but they cannot fool the eyes. The eyes will become just what glasses make them, and that is anything but good. The eyes want to be free to roam the field of vision without glasses. They want to tend toward a close relationship of focusing and fusing for any and all distances. Plus or minus lenses for wear break up that relationship, therefore, we must not deal in vision with glasses alone; we must deal in future eye welfare. No one can have future eye welfare with glasses.

The old tradition of eyes and glasses is buried deep in the hearts and minds of the masses. Most people are flabbergasted when they find out the truth about eyes and glasses; it is like the end of the world. They

believe in glasses as they believe in God. One might as well try to tell them that there is no God as to tell them that glasses do not save eyes; that eyes never get better with glasses; that eyes do not even stay the same with glasses; that all eyes grow worse with glasses. Glasses seem so proper and right that it is hard to believe that they could be so improper and wrong, especially in cases of children and young people. They might not know better, but it seems that adults should know better.

No child or young person can wear glasses without being hurt, and not one of them can be hurt as much without glasses as they all can be hurt with glasses. It is bad enough that adults put on the first strong glasses too soon, wear them too much and change them too often. If one thinks he has to wear glasses for reasons other than real refractive eye trouble, he should wear plano lenses, as said before.

Even colored or sun glasses cannot be worn without becoming habit-forming, and hurting the eyes. Eyes need all the sunshine and light they can take to make and to keep the pupils of the eyes smaller. The smaller the pupils, the better they see and the safer the future. It takes lots of sunshine and light to make and to keep the pupils small. Colored or sun glasses are very soothing, but very harmful to the eyes. They may be worn at the north and south pole to prevent snow blindness, and they may be worn under the most extreme conditions elsewhere, but the trouble is that they are worn when there are no extreme conditions. They are left on when they should be off. Too many wear them for poor reasons, other than a need. We should shade our eyes from the direct sun, and use the car sun-visor for driving. Wearing colored or sun glasses today calls for regular glasses tomorrow. I, for one, would never wear them. Do not fear ultraviolet or infrared sun rays, except under the most unusual and extreme conditions. Above reasoning also applies to light tinted lenses.

Practically all eyemen can predict how eyes will go after the first glasses have been put on. They know about what changes of lenses will have to be made every year or two thereafter. In some cases, where such a change is not called for, the lenses prescribed were too strong the time before. Eyemen do not realize, and patients do not know that there is an "end of the line" with glasses, in middle age or past. It is too late then to do for the eyes what should have been done at a younger age.

If it were known what glasses do to the eyes of children and young people, the first glasses would never be put on. But none are told how their eyes will go after the first glasses have been put on, and few, if any, seem to care. None are born with severe eye troubles they have later in life from wearing glasses. Few would have severe eye troubles later in life if they had not resorted to glasses at a younger age. The very nature of glasses especially for children and young people, is only to artificially and temporarily relieve or make see, with whatever lenses it takes at the time of examination-never to prevent, improve, or cure the refractive or muscular eye condition. Any eyeman, pinned down, would have to admit that. Let anyone who thinks otherwise try to prove otherwise.

It is too easy for a child or young person to get glasses. They have some complaint about their eyes and the parents get panicky and rush to an eyeman, who has no trouble at all finding some kind of glasses to prescribe for wear. Then all concerned are satisfied that the glasses have solved the problem, and that everything is all right. If it were not so tragic, it would be a big joke on all concerned; but it is all too

pitiful. The children and young people are the innocent victims, who themselves must pay the penalty for what was done for them. They asked for help, and were given harmful glasses. These children and young people caused their own eye trouble, and they needed discipline in the use of their eyes, not glasses.

The fault lies not with children and young people alone in this business of glasses for the masses. The fault also lies with their parents, school teachers, school nurses, schools of eyework (50,000 eyemen in our country alone), and certain organizations, supported by eyemen and the optical industry to the tune of millions of dollars a year. They promote the sale and wearing of glasses by urging in their pages of advertising to have the eyes examined at a very young age and often thereafter, assuming that the invariable remedy will be glasses, and changes of glasses for the masses. Parents do not think twice before getting glasses for their children. School teachers and school nurses should not urge or demand that students get glasses, unless they will also take the responsibility of what the glasses will do to the eyes, which they will not take. Schools of eyework teach only how to fit glasses; where the schools of eyework leave off is where I would begin.

The organizations mentioned above have impressive names that sound sincere, as if they were authorities on the subject, when they are no more than advertising agencies for the eyemen and the optical industry, to say nothing of being a lucrative livelihood for the personnel of these organizations. They too do not take any responsibility for what glasses do to the eyes of children and young people. Their business is to publish tricky advertising, urging the examination of eyes and promoting the sale and wearing of glasses by the masses.

If it were not for what happened to my own eyes at age of twelve and since, I would not be so sure of what I have to say against glasses, especially for the eyes of children.

CHAPTER III

PERSONAL AND PRIVATE HISTORIES

What happened to my own eyes at the age of twelve is happening to the eyes of millions of children today. That was some sixty years ago, but I remember it as if it were yesterday. I had no eye trouble before that. Living on a farm in Carroll, Iowa, the only comics we had in those days, were those in the *Chicago Sunday Examiner* newspaper. We did not have stacks of "comic" books, such as children and young people have today. With my head in my hands, on my elbows and on my stomach, I read the comics, lying on the floor. When I finished and got up, my vision was bleary-eyed and myopic. I figured out what caused it, but I did not report it to my parents. In those days, parents would not have paid any attention to it. A few did, consulting a poor eyeman of those days, and he fitted, or misfitted glasses. I remember a few who did that. They all grew worse and went into thicker and thicker lenses. But I quit what caused it, and without help of parents, eye doctor, drops, or glasses, my sight came back. Later on in my late teens, when I got into optics and studied for eyework, as students testing and examining each other's eyes, I found that my eyes were perfect.

I now know that if my parents had taken me to an eyeman, that he would have fitted, or misfitted me with nearsighted glasses, and if so, today my eyes would no doubt be of high diopter nearsightedness, possibly up to twenty-five diopters, all because I once used my eyes wrong by reading comics on the floor. I know now that it takes only a few minutes of using the eyes in the wrong manner to cause the first nearsightedness, and that keeping up such bad eye habits, with or without glasses, brings on progressive nearsightedness. Of course, it gets progressively worse faster and farther with glasses than without them.

Rather than allow even one child or young person to go nearsighted, it would be best to watch all of them carefully to prevent it in the first place, or improve it in the second place, if they have already been stricken. Discipline in the use of their eyes is what they need, not glasses. I will get back to my own case after the following.

As a typical case, a fifteen-year-old girl, a Miss A. was brought to me by her parents who knew me and my work, for an eye examination. She had never worn glasses. She was an honor student in high school, in high standing, and active in student activities. She was a bookworm. Her vision was 20/40. Dynamic skiametry was plus 2.00. Her Rx was minus .75; it was a case of pseudo-incipient myopia. I wanted to treat her case with corrective measures. She demanded glasses, stomping back and forth on the floor, saying she did not want to be a "sap;" she wanted to see like other boys and girls, with glasses. We could not reason with her. The parents weakened and had me go ahead with glasses, which I did. She was in her glory with her new glasses. I did not see her for some years. She went through high school and college, majoring in dramatics. I understood she was putting on shows in New York. Meanwhile she

went to other eyemen.

Some eight years later, at the age of twenty-three, while she was visiting her parents she phoned me for an appointment. In checking her case then, her vision was 8/200, dynamic skiametry was minus 6.00, and her Rx was minus 7.75. All such cases go more or less that way, with glasses. She wanted to know if I could help her. I asked her how long she would be here; her answer was for three or four days. I thanked her for her confidence, but advised her that her case had gone so far that I would do well, if she would do what I asked to help her in three or four years, or more.

Since she could not stay, or do what I called for, I advised that the next best thing for her to do was to use her glasses as little as possible - only for emergencies or something important, and never for close work. Even then she was stubborn, and would not consider bifocals, or a reduced Rx. This was nine years ago. I shudder to think of what her Rx for nearsightedness is now. No doubt she has gone from progressive myopia into degenerative myopia.

Her case is typical, and shows how eyes go with bad eye habits, which she had, and glasses as the supposed remedy. Beginning nearsighted cases never realize this. All believe that glasses will solve their case and see them through life.

Citing this one case of beginning nearsightedness, and then its progressiveness, is citing all cases. They will all go that way, more or less. This should be an indictment against nearsighted glasses, whether there is a better way or not. She would not have gone as bad without glasses as she did with glasses. Many would improve or cure themselves if they stopped bad eye habits, and never, never resorted to glasses. Miss A. who did not want to be a "sap," turned out to be a "sap" by turning to her first glasses. No doubt my own case would have gone the same way.

I cite a typical case that *did* do as I directed; the case of John R.

I checked his eyes every year for seven years, from the ages of six to thirteen. His mother brought him in every year. For seven years he checked out as normal. I gave the usual advice of how he should use his eyes right and warned him not to use them wrong.

At the age of fourteen he came to me for his checkup alone, refusing to come if his mother came with him. He must have known something was wrong with his eyes, and did not want his mother to be there if there was. On this checkup, his eyes were 20/200, and it took minus 2.00 nearsighted lenses to make him see 20/20; dynamic skiametry was plus 1.00. He had acquired pseudo-myopia sometime during the past year. I stormed about it, questioned him closely, and phoned his mother. His mother made light of it, having full confidence in me, saying "What of it? You can correct it, can't you?" I said that I could if he would cooperate and be a good patient. I traced the cause of his acquired myopia to his doing the one thing I warned him not to do - keeping a stamp and coin collection. His parents allowed him to work on his collection lying on his stomach on the floor with no more light than that which came from the television screen, in a darkened room. He did as I advised, gave up the collection, and stopped all

unnecessary close work. What close work he had to do I had him do at a distance, under lots of good incandescent light, looking up and away often, blinking and squeezing his eyes often, and I prescribed my corrective measures. However, I feel that he would have responded as he did even without my corrective measures, if he did as otherwise directed. In my case, my eyes did just that when I was his age.

In the two weeks time I set for his checkup, he was back to normal eyes, with 20/20 vision, and the dynamic skiametry findings were still plus 1.00, which I call normal. After regular checkups thereafter, in two weeks, and then once a month, he stayed normal. He is now twenty-one years old, and still normal. In fact, he passed the eye test for his military service.

His case is one of many that I could cite. If I had given him the minus 2.00 nearsighted lenses for wear, there is no doubt in my mind that his eyes would be minus 4.00, minus 6.00, or even higher diopter nearsighted today. He was saved from a life of misery with nearsighted glasses and progressive myopia. The same can be done for millions of other cases, if caught in time and before the first glasses have been put on.

Going back to my own case, after completing my studies in eyework, and becoming registered to practice in the State of Nebraska, I located in Kansas City, Missouri. At that time, Missouri had no State law governing the practice of optometry. Later I assisted in getting such a law, and became registered under it. I was associated as assistant to a well-known high-class optometrist, Dr. W., for five years. He had a high-class following and delivered eye service on a silver platter. I mention this to make a point.

Dr. W. knew the tricks of practicing eye work. The point I wish to bring out is about astigmatism, and how he used it. The same trick is still being used today by too many eyemen. Dr. W. would examine eyes and say as little as possible, knowing that sooner or later the patient would ask, "Well, Doctor, what did you find?"

Invariably Dr. W. would lean close to the patient, and in almost a whisper, he would say, "You have astigmatism," whether the patient had it or not. That did it. No more questions asked. It clinched the sale and wearing of glasses without further argument.

No doubt the patients were horrified, thinking that astigmatism was some kind of a disease or twist of the eyeballs, and that glasses would remedy it. Most of them had no astigmatism at all. In those days fifty years ago, fewer turned to glasses, and of those who did most of the cases were of the farsighted variety. There were very few nearsighted cases then. Nowadays most cases are nearsighted and fewer farsighted, with or without more or less astigmatism.

After five years of internship with Dr. W. I started out on my own. As I said, my own eyes were perfect, but because I was in the business, and to make an impression, I thought I myself should wear glasses. Since some kind of lenses can be fitted for any kind of eyes. I fitted myself with mild farsighted lenses plus .50, plus .50, axis 90. I could see as well or better without them, but as I had been taught, I thought the plus lenses would help my eyes. I also grew a mustache (it was reddish) and I wore a phony diamond

ring. I was subject to headaches before I put on my first glasses, and also after as well.

I changed my lenses often, to supposedly keep them up-to-date, up to plus 1.50, plus .50, axis 90. During all this time I thought, as I had been taught, that my eyes were getting better, because I could accept more plus lens power, when in fact I was growing worse. This went on over a period of ten years, up to the age of thirty-five.

Up to that time I was loyal and faithful to glasses as a supposed panacea for eyes, as I had been taught, and as all eyemen were taught. However, I was always concerned and puzzled about nearsightedness, and the way the eyes grew worse every year or two. In those days I tried to give orthoptic vision treatment, in an effort to prevent incipient and pseudo-nearsightedness and glasses. Even then, while not knowing the cause of nearsightedness or why it became worse with glasses, I was able to prevent and improve some cases, giving credit to the prism orthoptics, when I should have given the credit to something else.

After taking my treatments, patients would say that they thought their eyes were so much better that they did not feel the need of glasses. This I could not understand then, as I was not trying to remove glasses. I thought I was only trying to improve the muscular imbalance, along with the wearing of glasses. However, all became clear to me later, after discovering the key or clue, and working out by research what I call my own theory and method for eyes, which we should have had many years ago, instead of what we have had.

Later in life, when I was thirty-five years old, and wearing plus 1.50, plus .50, axis 90, my dynamic skiametry findings had. to be over plus 2.00, and I had headaches. When I found out the truth and the key to the cause of my eye troubles, and why glasses are wrong, I dropped glasses like I would a hot poker. By doing just that alone, I could notice and feel my eyes improving at once. Instead of wearing farsighted astigmatic glasses, I let my own eyes become active, allowing my own accommodation to overcome my acquired weakness, and had no trouble getting along without glasses.

Then to step up my improvement, I used corrective measures on my own eyes. I figured out what my corrective measures should be, how they would work, how they would feel in my own eyes, and what they would do. It worked exactly as I figured. In fact, I experimented in my own case, and used ten times more powerful corrective measures than necessary, to prove to myself that it was safe and scientific. As a result, I built up a powerful pair of eyes, with super vision both far and near. Suddenly one day my headaches were gone, and I had the grandest feeling in my eyes and head as never before, and it has lasted ever since - some forty years with no glasses, at my present age of seventy-five years.

It so happened that I caught my own eyes in the nick of time. Another one or two years might have been too late for me to prove my own theory and method to myself, in my case.

This can be done for all such cases as mine - farsightedness - if caught in time. I know where my own eyes would be today if I had not done what I did in time. I would be wearing plus 2.00 or plus 3.00

diopters or more, for distance, with a plus 2.50 bifocal for near sight, all the time. In other words, I would have a dead eye, as far as eye-focusing or accommodating is concerned, like so many of our older people of today. However, I cannot do for the older people of today what I did for myself. It is too late for them; their eyes are set in their weakness. I have to resort to prescribing glasses for them, done in my own way. As for myself, I would not take a million for my own eyes, if I had to go back to where I was before and would be today, but it is not too late to improve or cure the eye troubles of children and young people.

While I have enjoyed perfect vision in each eye, and comfort without glasses for the past forty years, at my age of seventy-five I have to watch my eyes to keep from going nearsighted. I do a lot of reading, and there are times, when I look up and away, that my distant vision is blurred, meaning that I have been reading too hard, too close, and too long, without looking up and away often enough. When this happens I stop reading until my distant vision clears up. I help it clear up by blinking and squeezing my eyes. I said before that only children and young people go nearsighted from bad eye habits in all close work done in the wrong way, but it could happen to one in many adults who use their eyes wrong, as children and young people do. I do it often, experimenting on my own eyes to see how long I have to read to do it. Then I stop reading long enough to see how long it takes to return to normal. If I resorted to nearsighted glasses for the temporary nearsightedness I brought on myself, the nearsightedness would become locked and permanent, and get progressive from there.

Such happenings to my own eyes could happen to some other adults. Since they do not understand what happened, as I do, they resort to nearsighted glasses, get worse from there, and wonder why. No adult should resort to nearsighted glasses. It is bad enough for children and young people to do it. By nature, adults should stay normal, or go farsighted for distance, with possibly presbyopia (age sight past the age of forty) for near. It is more unnatural for an adult to go nearsighted than it is for children and young people. Age and time will help an adult's eyes to return toward normal, if the bad eye habits were stopped long enough to do it. To keep it from happening again, adults should hold their close work farther away, under good direct incandescent light, and look up and away often. If adults would do as I do, they could control their eyes as I control mine.

Following is how I discovered the key clue to my theory and method, forty years ago. This was a case of pseudomyopia; a Miss Y, age twenty, occupation secretary, visual acuity 20/30. RX minus .50* dynamic skiametry plus 2.00, symptoms: headaches. Esophoria 6° at 13" and 12° at 20 ft. With orthoptics, using prism base in, I was trying to tone down the extrinsic muscles to improve the esophoria, and thereby eliminate the pseudo-myopia, or need for glasses.

* Minus .50 is a very mild nearsighted lens.

I had given only a few orthoptic treatments when one day my phone rang. The caller was a Dr. X, an ophthalmologist, saying that my patient, Miss Y, was in his office with her girl friend, to whom he was delivering glasses he had fitted for her. Dr. X said my patient allowed him to go over her eyes, and he reported that he found Miss Y should have minus .50 glasses, the same RX I found but I would not fit at the time, which I told Dr. X. He asked me why I would not prescribe it. I told him that Miss Y's dynamic

skiametry findings were plus 2.00, and that I was giving her orthoptic treatment, etc., and that if the minus .50 was prescribed for Miss Y, he would have to do it. He said something that gave me the key or clue I am telling about. He said that with *wearing the minus .50 for a week or two, the dynamic skiametry plus 2.00 findings would be gone*. There is something for eyemen to think about. It could lead to a radical and revolutionary change in ophthalmological and optometrical eye work.

While Dr. X did not realize what he said, which was true, it struck me then and there as the key to what turned out to be my own theory and method for eyes. Without saying any more than I had to, I got off the phone as quickly as I could and my head started to swim. I thought, "What did he say? Why did he not realize what he meant?" etc. etc. Little did he realize what he had said.

To this day he does not know that he gave me the key to my own theory and method. I would urge others to read that again, slowly, and see if it does not give them the key it gave me. But it was the Dr. X phone call which made this book possible.

In the case of Miss Y, I reasoned that she came to me because of her symptoms of pain, strain, and headaches, not because she couldn't see perfectly at a distance. What she needed, instead of glasses, was discipline in the use of her eyes in all close work. She had just started working as a secretary, and being too conscientious about her job, she did her work the hard way - too hard, too close, too long, without looking up and away, which was the cause of her headache symptoms. Easing up on the close work which would have improved or cured her symptoms of headaches, and therefore there was no need for the minus .50 glasses.

I cannot go into detail concerning the thoughts that came to me from what Dr. X said; I will only mention a few. What he said was that the minus .50 for wear would eliminate or cure the plus 2.00 dynamic skiametry findings. I reasoned that is what the minus .50 would do, but how? What became of the plus 2.00 dynamic skiametry findings? Something had to take place, and change. I reasoned that this was eliminating the plus 2.00 skiametry findings, and creating a worse condition. To think that the wearing of minus .50 would do that, and it would, meaning the refractive media of the eyes would have to become permanently 2 diopters more convex, and that the circular ciliary muscles would have to become stronger than they were before - too strong.

But where would more convexity take place? It would have to be in the crystalline lens, or possible the cornea. I could not believe that it could be the crystalline lens becoming permanently 2 diopters more convex; it had to be the cornea.

Then I began to doubt that the crystalline lens was the media of accommodation of the eyes, and thought that the cornea had to be that media. However, whatever media one cares to believe to be the media of accommodation makes little difference. The fact is that some refractive media of the eyes had to become 2 diopters more convex, in the case of Miss Y, to eliminate the plus 2.00 dynamic skiametry findings. The same is true of all other cases of incipient or pseudo - nearsightedness, before the first glasses have been put on. All such cases were once plus dynamic skiametry findings before they changed to

nearsightedness.

As said before, nearsighted glasses eliminate the dynamic skiametry findings while creating a worse condition, that of nearsightedness and progressive nearsightedness. I reasoned that there must be a way to improve the eyes without creating a worse condition. *There is a way.* I explained it previously; to discipline the patient in the use of his eyes and never resort to glasses. There are corrective measures to be given in cases that need more than discipline. But discipline and no glasses *alone* will help improve most cases.

Students should get the cooperation of the teachers and the school nurse, sit in or near the front row at school, and in severe cases get permission to walk up to the blackboard, if necessary, to see. Allow no teacher or school nurse to demand that the student get glasses for any reason.

Teachers should spend at least a few minutes every day in all classes up to university level, teaching students how to use their eyes right, to do all close work correctly, and to look up and away often, plus how not to use the eyes wrong, and see that students do it.

Teachers should write large, and plainly on the blackboard, keep it clean for good contrast, and see that there is no glare on it. Glare does not hurt eyes, but students cannot see through it. The students then tell their parents they could not see the blackboard that day, but the students did not say there was a glare on it, or that the board was not black, or that the teacher did not write plainly or large enough.

School nurses should do no more than screen the vision of students, and without comment or advice. As said before, no one should urge another to get glasses unless that one will take the responsibility of what the glasses do to the eyes. On the contrary, eyes are doing so badly with glasses that those who wear them should warn others not to wear them.

There are those who will say that students have to learn and get their education. That is true. But they can do that and save their eyes at the same time by doing it right. An honor student is one at the head of his class, with normal eyes. One at the head of his class with glasses is not an honor student. He hurt his own eyes trying to excel over others. It would be better to be the poorest student with the best eyes, than to be the best student with the poorest eyes. But no student has to hurt his eyes to get his education. All should do all close work right all the time. Some students can go nearsighted just by doing a minimum of close work in the wrong way.

Nature never intended that children and young people should wear glasses. It is bad enough that adults of the past and present generation had to resort to glasses. It is too late for them to do what they should have done at a younger age, in order to have better eyes at an older age. However, the future generations of adults could have better eyes than those of yesterday and today, if they use their eyes right and do not resort to glasses, at a young age.

But children and young people are told that if they wear glasses at a younger age, they will have better

eyes at an older age. That just does not make sense. Glasses can fool the young patient, and their parents, teachers, and school nurse, but glasses cannot fool the eyes. Their eyes will be just what glasses make them, and that is anything but good. Their eyes will conform to practically any lens, or glasses, that are put before them for wear. If eyes can conform to something, they can also conform toward normal. This is what nature really intended for them.

As an example or two of how glasses are looked upon, not only by adults but even by children, the one in this instance is a four-year-old little girl who spends much time at our home. She is as cute as they get, and smarter than others of her age. One evening at dinner she was listening to what I was telling my wife about a lady patient in her forties, well-dressed, attractive, who was led into my office by her husband for an eye examination that day. The lady patient had a brand new pair of glasses, fitted by a reputable clinician, with which she could not see. Without going into the findings of her case, other than to say that her eyes looked clear and normal but she could not see, nor could I make her see with lenses, and that her sight had been failing for the last year or so, I had my suspicions as to the cause. The point I wish to bring out is that when telling my wife that the patient was practically blind and that I could do nothing for her, the little four-year-old girl suddenly blurted out, "Well, if she couldn't see, why didn't you give her glasses?" - *As if glasses would make the blind see!* But the little girl really thought that a pair of glasses would solve the problem. Where she got the idea that glasses would do that I'll never know.

Another case is that of a seven-year-old girl from Alliance, Nebraska. Her parents were with her and her father, a dentist, wore glasses. The girl had worn glasses for several years. In my examination I found that she had perfect eyes, and did not need glasses or corrective measures. She was a malingerer, wearing glasses for poor reasons other than real refractive eye trouble. She loved her glasses. I ridiculed the wearing of glasses so much that the father reached up and removed his own glasses, putting them in his pocket case. But the little girl was not so impressed, or was not hearing what I had to say. Suddenly, to try to justify her wearing of glasses, she blurted out, "What about my astigmatism?" - as if glasses were a perfect remedy for astigmatism, which she did not have.

It's pretty tough when one has to fight children as well as adults in trying to prove a better theory and method for eyes, or just proving glasses to be wrong for children and young people, whether there is a better way or not. The above two cases are typical of most children and young people, as well as some adults who want to believe in glasses, right or wrong.

One might wonder - if glasses were not intended for wear, what were optical lenses intended for? Primarily, optical lenses were intended to be used in the examination of eyes, to determine and to measure the refractive and muscular eye condition. Knowing that, with the proper theory and method corrective measures could then be directed and advised. Prescribing the lenses found by the objective or subjective test in the eye examination for wear is doing less than nothing. It would be better to leave the patient alone. If there are some things they cannot do, they cannot do them until their eyes improve enough to do them.

Prescribing of plus glasses stops the development of weak or farsighted eyes, and minus glasses

overdevelop the already overdeveloped nearsighted eyes. If left alone, weak or farsighted eyes will develop toward normalcy by natural use. Some of them will even overdevelop into nearsightedness. This overdeveloping could be prevented by watching, directing, advising, and warning. Nearsighted eyes, too strong, will relax, or undevelop toward normal over a period of time without glasses, if left alone. There may not be quick cures in bad cases, but there would be improvement in all cases.

CHAPTER IV

GLASSES FOR THE MASSES

My own theory and method has to be reasonable, judging from patient reaction and by the reaction of a few eyemen who tried to imitate what they thought I was doing for eyes. Some patients passed on the words of advice they received from me to some of their family, friends, and acquaintances, who, without even consulting me, took off their own glasses, quit wearing them, and got along well without glasses thereafter. I got this information by the "grapevine."

I was happy for those who did that, even though I did not receive direct credit or remuneration. Some eyemen, when asked what they thought of me and my work, answered that they could do the same as I do for them, if that is what they wanted. This also came to me from the "grapevine." But as far as I was able to trace it, none of them did it, and none of them could do it without the theory behind my method, which they did not have.

Imitation is the sincerest form of flattery. I wouldn't be a bit surprised, if after reading what I have to say here that schools of eyework, and eyemen in practice, will change from what they have been doing to what I have been doing. Some will be honest enough to give me credit, while a few others will run with it, call it their own, and use it in their teaching or practice, as if they knew it all the time. They will do this to save face, and not be proven wrong for what they have been doing all these years. However, not one could prove that they did what I have been doing before reading what I have to say. Their records would prove otherwise, but I doubt if they would produce their records. Their records would show that they fitted glasses to practically every child and young person who consulted them.

Some eyemen claimed they could remove glasses, in time of war. They did not claim it before or after the war. It did, not take a war for me to declare that glasses can and should be kept away from new cases of children and young people, and removed from those already wearing them.

This book will not be complete without criticizing drops in the eyes, or dilation of the pupils, for an eye examination. This is done only by some, not all, ophthalmologists, and never by optometrists. There is not one good reason why it should be done. They say they do it to relax the accommodation of the eyes. If it did that, nearsighted eyes could be improved or cured, which they are not, and by the same token farsighted eyes would become more farsighted, which they do. It paralyzes the human eyeballs, and they cannot stand to be paralyzed by drops. It leaves the ciliary muscles of the eyes sluggish for sometime thereafter.

Then they would say they did it to examine the interior of the eyes. Any one skilled in eyework can examine the interior of most eyes without dilating the pupils. Only a few, compared to the many, where

an internal eye condition might be suspected, are in need of an internal eye examination.

Since dilation of the pupils does no good, it can do harm. It could be the cause of glaucoma. I have said for forty years that one who dilates pupils for an eye examination shows a lack of skill in examining eyes without dilation. Since then, I have found that many national and international authorities on eyes say the same. No one has to take my word alone against dilation of the pupils for an eye examination. In fact, a better examination of the eyes can be made without dilation of the pupils than with dilation.

Too many eyemen dilate pupils to impress the patient with the fact that he is making a more thorough examination than others who do not dilate. There have been cases of children and young people who turned blue and acted like wild animals after dilation of the pupils. I, for one, would not allow any eyeman to use powder drugs or drops in my eyes for an eye examination for any reason at all.

Without a doubt, there are going to be more severe cases of eye trouble and blindness in the future, from what is being done to the eyes of the present generation, than the world has ever had before. Conditions that cause this are detachment of the retina, myopic or nearsighted cataracts, conical corneas and glaucoma; these come mostly to eyes with glasses, especially of the nearsighted variety. Farsightedness is bad enough, but nearsightedness leads to progression, deterioration, and degeneration of the eyeballs, in the middle age or past, if glasses are worn throughout life.

Once I attended a meeting of our local association of optometrists. Sitting by myself in the back row, because other optometrists ignored me on account of my opposition to glasses, I noticed a certain optometrist sitting in the front row, wearing thick lenses of about minus twenty diopters. I thought to myself, "How long will it be - if he lives - before he will lose his sight?" He was middle-aged then.

Not too long thereafter a mother brought her young son, about age twelve, to me for an eye examination. They were of the same name as the optometrist mentioned above. I asked them if they were related to that optometrist, and if so, why had they come to me? The mother answered that he was their uncle, and that he was blind. When eyemen themselves go blind in middle-age from wearing such glasses, what chance has a patient?

I know of other cases of eyemen themselves going blind at middle-age, or past. One in particular was an internationally known eye specialist, connected with a well-known international eye clinic. A columnist once wrote about him, "The great eye doctor who exacted an enormous fee for the removal of cataracts from the eyes of the King of Siam is now himself going blind." Not too long after that, the columnist wrote, "The famous eye doctor has gone blind." Not long after that, the great eye doctor died.

About another ophthalmologist I knew personally. He had an international reputation. He wore nearsighted glasses into his older age. I think I am the only one, outside of his family, who knew that something happened to his eyes.

I used to see him coming to church, leaving his chauffeur-driven car, entering the church and back to his

car, alone.

Later he had to be escorted from his car to the back seat of the church, and then back to his car after services. I could tell by the way he had to be helped that he was blind. He was in good health otherwise. I could also tell by the way he acknowledged greetings from people that he could not see them.

Not long after that, he was confined to a hospital, until he died. I heard by the grapevine that he was blind. Neither he or his family let it be known that the great ophthalmologist lost his sight. The last time I saw him he was still wearing the nearsighted glasses he could not see with. Faithful to wearing glasses to the end. Little did he think that the wearing of nearsighted glasses after the age of forty could lead to blindness.

Regardless of what else might have helped cause the blindness, his nearsighted glasses could not have helped matters in his case, at his age.

If anyone is going to go blind, he will go blind quicker with glasses than without glasses. Glasses do not prevent blindness. Again I say let anyone who thinks otherwise prove otherwise. For each one who might have gone blind without glasses ever being worn, there are many who went blind from wearing glasses throughout life. Glasses hold out false hopes for the afflicted.

I realize I am trying to do what seems to be the impossible - trying to turn the masses against glasses. News pictures and TV show glasses being worn by people all over the world, even in the farthest outposts. It makes it look like the masses of glass wearers are right, and that I am wrong. It was not always this way; it has become this way only in the last few years.

In the business and social world too many resort to glasses, not so much for eye trouble, but to be a big shot or to imitate the big shot; to make an impression, to dignify their person, to cover up faults and facial defects, to get sympathy, and particularly for men and boys - the unwritten law, "Thou shalt not strike one who wears glasses."

Why women let themselves get into glasses I'll never know. Dorothy Parker said fifty years ago that "Men seldom make passes at girls who wear glasses." I would add my own - "Where glasses begin, glamor ends." And for all I would say, "Where glasses begin, good eyes end."

It is hard enough to expose the wearing of glasses by the few who let themselves get into real refractive eye trouble, pains, strains, and headaches, from having misused and abused their eyes in the first place. It is even harder to expose the many who really do not need glasses and should not wear them, for the reasons just mentioned. They all will fight to the last ditch to justify their wearing of glasses. Those who need glasses the least will swear they need them the most. It is next to impossible to expose the masses for wearing glasses that many secretly know they do not need.

Here is an example of how and when glasses took over almost a whole continent. A native of Africa

wrote an article for an eye journal. Glasses were hardly ever seen or heard of before this. (The native was a student of higher learning, in Africa.)

One year a white foreign teacher appeared, wearing the large black plastic framed glasses. All students were very impressed saying and thinking that the teacher must be brilliant to have studied so hard, using his eyes so much that he had to wear glasses. That year the native student journeyed to New York to study. There he saw so many wearing glasses that he put them on himself.

After several years the student returned to his native Africa, to find that most students, and many others - men, women and children - had turned to glasses, as if overnight a whole continent had become eyeglass conscious. It was the desire to wear glasses, not the need.

One might say, "So what? Let those who want to wear glasses wear them, if it gives them a lift of some kind or satisfies their ego." Well, there are two ways to look at it - two sides to the story. Do they want to save their eyes, have the best eyes, or do they just want to wear glasses? If they want the first, they cannot wear glasses. If they want the second they cannot have the first. One has to make a choice before it is too late. No one can have both. But none are advised or warned as to what glasses will do to their eyes. On the contrary, they are told that glasses will save their eyes, and they believe it without question. However, they are more concerned about the frames of the glasses on their face and what they think the frames do for them, than they are about the lenses that are fitted, or misfitted, for wear.

Millions already wear glasses, and millions will put on their first ones every year, making multi - millions wearing glasses, and then all of them have to have the lenses changed every one or two years, as their eyes grow worse. That is good business for the eyemen and the optical industry, but not good for human eyes.

There is a difference between the old tradition of eyework and glasses, and what I do and would like to have done for eyes in all new cases. Under the old tradition a new case is examined, and invariably the advice is, "You need glasses," as if glasses are the answer and will solve any and all eye problems. In all old cases, where glasses have already been worn, the advice is, "You need a change of glasses." That goes on and on ever year or two, through life. During all this time the farsighted variety of eye trouble grows progressively weaker and weaker. The circular ciliary muscles become less and less active - a dead eye, like a dead tooth - when they should be as active as the hair spring of a watch or clock, to focus the eyes from far to near and near to far, like they could have been if the first glasses had never been put on.

The nearsighted variety of eyes grow over-developed, stronger and stronger, too strong (only farsighted eyes are weak) and progressively worse with glasses. The circular ciliary muscles become more and more over-contracted, causing too much convexity of the refractive media of the eyes, like a watch or clock which is wound too tight and will not run. (A farsighted eye is like a watch or clock which is run down and needs winding.) The circular ciliary muscles are stuck in their over-contraction in nearsighted eyes.

It stands to reason that it is easier to develop a farsighted eye to overcome its own weakness - like winding a watch or clock - than it is to undevelop or relax a nearsighted eye - like trying to unwind a watch or clock that was stuck. But glasses do not develop weak farsighted eyes, and they do not undevelop nearsighted eyes. They do just the opposite, and that is why I say that glasses should not be worn.

Under my theory and method for eyes, new cases are examined objectively and subjectively. Regardless of the findings, they are told that they caused their own eye troubles and cannot have glasses. They are given a lecture of one to two hours, disciplining them in the use of their eyes. In other cases, where glasses have already been worn, my advice is, "You must give up glasses." I have not used the terms, "You need glasses" or "You need a change of lenses" in cases of children and young people for over forty years. All cases that followed my advice of discipline in the use of their eyes in any and all close work were improved or cured. The few who did not choose to follow my advice and demanded glasses, or got them elsewhere, all grew progressively worse. Some of them returned to me later, anxious and willing to follow my advice. It would have been better if they had done it in the first place.

I realize that some nearsighted cases of teenagers on up, already deep into glasses, will not do what I call for, which is giving up their glasses all the time, and that I cannot give them enough quick improvement to do their job. But they can give up their glasses at least part-time, when they are not working, or driving, etc. This alone would make their glasses last longer, without changing for stronger lenses. But too few of them will even do that much for themselves. They leave their glasses on when they could be off. It is too bad for them. They will have to pay the penalty for wearing their glasses all of the time, no matter what job or work they might do. However, some such severe cases did do as I suggested and were helped.

Those who choose to wear glasses should know and remember that others have to look at them with their glasses on. Others would sooner see their eyes, not the reflections of the glasses that are worn. There is hardly one eyeglass-wearer who is not secretly proud of his glasses. They insist on being accepted and respected with their glasses on. They would have it - "Love me, love my glasses" - no matter for what reason they wear them. Eyeglass-wearers feel that they are superior to those who do not and will not wear them. They are convinced that they can do anything with their glasses on that anyone else can do, and do it better. They cannot understand why they are not accepted for certain skills or occupations because of their wearing glasses. On the other hand, there are some skills and occupations where it is demanded that glasses be worn. Glasses do not necessarily make for efficiency, yet it is believed that they do - too much so. The time comes when efficiency is lost with glasses.

There is another reason, especially with young people, and particularly young men, why they should not have worn glasses at an early age. It is when they are of military age, or want to be a commercial flyer. Many an otherwise fine specimen of young manhood has to go into the lower ranks of the military because he could not pass the eye test for the higher branches as an officer. An army is only as good as the eyes of its servicemen. So many young men have gotten into the habit of wearing glasses at an early age that the military has to take them; they have no choice.

In World War I there were few rejects for poor eyes, and few men wore glasses. In World War II there were many rejects for military service and many wore glasses on account of their bad eyes. Today there are even more rejects for the same reason, all because they used their eyes wrong and turned to glasses at an early age. A large percentage of service men today wear glasses, and most of them are nearsighted. It is assumed that they have to wear glasses, to protect themselves and their buddies. But what about losing, breaking, bending, or smearing their glasses in the heat of battle, endangering themselves and their buddies, possibly losing the fight or skirmish, or more? It would be much better if we would start today by preventing, or curing the refractive eye troubles of our children, so that we might have the best eyes for our future military servicemen, instead of having so many poor eyes and rejects. Many young men who crave to be commercial flyers will be thwarted because they used their eyes wrong at a young age, and turned to glasses. The same applies to some other occupations, for the same reason.

The writer takes credit for getting young men into West Point and Annapolis with corrective measures after their failure in passing their eye test, and also for making it possible for many young men to make commissions in the high branches of the Army, Navy, and Air Corps in World War II. He also has helped commercial flyers, then and since, all without glasses.

Oh, the gestures that are made with glasses! Oh, how eyeglass wearers project their wearing of glasses! They would not want to be caught dead without them. I thought I had seen everything until I saw glasses on the dead, lying in their caskets. How many times have we seen would-be important men put their glasses on and off, holding them up in their hands to show that they have them, to make a point or an impression? It seems that all professional, political, scientific, and religious people think that they must wear glasses to look the part, and a lot of ordinary people wear glasses, to look smart. They all know this, but they think the world does not know it.

We also have some actors (few, if any, actresses wear glasses), who wear glasses on the stage, in pictures, and on T.V. I have seen members of panel programs put their glasses on over their blindfolds. Glasses detract from the actor, but they expect that to be overlooked. Comedians joke and make fun of others who wear false teeth, the baldheaded, and those with other physical defects, but he is sure that he himself will be accepted with glasses. I say that there are no eyes so bad and no show so long, that it cannot be done without glasses; there are plenty who can do it. The "Harold Lloyd" type of comedy with glasses is bad enough. Glasses also detract from jazz musicians. It seems that we do not want to see glasses on our actors or in the entertainment field. The fact that some wear them while acting, and that a large percentage of the professional, political, scientific, and religious people wear them, makes it hard to prove that glasses are unscientific and wrong.

Some actors and athletes turn to contact lenses to perform. While they might get by without glasses on their face, they cannot get away from the harm done by contact lenses. Contact lenses are as bad or worse than glasses. Wild claims are made for contact lenses. Eyemen who would never before admit to the faults of glasses do admit these faults after they get into contact lens work, mostly because of the greater remuneration. They claim that contact lenses will stop the progression of myopia. Just how they do that they do not say. As with myopic glasses, if nearsightedness does not call for stronger contact lenses

within a year or so, the contact lenses were too strong the time before. They could cause deterioration or ulceration of the cornea. They take more care than they are worth. Many quit wearing them soon after they get them. Actors and athletes are acclaimed for being able to do their stuff with contact lenses, as if the contact lenses make them normal-eyed. It is strange that some eyemen who fit contact lenses do not wear them themselves.

Like glasses, contact lenses fitted for one distance, usually twenty feet, are wrong at every other distance. Eyemen who make big of astigmatism with precision fitted glasses, make little of astigmatism, not bothering to correct it with contact lenses, prescribing only spherical power contact lenses in most cases. Before this they would have found fault with me for ignoring or making little of astigmatism, with my theory and method. Contact lenses are a poor makeshift way of trying to get away from wearing glasses. Contact lens fitters try to give the impression that contact lenses are an ideal improvement over glasses, which they are not. Glasses are bad enough for human eyes; contact lenses are worse.

In writing what I have to say as to the cause of refractive and muscular eye troubles, pains, strains and headaches of children and young people, and why glasses are not scientific for them, I have probably left out some things I could have written, and written some things I could have left out. However, I think I have written enough for the open-minded to turn them against glasses. God help the closed-minded who are in favor of glasses. I wish them luck; they will need it. But I defy anyone to prove that glasses are scientific and right, thereby proving me wrong. No one has ever had to prove that, and no one ever can. The more one tries to prove it, the more he will find out he cannot, thereby proving me right.

The law of optics is, as said before: that glasses do not save eyes; that eyes never get better with glasses; that eyes do not even stay the same with glasses; that all eyes grow worse with glasses; and that all eyes would be better off in the long run if they had not put on their first glasses.

No child or young person can defy the law of optics, wear glasses, and get away with it. It is they who will have to pay the penalty of what the glasses will do to their eyes, and for the misunderstanding of their elders. Children may not know any better, but if I have not written enough for their elders to understand, know better, and do something about it, then there is no hope for the future eye welfare of our present and future generations of children and young people.

I feel that I have only scratched the surface against glasses. I have put it mildly. If I really wanted to call a spade a spade, the words I would use would not be fit to print or to say against them.

I have only scratched the surface giving the possibilities without glasses. They are unlimited, as compared to the possibilities with glasses. The results claimed for glasses are not worth the harm the glasses do to the eyes. Anyone who cannot see this does not want to see it. They want to believe only in glasses. Too bad for the victims who they say have to wear them.

If all eyemen would do as I have done, they no doubt would accomplish even more than I have accomplished alone. Many minds can accomplish more than one mind alone. As of now the many minds

have concentrated on how to better fit glasses for the masses of children and young people.

If I have written enough for the elders to take hold, to keep away from glasses in the first place, to deliberately remove those glasses already worn, discipline them in the use of their eyes in all close work, and watch and wait for their eyes to improve over a period of time, then the present and future generations will have a better eye future than ever before. This is asking very little to accomplish so much. No one will be hurt. All will improve toward normal vision, many fast, some slow, over a period of time.

Life is too short for the masses to let their eyes go the way of glasses, the way they are going. We can do better than that. We can no longer deal in the easy way of glasses. We must deal in our future eye welfare.

Radical and revolutionary changes will have to be made by all concerned. We may not like it at first. Nevertheless, that is what is called for. But when we see how much good can be done for the eyes of children and young people, without glasses being fitted for wear, we will glory in it and forget the easy way of glasses. In fact, we will refuse to prescribe or fit glasses for wear for any child or young person, regardless of the refractive or muscular eye trouble, pains, strains, or headaches. We should not allow any one of them to demand and get glasses. Instead of allowing them to tell the eyeman what they want, the eyemen should tell them what they will have to do, and why.

If all eyemen would do what I have been doing for forty years, no child or young person would be able to get a pair of glasses for wear. Instead of making see or relieving them with glasses for wear, we will prevent, improve, or cure them, by directing them how to use their eyes right, and how not to use them wrong.

If eyemen are going to worry about what will become of them and their practice of fitting and selling glasses to the masses of children and young people, rather than how much more good they can do for eyes, then eyemen are not honest, truthful, and sincere in their eyework. My turning against glasses for children and young people, some forty years ago, did not ruin my practice. In fact, it increased my practice so much that I could tell the greatest success story of any practitioner in this healing art, not only in what I was able to do for eyes, but in volume of patients per day.

Starting from scratch, with my theory and method, I stepped up my one-half-hour corrective measure office treatments to my high mark of 221 in one day, handling thirty patients at one time. I had to increase my office space five times. Since that time I have improved my method, changing from office corrective measures to home corrective measures, which I wished I had done long before. I no longer needed the biggest office in town, and it was better for my patients, who got more out of my corrective measures with less cost and inconvenience. However, that is another story, and possibly too few would care to believe it. But it *is* true, and I have the records to prove it.

If eyemen would use their heads and do some thinking, from the clue I have given herein they could

come up with what I have discovered. It would turn them against glasses for the masses of children and young people as it did me, and the prescribing and fitting of glasses for them would be a thing of the past, and gone forever.

CHAPTER V

EXPLANATORY CHARTS

This sketch, scaled 10 mm. to a foot, shows how wrong and unscientific nearsighted glasses are at every foot, inside of twenty feet, regardless of the Rx, or what is looked at. Note particularly 1 foot, 5 feet, 10 feet, and 15 feet; also the 20 foot distance at which all nearsighted glasses are fitted.

(Chart I)

1 foot	- 20	times wrong
2 feet	- 19/20	times wrong
3 feet	- 18/20	times wrong
4 feet	- 17/20	times wrong
5 feet	- 16/20	times wrong
6 feet	- 15/20 or 3/4	times wrong
7 feet	- 13/20	times wrong
8 feet	- 12/20	times wrong
9 feet	- 11/20	times wrong
10 feet	- 10/20 or 1/2	times wrong
11 feet	- 9/20	times wrong
12 feet	- 8/20	times wrong
13 feet	- 7/20	times wrong
14 feet	- 6/20	times wrong
15 feet	- 5/20 or 1/4	times wrong
16 feet	- 4/20	times wrong
17 feet	- 3/20	times wrong
18 feet	- 2/20	times wrong
19 feet	- 1/20	times wrong
20 feet	-	The distance all nearsighted glasses are fitted
To infinity		

(While the above may not seem to be optically correct to some, it is near enough to give an idea of why nearsighted glasses are wrong and unscientific, especially incases of children, and young people under the age of thirty-five.)

Visiograph

The following graphs are designed according to a new theory and method for eyes, to show the past present and future of any eye or eyes, where the history of the case is known, or the present and future, where the history is not known, but can be assumed, according to experience in the field of eye work.

The graph shows that the more or less bad eyes of the past, present and future, largely and in the most part, are due to the misuse of eyes in-the-beginning, and using glasses as the remedy thereafter, in place of being shown how not to misuse eyes in the beginning, and for want, or need, of a better remedy for eyes in the beginning, and thereafter.

By this graph the designer would allow that glasses might be necessary, in most cases, in middle age and past, but to be best, at and past such age, glasses should not be the remedy, under that age, regardless of the condition. Though some such glasses may be necessary, the graph proves by analyzing cases, according to the lenses prescribed, over a period of time, that all eyes go worse and none get better by their use.

Explaining the graph: The numbers at the top show ages of eyes from age 1 to age 60, by years. The horizontal line, near the middle, is the normal line. The vertical line, near the right middle, at age 40, is the turning point of most all eyes, when, even if they were normal to age 40, they will begin to lose their power to read or do close work.

Below the normal line is Hypermetropia, or farsightedness, as shown by lenses numbered and with plus sign, as found in Dynamic Skiametry and Subjective Test findings, which could be the same, only in a perfect normal eye, otherwise, never the same, even with glasses unless corrected by a method other than glasses.

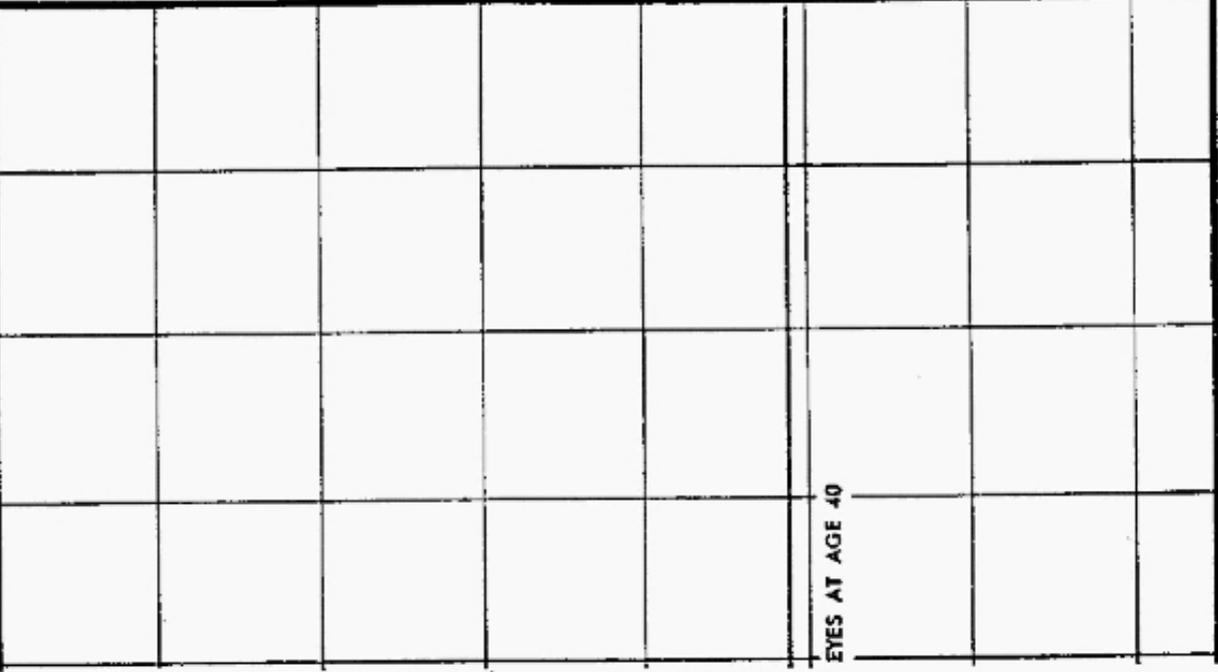
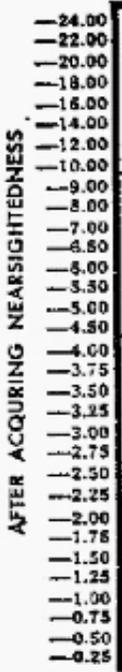
Above the normal line is Myopia, or nearsightedness, as shown by Pseudo Myopia and numbers with minus sign, as found in Dynamic Skiametry or Subjective Test findings, which are never the same, in any such conditions. The words Pseudo Myopia and the numbers show danger in minus lenses and Pseudo Myopia, which leads to Progressive Myopia, a condition known and feared by all eyemen, yet is brought on by the wearing of glasses at a young age, at all distances, that are only near scientific at the distance they were fitted (usually 20 feet) or beyond. Progressive Myopia can also be brought on by the misuse of eyes, even without glasses, but not as high a degree as with glasses. The words Pseudo Myopia mean beginning or false nearsightedness.

Both above and below the normal line the numbers denoting lens powers are spherical, or average power of a combined Rx, including Astigmatism, or can be used for simple Astigmatism. However, Astigmatism is slowly progressive, while Hypermetropia and Myopia, which is combined with it, Dynamically, in most cases, are fast progressive where glasses are worn. So, low degrees of Astigmatism in most cases are ignored in favor of showing the past, present and future of Hypermetropia and Myopia, where the more or less history of the case is known.

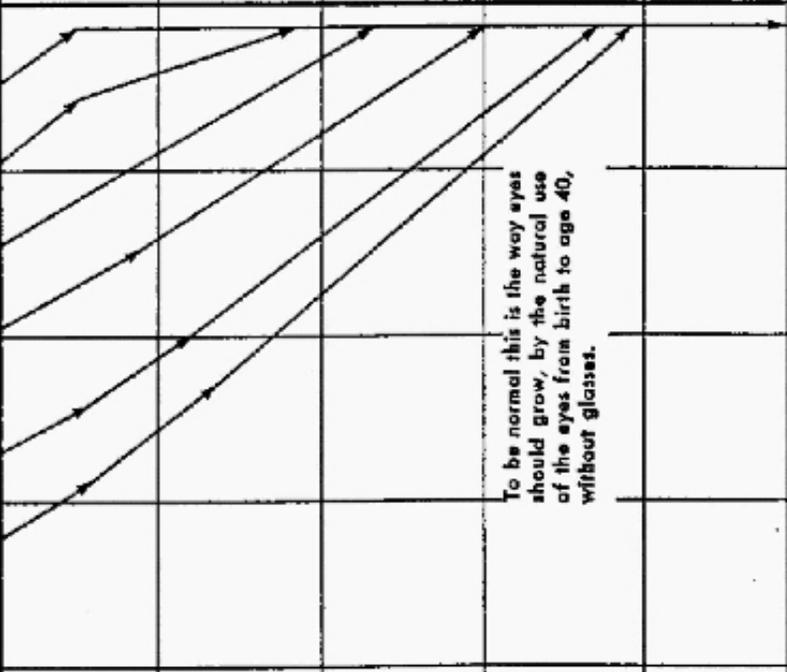
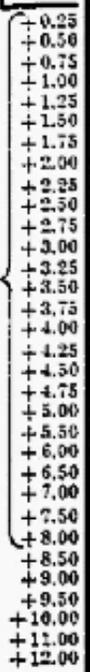
Directions: Obtain copies of prescriptions of all glasses worn, and at what age, to date, or at least, if possible, the first pair and last, and at what age obtained. Mark a dot where the Rx space and age meet, for every change that has been made. Then draw a line from the normal line to first dot, then from dot to dot. Thus it will be seen how fast and how far the eyes have gone from the normal line. So-called normal visual acuity with glasses should be classed as artificial normal visual acuity. While it is easy to believe that glasses save eyes and hard to understand that they don't, the graph shows that glasses take eyes farther and farther from the normal line, and do not save eyes.

This graph was designed under a complete new theory and method for eyes, discovered some forty years ago, carried on carefully and quietly through these years, in private practice, on thousands of cases, by the discoverer, J. J. KENNEBECK, O.D., KANSAS CITY, MO.

DYNAMIC and SUBJECTIVE FINDINGS AFTER ACQUIRING NEARSIGHTEDNESS



DYNAMIC and SUBJECTIVE FINDINGS SKIOMETRY TEST BORN WITH NORMAL MYOPIA



To be normal this is the way eyes should grow, by the natural use of the eyes from birth to age 40, without glasses.

PRESBYOPIC TURNING POINT OF EYES AT AGE 40

DR. J. J. KENNEBECK, O.D.
1510-11 WALDHEIM BLDG. KANSAS CITY, MO.

AGES 1 TO 60

DYNAMIC and SUBJECTIVE FINDINGS

AFTER ACQUIRING NEARSIGHTEDNESS

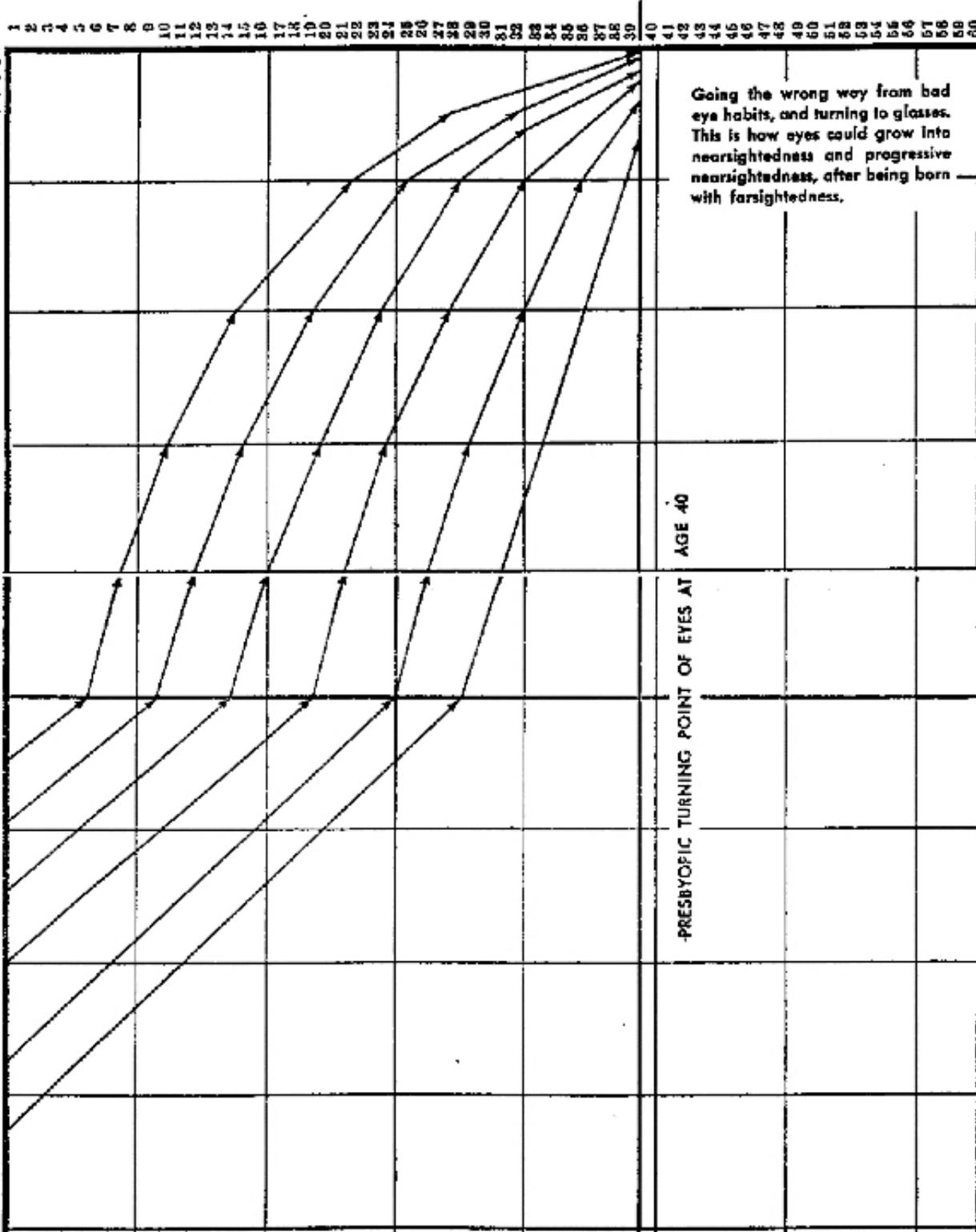
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PSEUDO MYOPIA

NORMAL

SKIOMETRY TEST BORN WITH

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Going the wrong way from bad eye habits, and turning to glasses. This is how eyes could grow into nearsightedness and progressive nearsightedness, after being born with farsightedness.

AGE 40

-PRESBYOPIC TURNING POINT OF EYES AT

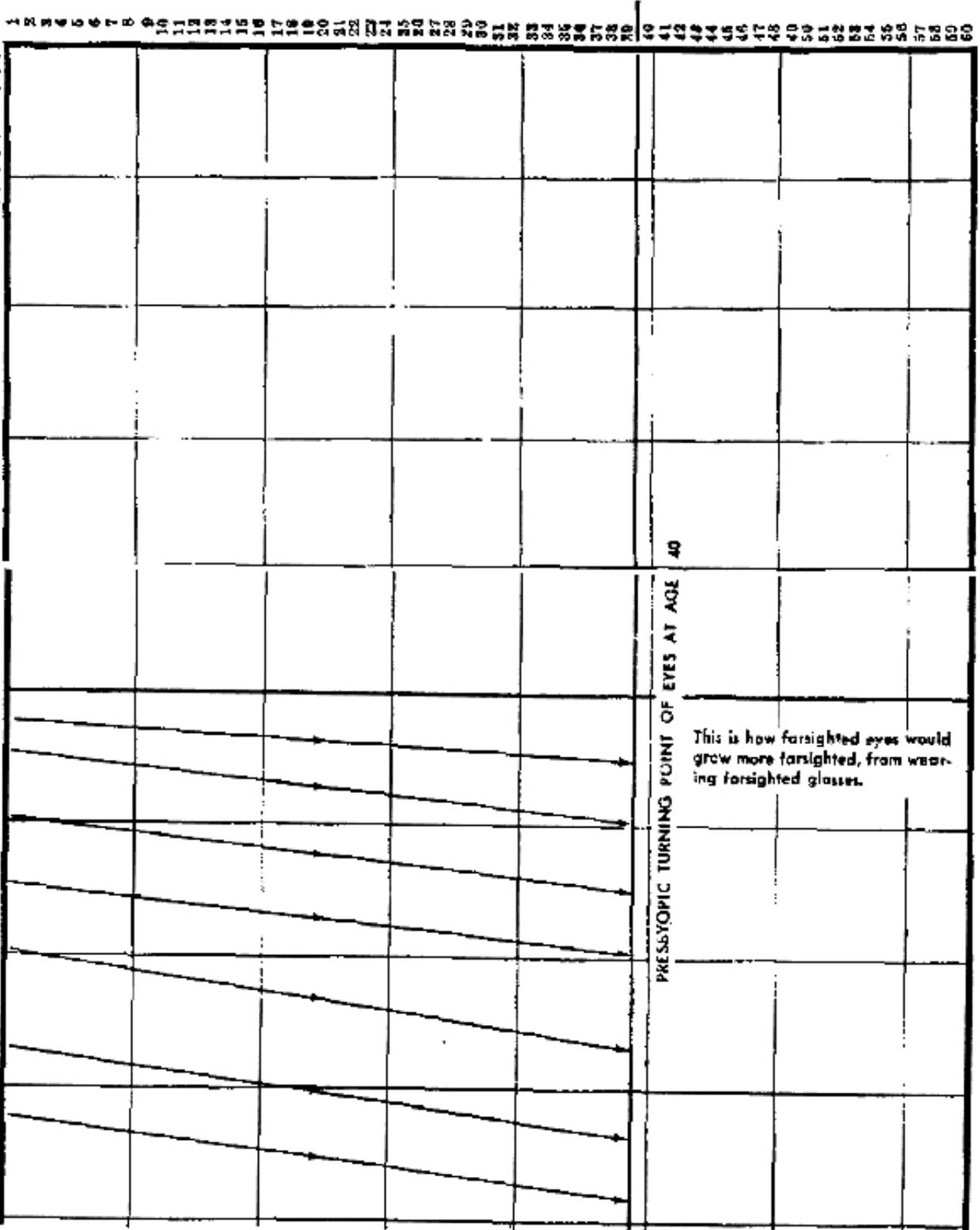
129

DR. J. J. KENNEBECK, O.D.
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AGES 1 TO 60

DYNAMIC and SUBJECTIVE FINDINGS AFTER ACQUIRING NEARSIGHTEDNESS

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DYNAMIC and SUBJECTIVE FINDINGS SKIOMETRY TEST BORN WITH

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PRESBYOPIC TURNING POINT OF EYES AT AGE 40

This is how farsighted eyes would grow more farsighted, from wearing farsighted glasses.

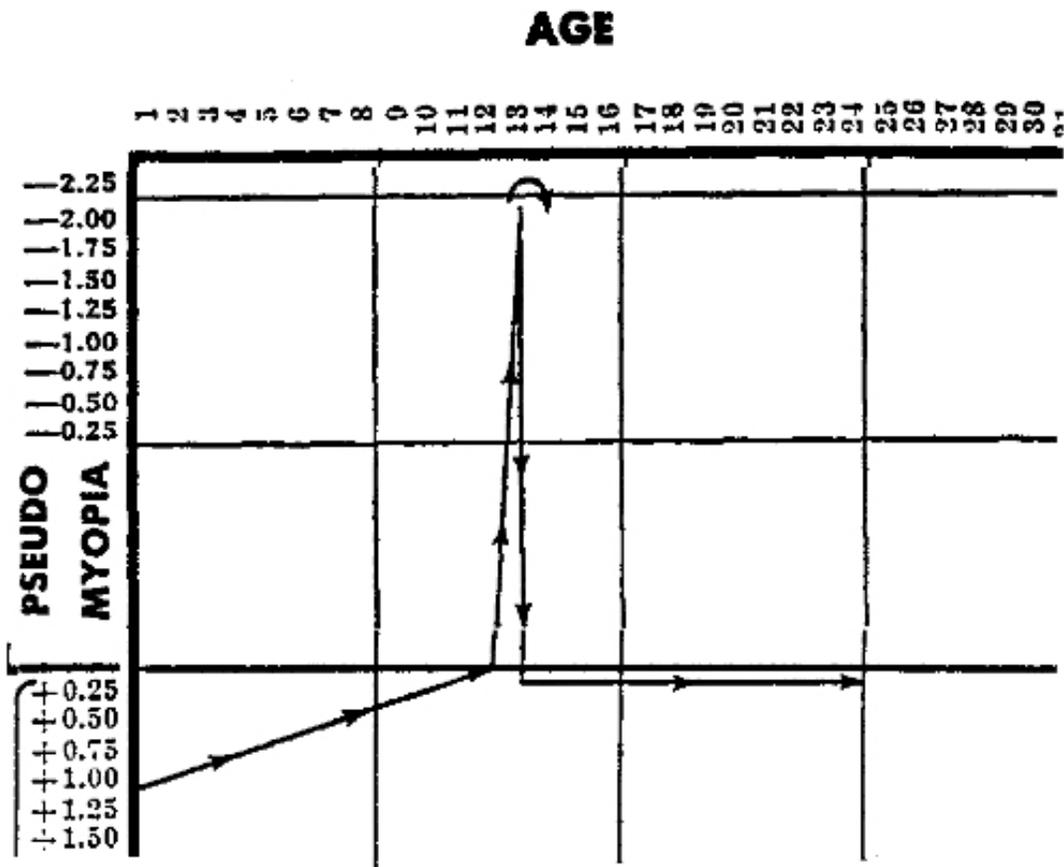
THIS IS THE CASE OF JOHN R.

His vision checked normal for seven years, up to age 13, when suddenly he went nearsighted (minus 2.00 diopters), as described in my script, from collecting stamps and coins, lying on his stomach on the floor, with no more light than that which came from the television screen in an otherwise darkened room. Caught in time, his vision returned to normal within two weeks and has held ever since, and without glasses. He had to stop at once that which caused his nearsightedness.

Exactly the same thing is happening to millions of other children and young people under the age of thirty-five. Caught in time, all the millions can be helped as John R. was helped.

While I have shown the case of John R. starting out with dynamic skiametry findings of plus 1.00, no doubt he was born with plus 2.00 to plus 4.00 diopters. However, the lines shown should serve the purpose. Any and all cases could be similarly charted on the graph, depending on the findings, as was the case of John R. All such cases started out with plus, which is natural, and sooner or later changed into minus, which is unnatural, meaning that they changed from farsightedness into nearsightedness. Then all cases grow progressively worse from there unless they stop all bad eye habits and never resort to nearsighted glasses.

DYNAMIC and SUBJECTIVE FINDINGS

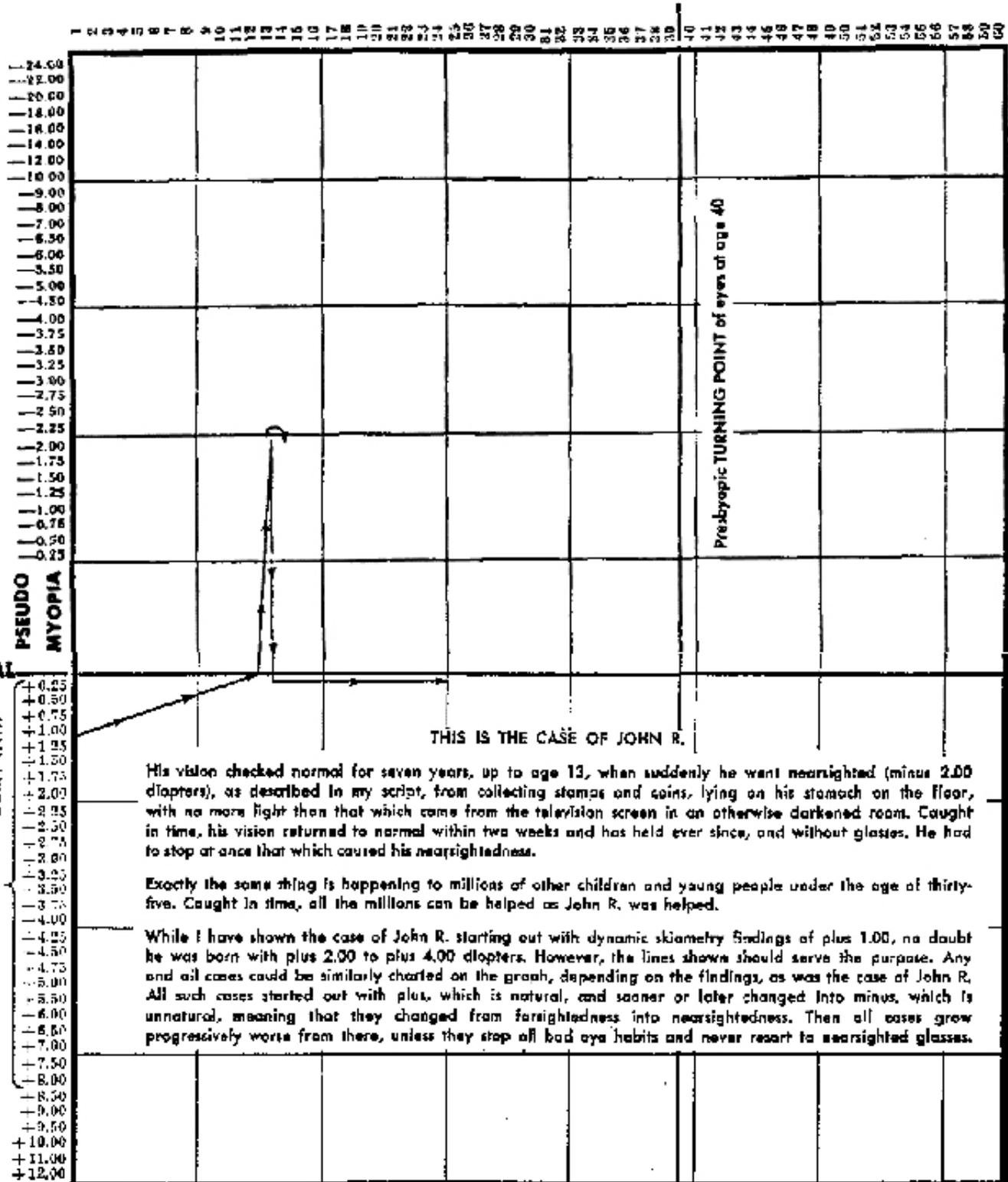


DR. J. J. KENNEBECK, O.D.
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AGES 1 TO 60

DYNAMIC and SUBJECTIVE FINDINGS

DYNAMIC and SUBJECTIVE FINDINGS



PSEUDO MYOPIA

NORMAL

SKIOMETRY TEST BORN WITH

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CHAPTER VI

MYOPIA EXPLOSION

These are questions asked over a period of forty years about the cause of myopia (nearsightedness) in children and young people, and why glasses are a poor and unscientific remedy for them, with answers according to the author's own theory and method for eyes.

They may come as a shock to those who believed otherwise; it also came as a shock to the author when he discovered it. Nevertheless it is the truth, whether we like it or not.

Q. WHAT IS MEANT BY MYOPIA EXPLOSION?

A. It means that there are more cases of myopia than ever before. Up to twenty-five years ago only a few in every thousand children and young people were myopic. Today it is over ten in one hundred, and getting worse every year. It will go to fifty or more per hundred, if something is not done about it.

Q. ARE CHILDREN BORN WITH MYOPIA?

A. No. Their myopia is acquired sooner or later. No one can be born myopic. But for the sake of argument, just suppose one was born with one diopter of myopia. Later on he has two, three, five ten, and up to twenty-five diopters of myopia. Where did he get the increased myopia? He was supposedly born with only one diopter. Even if one was born with myopia, glasses are not the scientific remedy.

Q. ARE NOT MYOPIC EYEBALLS TOO LONG?

A. No; neither are hyperopic (farsighted) eyeballs too short. Eyeballs could not be as long or as short as they would have to be, in more or less high diopter myopic or hyperopic eyes. Even if they were, glasses are not the scientific remedy.

Q. IS MYOPIA HEREDITARY?

A. No. Only hyperopia might be hereditary. It would make no difference if a parent, grandparent, or uncle, or aunt were or were not myopic. Each and every one who is myopic had to acquire it himself. Even if myopia were hereditary, glasses are not the scientific remedy.

Q. WHAT IS MYOPIA?

A. Myopia is a locked over-convexity of the refractive media of the eye. Hyperopia is an undeveloped refractive media of the eye. All myopic eyes were once normal or hyperopic.

Q. HOW IS MYOPIA ACQUIRED?

A. Most cases of myopia can be traced to misuse and abuse of the eyes as heretofore described in detail. Some cases can be traced to watching television at too close a range.

Q. COULD THERE BE OTHER CAUSES OF MYOPIA IN SOME CASES?

A. Yes. Myopia can also be acquired from getting unnecessary myopic glasses for reasons other than real refractive eye trouble. This is called malingering, fooling parents and obtaining glasses that are not needed. Normal and some hyperopic eyes can see better with myopic glasses, but they should not be allowed to. As soon as the unnecessary myopic glasses are worn long enough, the eyes will no longer be normal, or hyperopic, as they were before. They will be myopic from then on, and will go into progressive myopia. This would not have happened if they had not put on the unnecessary myopic glasses in the first place. It is surprising how many malingering cases there are. Myopia can also be acquired from wearing sunglasses.

Q. WHAT DOES THE WORD "BOOKWORM" COVER?

A. The word "bookworm" covers the reading of too many books, newspapers, magazines, prayer books in church, comics; writing, drawing, sketching, coloring, keeping stamps and coins, picking at fingers, manicuring the nails, boys making model airplanes and boats, girls cutting out paper dolls, crocheting, knitting, sewing, etc., all incorrectly.

Q. WHAT IF THEY COMPLAIN OF PAINS, STRAINS, OR HEADACHES?

A. Most of them are caused by the same bad eye habits, in any and all close work, as previously described. Often they are the forerunner of myopia to follow, if they keep up the bad eye habits. There are also other causes, such as exposure to fumes of fresh paint, varnish, gas or systemic upsets, for which glasses are certainly not the remedy. Those who wear glasses for them soon have them with the glasses.

Q. IF CHILDREN AND YOUNG PEOPLE DID NOT MISUSE AND ABUSE THEIR EYES, OR FEIGN EYE TROUBLE, AS DESCRIBED, WOULD THERE BE FEWER CASES OF MYOPIA, OR COMPLAINTS OF PAINS, STRAINS, OR HEADACHES, AND THEREFORE NO GLASSES WORN BY THEM?

A. That is true, and their eyes would tend toward normal.

Q. WHY ARE GLASSES UNSCIENTIFIC FOR THEM?

A. Glasses are unscientific for them because the glasses create more of the same problem for which they were prescribed and worn. There is no end to the progression of myopia with myopic glasses. It will continue up to and even past the age of forty.

Q. HOW DO MYOPIC GLASSES CREATE MORE OF THE SAME PROBLEM FOR WHICH THEY WERE PRESCRIBED AND WORN?

A. This and the answer to the next question alone should be enough to turn anyone against myopic glasses. All myopic glasses are fitted at one distance, usually twenty feet. The glasses are wrong at every other distance. It would be better to wear no glasses at all than to wear wrong glasses. No lens can be made to fit the eyes at all other distances. No one looks through his glasses at exactly twenty feet all the time. All eyes look at many distances, from near to far, in all directions. Myopic glasses are habit-forming at twenty feet and beyond. Few use their eyes beyond twenty feet as much as they do inside of twenty feet. At every foot inside of twenty feet the glasses are many times worse. At TEN feet the glasses are TWICE wrong; at FIVE feet the glasses are FOUR times wrong; at ONE foot, where all close work is done, the glasses are TWENTY times wrong. This is arrived at by dividing the footage, or distance eyes look at, into twenty feet, where the glasses are fitted. The same reasoning goes for contact lenses, which are worse than glasses. Better read this and the next answer again and again. No one can deny these facts in order to justify the wearing of myopic glasses.

Q. CANNOT EYES COMPENSATE, THROUGH MYOPIC GLASSES MADE FOR TWENTY FEET, TO SEE AT ALL OTHER DISTANCES?

A. Yes. Eyes can compensate, as per the question, as long as they are young enough to do it. But, I must warn you that eyes cannot compensate, as per the question, WITHOUT BEING HURT. It is the compensating, through myopic glasses fitted for twenty feet, that brings on progressive myopia, locking the refractive media of the eyes into more and more over-convexity.

Q. ARE NOT BIFOCALS PRESCRIBED IN SOME MYOPIC CASES, IN AN ATTEMPT TO OFFSET COMPENSATING FOR CLOSE WORK?

A. Yes, but bifocals are a feeble attempt. However, prescribing bifocals does prove that it is bad for eyes to compensate for nearsightedness through myopic glasses fitted for twenty feet. But glasses, particularly of the myopic variety, are bad at ALL distances inside of twenty feet. That is why ALL myopic cases grow progressively worse, even with bifocals.

Q. THEN EYES CANNOT GET BETTER, AND MUST GO WORSE, WITH MYOPIC GLASSES?

A. Yes, in ALL cases. They ALL grow worse every year thereafter. If one does not seem to have gone worse, the glasses were over-fitted the time before.

Q. THEN THERE ARE NO CASES THAT MIGHT BE EXCEPTIONS?

A. That is true. There are no exceptions.

Q. THEN NO CHILD OR YOUNG PERSON SHOULD WEAR MYOPIC GLASSES?

A. That is true. Wearing myopic glasses prevents improvement. The very nature of the glasses is to artificially and temporarily make see or relieve, never to improve or cure. Nature never intended people to wear myopic glasses. Nature intended other means to help improve or cure myopia.

Q. CAN PEOPLE IMPROVE OR CURE THEMSELVES WITHOUT MYOPIC GLASSES?

A. Yes, providing they are disciplined in the use of their eyes and never wear myopic glasses.

Q. HOW LONG DOES IT TAKE FOR MYOPIC EYES TO IMPROVE OR CURE WITHOUT MYOPIC GLASSES?

A. It takes a year or longer, depending on the case. But improvement will begin at once, the minute one stops all harmful eye habits. As for a quick cure in bad cases, there is no such possibility. Myopia is very much like diabetes. Once a diabetic, one always has a tendency toward it unless he lives right. Once stricken with myopia, one always has a tendency toward it thereafter unless he lives right. This applies even to the mildest cases. Age and time help to improve myopia, but only if they ease up in their bad eye habits, and never wear myopic glasses. Rather than to stress what can or cannot be done for cases already stricken with myopia, it is more important to prevent new cases from acquiring myopia. Then we would not have such severe advanced cases. Otherwise, the mild cases of yesterday and today will become the severe progressive cases of tomorrow.

Q. HOW SHOULD PEOPLE BE DISCIPLINED IN THE USE OF THEIR EYES?

A. They should be made to stop all unnecessary close work. What close work they think they have to do should be done under good incandescent light, looking up and away often. They should blink and squeeze their eyes with their eyelids often.

Q. ARE THERE ANY OTHER THINGS THEY SHOULD NOT DO?

A. Yes. They should never wear sunglasses, or look through binoculars, telescopes, opera glasses, or field glasses, or try on any glasses.

Q. WHY ARE SUNGLASSES OR TINTED LENSES BAD?

A. They are bad because they dilate the pupils of the eyes, when eyes need sunshine and light to contract the pupils. The smaller the pupils the better eyes see and the safer the future. Dilated pupils are one of the first signs of myopia to follow.

Q. WHY ARE BINOCULARS, TELESCOPES, OPERA GLASSES, AND FIELD GLASSES SO BAD?

A. They are bad because the optical power of the lenses in them are worse than glasses, particularly to myopic eyes.

Q. THEN DILATION OF THE PUPILS, FOR AN EYE EXAMINATION, IS ALSO BAD?

A. Yes, it is bad and totally unnecessary. It takes skill and a knowledge of eyes and optics to examine eyes without dilation.

Q. CAN CHILDREN AND YOUNG PEOPLE GET ALONG WITHOUT MYOPIC GLASSES?

A. Yes, and their eyes could gradually return toward normal, as my own eyes did, after I acquired myopia at the age of twelve.

Q. WHAT IF THEY SQUINT TO SEE WITHOUT MYOPIC GLASSES?

A. There is no harm in squinting. It helps the eyes improve or be cured. Those who wear glasses to keep from squinting soon squint with the glasses.

Q. ARE NOT SOME CASES BLIND WITHOUT MYOPIC GLASSES?

A. No. None are blind without their myopic glasses. They only say they are blind without them. Only blind people are blind, and they cannot see even with glasses. Myopic cases may not see small things, or signs farther away without their glasses, but otherwise they can see well enough to get along, until they improve and begin to see better.

Q. CANNOT CHILDREN AND YOUNG PEOPLE WEAR MYOPIC GLASSES PART-TIME, SUCH AS IN SCHOOL, AND NOT GROW WORSE?

A. No. There is no halfway in myopic cases. If they wear myopic glasses all the time, or even part-time, they must grow worse. If there are some things they cannot do without myopic glasses, they cannot do them until they improve enough to do them. One must persevere and do the best they can without glasses. If one left his myopic glasses off for a day, a week, a month, or a year, and then put them on, even for a minute, he would ruin all the good he had done by going without his myopic glasses. Eyes are quick to take hold, through myopic glasses, and to be what the myopic glasses make them.

Q. HOW CAN THEY GO TO SCHOOL AND LEARN WITHOUT THEIR MYOPIC GLASSES?

A. Many myopic cases go to school and learn without myopic glasses. Not all myopic cases wear glasses.

Some parents refuse to allow their children and young people to wear glasses. They have found ways and means to keep them from wearing them. Children and young people can get their education and save their eyes at the same time, by using their eyes in the right way. If they do that, sooner or later the eyes will improve and they will find things easier and better. Not one of them has to ruin his eyes to get his education. With the proper cooperation of teachers and school nurses, all students can go through school without myopic glasses. A student recently graduated from the University of Chicago with the highest honors. He was totally blind.

Q. HOW CAN TEACHERS AND SCHOOL NURSES COOPERATE TO HELP MYOPIC CASES?

A. Teachers can write larger on the blackboard, keep the blackboard black, and see that there is no glare on it. They can allow myopic students to sit in or near the front row. They should not give students so much homework to do. Students' eyes become weary and bleary from too much homework, with or without myopic glasses. School nurses can make screening tests of students' eyes, but should not suggest or insist that the student get glasses. Teachers should spend a little time every day in every class, in all schools up to university level, teaching students how to use their eyes right and how not to use them wrong. Fast and furious overeducating is the cause of too many students going myopic. It would be better to be the poorest student with the best eyes than to be the best student with the poorest eyes. Eyes should come first.

Q. THEN PERFECT VISION, WITH MYOPIC GLASSES, DOES NOT MEAN PERFECT EYES?

A. That is true. Strong glasses do not make strong eyes. Myopic eyes are already too strong. Only hyperopic eyes are weak, and hyperopic glasses make them weaker. Myopic glasses over-develop the refractive power of the eyes, as previously explained.

Q. THEN MYOPIC EYES ARE TOO STRONG, AND HYPEROPIC EYES ARE TOO WEAK?

A. That is true, and they grow more so with glasses.

Q. HOW BAD CAN EYES GROW WITH GLASSES?

A. Very bad. Myopic eyes can go as bad as thirty diopters, with glasses, as compared to eight diopters for hyperopia. The naked visual acuity can go as bad as 20/400, or worse, with myopic glasses. Wearing myopic glasses through life could lead to blindness from detachment of the retina, conical corneas, myopic cataracts or glaucoma, at middle age or past. Myopic cases are more subject to these conditions than other cases.

Q. WILL MYOPIC CASES NOT GO THAT BAD WITHOUT GLASSES?

A. No, they will not go that bad without glasses.

Q. IS HYPEROPIA AS BAD AS MYOPIA?

A. No. All eyes are born with more or less hyperopia. This is natural. They develop toward normal by the natural use of the eyes as they grow older. If they resort to glasses, the glasses stop their natural development. It would be better for eyes to be more or less hyperopic than to be even one diopter myopic. Hyperopia is not nearly as bad as myopia.

Q. THEN CHILDREN AND YOUNG PEOPLE WOULD BE BETTER OFF IN THE LONG RUN, REGARDLESS OF THE EYE CONDITION, IF THEY HAD NEVER PUT ON THEIR FIRST GLASSES?

A. That is certain. They have no future, with glasses, but to grow worse.

Q. THEN WHY ARE GLASSES PRESCRIBED FOR THEM?

A. That is a good question. Professional ethics do not permit me to answer, but I have records to show that all cases grow worse with glasses and improve without them. It stands to reason that this is so. Since I am opposed to glasses for children and young people, it is not up to me to answer this question.

Q. WHY CANNOT ALL THIS BE BROUGHT TO PUBLIC ATTENTION?

A. That is another good question, but difficult to answer. Again I have to hide behind professional ethics. It is bad enough for me to say what I do against glasses. I can only say that the old tradition of glasses has taken such a hold on the masses, that anyone who raises his voice against glasses is branded as a quack. I know of no media by which all this could be brought to the attention of all concerned. One would have to ask elsewhere for the answer to this question.

Q. THEN THERE IS NO AUTHORITY WITH THE POWER TO DO SOMETHING ABOUT IT - TO FORCE IT ON ALL CONCERNED, SUCH AS PARENTS, TEACHERS, SCHOOL NURSES, AND THE CHILDREN AND YOUNG PEOPLE THEMSELVES?

A. Not that I know of. I only wish there were. Something could be done about it if and when enough interest in these questions and answers is shown. It is strange that the masses so strongly believe in glasses and that they are skeptical of anyone who raises his voice against them. Eyeglass wearers, who are not qualified to be skeptical, would scoff at, deride, and ridicule anyone opposed to glasses.

Q. WHAT ABOUT OTHER EYE CONDITIONS NOT MENTIONED HEREIN?

A. Let it be understood that other eye conditions cannot be included herein. This deals mostly with myopia. Information on all other refractive and muscular eye conditions can be furnished on request, by written questions. Let it also be understood that adult eye conditions are not included herein. It is too late for most of them. Their eyes are more or less set in their refractive eye trouble. While most of them have

to resort to glasses, they should be fitted with the weakest lenses possible, and wear them no more than necessary. Their glasses should never be on when they could be off. The more they go without their glasses, the better their eyes will be and the longer their glasses will last, without changing them so often.

Q. THEN GLASSES SHOULD BE ALLOWED FOR ADULTS, NOT FOR CHILDREN AND YOUNG PEOPLE?

A. That is correct. Just because adults have to resort to glasses is no reason to think and believe that children and young people have to. There is no comparison. While an adult's eyes are more or less set in their refractive eye trouble, as said before, children's and young people's eyes are flexible and in the process of development. The eyes of children and young people will respond to discipline, with or without corrective measures, while the adults will not.

Q. IS THERE A SECOND BEST WAY FOR ALREADY ADVANCED CASES OF MYOPIA TO HELP THEM TO KEEP THEIR EYES THE SAME, OR FROM GOING WORSE?

A. Yes. First have minimum - or less - prescription glasses for emergency use only, such as driving, or for whatever might be important. Then wear the glasses as little as possible otherwise. Stop all unnecessary close work. What close work one thinks he has to do, should be done without glasses if possible, under good incandescent light, looking up and away often. If the ease is so severe that one cannot do close work without glasses, he should have special half-power glasses for close work, or bifocals. From then on, do not change the glasses, unless the power of the lenses can be reduced. Be checked for that every one or two years.

This is not a solicitation of patronage. It is intended to help those who care to help themselves. However, there are corrective measures for the already severe advanced cases that may need help. This could only be done in person, and after an eye examination under the proper theory and method. But even such severe advanced cases can help themselves somewhat by quitting their bad eye habits and deliberately discarding their glasses permanently, even without correct measures.

This is a **WARNING** against myopic glasses for children and young people. There is nothing in the healing art that could look so right and be so wrong as myopic glasses for them. They are the ones who must pay the penalty, as they grow older, for what was done for them when they were younger. Innocent and unsuspecting as they are, they will wear any glasses that are put on them, with never a complaint as to whether the glasses are fitted right or wrong. Real refractive eye trouble begins then and there.

If all concerned with the eyes of children and young people would heed the warning given herein there would be no new cases of myopia, and therefore no glasses to be worn. Cases already stricken could be improved or cured. Symptoms of pains, strains, and headaches would be no more. All would have better eyes through life. Loyalty to the old tradition of glasses for the masses will not save the eyes of the present and future generations. No one has ever had to prove, or ever could prove, that myopic glasses save the eyes of children and young people. I should not have to prove further that they do not. If what I

have had to say is not enough proof, then there is no hope for their eyes.

Most cases that do what is called for herein will notice and admit improvement or cure. However, there are some who will hold back. Due to their loyalty to the old tradition, to save face and not be proven wrong for having worn glasses, they will insist that they notice no improvement in seeing or feeling better. In fact, some will declare that their eyes have grown worse. They love their glasses, and what they think glasses do for them, for secret reasons of their own. Such unfair opposition makes it hard to prove to the world that glasses do not save eyes; that eyes never get better with glasses; that eyes do not even stay the same with glasses; that all eyes grow worse with glasses; that all eyes would be better off, in the long run, if they had never put on their first pair of glasses. Such is the law of optics and eyes, whether we like it or not. Time will prove it to be true. No one can defy the law of optics and eyes and get away with it.

It took a Civil War to free the slaves of the South. It will almost take a war, or at least legislation, to free children and young people from becoming slaves to glasses. This is the only way I know to try to arouse parents to turn against glasses for the masses of children and young people. They may have refractive eye troubles that they brought on themselves unknowingly and innocently, but glasses are only a poor makeshift remedy. They need more than glasses can ever do for them. This is about all I can do, at this time, until parents do their part.

CHAPTER VII

CHALLENGING THE HELMHOLTZ THEORY

It is about time someone protests against the praise, honor, and glory given Helmholtz, on his theory of accommodation of the human eye.

As Tscherning violently disagreed with the Helmholtz theory then, I violently disagree with it now. I challenge all who believe the Helmholtz theory of accommodation to give some thought as to whether or not it is even reasonable to believe.

It is not that another theory of accommodation would change eye work as it is being done today, but it could lead to a new understanding of refractive and muscular eye troubles, and might improve the eye work of today and tomorrow. It did this for me over the last forty years.

The crystalline lens of the human eye has little or no elasticity in the first place. Therefore, it could not be the media of accommodation in the second place. Certainly it does not have enough elasticity to focus the human eye, instantaneously, as fast as I can accommodate my own eyes from far to near and near to far. Yet we know that the human eye does have the ability to accommodate instantaneously, for any and all distances.

Then the question arises - if the crystalline lens is not the media of accommodation, what is it there for, and what is the media of accommodation???

The crystalline lens is the core of the eyeball, suspended taut in place in its capsule by the suspensory ligaments, which in turn are connected to the circular ciliary muscles of accommodation. Instead of the crystalline lens becoming more or less convex, as per Helmholtz, under accommodation, it becomes held more or less taut in place, under accommodation.

Under the Helmholtz theory, the crystalline lens would be held less taut in place, and of its own weight it would sag or tip, instead of becoming more or less convex. Its curved surfaces, having a power of 16 to 19 diopters, are more or less neutralized by the curvature of the humors, making the power of the crystalline nil and useless as a refracting media. As a refracting media, eyes could do without the crystalline lens, if internal tone and pressure were not lost in its removal. Suspended taut in its place, it serves as a solid to steady the action of the circular ciliary muscle, and to help keep the eyeball round.

In the act of accommodation, as I see it, the circular ciliary muscle acts in "shoelace" fashion, contracting in itself, drawing the crystalline lens taut and at the same time, making the cornea more or less convex, thereby making the cornea the media of accommodation, instead of the crystalline lens. It has to be that way; it cannot be any other way. At least that way is more believable than the old Helmholtz theory of accommodation. But there is more to say about the cornea, and its power and action under accommodation.

The cornea has more than enough power to do all the focusing for a normal human eye. It is so powerful that it bends all rays, incident on the cornea, directly through even a pinpoint pupil, straight on through the aqueous humor, the crystalline lens and the vitreous humor to the retina. It must be remembered and kept in mind that the point of reversal takes place in the pupil.

Considering a pinpoint pupil, the anterior surface area of the crystalline lens is so small and neutralized by the aqueous humor, that it could have little or nothing to do with refraction. That alone cuts the power of the crystalline lens in half. Then also, the incident and emergent rays pass through the curvatures of the crystalline lens at an almost perfect right angle to its curvatures, on their way to the retina, without being refracted by the crystalline lens, and just as if the crystalline lens was not there.

In the act of accommodation, the cornea becomes more or less convex by the action of the ciliary muscle. The act is so minute that it is not detectable, even with the ophthalmometer. It should be realized that the eye being examined, while looking into the aperture of the ophthalmometer, is under accommodation for the distance it is looking. This gives the corneal curvature under accommodation at that distance. If it were possible to take the corneal curvature with the ophthalmometer while the eye was looking at infinity, it might show less corneal curvature, depending on the type of eye being examined. While there may not be very much difference, this could prove that the cornea is the media of accommodation. I can accommodate either one of my eyes at will. My vision blurs, and I can actually feel the action of the ciliary muscle making the cornea more convex. I can accommodate so strenuously that the object I look at shakes, meaning that my eyeball quivers, but only in the horizontal, as in nystagmus. If I force my accommodation with both eyes together, my vision blurs up to a certain point; then my eyes turn inward, and I see blurred and double. If I then ease up a little in my over-accommodating at will, I still see blurred, but single. If I ease up all the way, I see clear and single.

In my over-accommodating at will, with one eye or both, I am actually making my eyes nearsighted. This means that with my naked eyes, I would see blurred. If I placed a minus lens before my eyes, I would see clear. Doing this under the Helmholtz theory of accommodation, I would be forcing my crystalline lens to bulge into becoming more convex by its own supposed elasticity. If I believed in the old Helmholtz theory of accommodation, I would not dare do that with my own eyes. Not believing in it, and believing in the cornea as the media of accommodation, I do not fear doing it, and overdoing it, if I please, as a matter of experimenting with my own eyes. Since the crystalline lens has little or no elasticity, some other media has to have a lot of elasticity to perform the instantaneous act of accommodating. That other media can only be the cornea. No other media could have such flexibility and elasticity.

Under the old Helmholtz theory, a farsighted eye would mean a lack of convexity of the crystalline lens, and a nearsighted eye would mean an over-convexity of the crystalline lens. This is not even reasonable to believe, but we know it has to be something. If the cornea was the media of accommodation, a farsighted eye would lack convexity of the cornea, and a nearsighted eye would mean an over-convexity of the cornea. That is more reasonable to believe. On close observation of the corneas, one will find that farsighted eyes have a shallow cornea and anterior chamber, while nearsighted eyes have an over-convex cornea and more anterior chamber, with usually large pupils, a glassy and starry-eyed look, and a bulgy eyed appearance.

Under the Helmholtz theory, presbyopia is supposed to be the physiological hardening of the crystalline lens. Since the crystalline lens has little or no elasticity, this theory of presbyopia also is not even reasonably believable. With the cornea being the media of accommodation, presbyopia has to be the loss of power or action of the ciliary muscles, or loss of flexibility of the cornea, or both. It seems that it has to be a loss of power of the ciliary muscles. It is not reasonable to believe that the cornea could have such a fault, or have anything to do with it.

Going beyond what is or is not the theory of accommodation, the crystalline lens and ciliary muscles have another duty to perform. They not only serve to help keep the eyeball round, but all extrinsic muscles oppose each other through it. Without them, the extrinsic muscles could pull the eyeball out of round. The crystalline lens and ciliary muscles could perform such duty better with the cornea being the theory and media of accommodation, than with the old Helmholtz theory.

Any theory of accommodation would be hard to describe. If one would imagine the crystalline lens as a solid suspended in place, the ciliary muscles as a muscular ring, and the extrinsic muscles attached to it under tension, one would have a better picture of the cornea as being the media of accommodation.

One has to have a strong imagination to picture the act of accommodation under the old Helmholtz theory. One may not be able to catch the cornea becoming more or less convex in the act of accommodation, but that does not mean that anyone has ever caught the crystalline lens becoming more or less convex, in the same act. What proof is advanced, in an attempt to prove the crystalline lens as the media of accommodation, could be credited to the act of the cornea. In fact, as stated previously, the act of accommodation in the human eyes is so minute as to be beyond detection, whether the media be the cornea or the crystalline lens. However, in either case it takes the action of the ciliary muscles, which in normal eyes should be as active as the hairspring of a watch, to activate accommodation. Whatever the media of accommodation, it has to be fast and instantaneous. In any case, as I see it, it can only be the cornea.

With the theory of the cornea being the media of accommodation in mind, I was able to go even farther into the cause and condition of all refractive and muscular eye troubles, especially in cases of children and young people, and do something about it. This I could not have done under the old Helmholtz theory. If others would do as I did and do some thinking, they might run into the same thing. If they did, they would find it as revolutionary as I did.

Right now I only wish to establish a change in the theory of accommodation, from that of Helmholtz to what it should have been all these years. Once and for all, I would like to see the old Helmholtz theory of accommodation thrown overboard, and establish the cornea as the media of accommodation of the human eye. In doing that I would discredit Helmholtz, as he should have been discredited years ago for holding back advancement in thinking, in eyework, for all these years.

CHAPTER VIII

CORRECTIVE MEASURES AND OTHER FACTS

I have said that corrective measures can only be determined after an eye examination, under the proper theory and method. From what I have said in my book, many eyemen could reason out what the corrective measures might be and use whatever they want to. If they wish to know what I use, they would have to contact me. However, if enough interest is shown, I might write up what I do in most ordinary cases. But I must insist that the main thing to do is to DISCIPLINE children and young people in the use of their eyes and never prescribe glasses for wear. Corrective measures are secondary.

It is very much like the vaccine for the prevention of polio. They do not say, and very few know, what is in the vaccine. It is only known that it is necessary to have the shots to prevent polio. That is true of other shots, and medical prescriptions also. Patients do not know what is in them, yet they accept them.

It is the same with corrective measures for the eyes of children and young people. It is strange how all believe in and accept glasses as a remedy without question, although patients know nothing about them. Eyemen say to the patient, "You Need Glasses," without explaining just what kind of lenses will be used, what is the prescription, and why, or what glasses will and will not do to the eyes.

Corrective measures are corrective measures-whatever is necessary for the treatment of whatever the case might be. Just what they are and for what case (and there are too many types of cases), cannot be included in my book. While the vaccine is the same for all in the prevention of polio, corrective measures are different for different types of eye cases. The case would have to be known before the type of corrective measures could be determined.

ANOTHER MOST SEVERE CASE

I recently had a case whom we shall call Jack C., age sixteen. Visual acuity was a poor 6/200, dynamic skiametry a hazy reflex of high minus. He had been wearing minus 18.00, minus 1.00, axis 180-, for a year, and had worn glasses for seven years. With this prescription he had only poor 20/200 vision. It was a case of high amblyopia in both eyes. With the glasses he could hardly read #6 type at three or four inches. His too-strong lenses gave too little improvement in seeing.

During my examination I found that he could do as well with his own eyes without glasses. Therefore, he had been misfitted with the above lenses, which made his bad eyes even worse. But because he had sub-

normal amblyopia, it was thought by the patient, the school nurse, and his eyeman that he must have some kind of glasses.

Jack was a dull sort of person, one who would be difficult to examine; it would be equally difficult to arrive at what lenses should be prescribed. He must have been even more difficult at the age of nine, when he got his first glasses. He had misused his eyes for too long before that, and no doubt he had been misfitted at that time, and since. Even now, he stated that he could see better through his brother's thin-lensed glasses than he could with his own thick-lensed glasses. Jack was a poor reader. About the best he could do was the three- or four-letter words, holding the reading three or four inches from his eyes, and his eyes hurt when doing close work with his glasses.

I do not claim that corrective measures will help him, but I do claim that he would not be hurt, and could be helped, by taking his glasses away from him, which should have been done long before. It is too late now to do much for him, and only time will tell.

The point I wish to make is that it would have been better to have done nothing than to prescribe misfitted glasses.

CASE OF RICHARD S., AGE SIXTEEN

Richard S. was examined in 1953 as follows: Vision right eye 20/200; left eye 8/200. Dynamic skiametry test: right farsighted structural astigmatism plus 4.50, axis 105 degrees; left eye, nearsighted minus 4.50. This case had two radically different eyes; he had high diopter farsighted structural astigmatism in the right eye, and high diopter nearsightedness in the left eye.

At the age of six, when entering first grade, the school nurse was not satisfied with the results of his vision test. She asked that he be taken to an eye specialist, which was done. After a lengthy examination, the specialist reported that Richard's eyes had been stabbed by instruments at birth, and most of his vision was gone. He was fitted at once with strong glasses, as the parents were told that it would not be safe for him to cross the street with his poor vision. Richard did not like the glasses, and he was taken to other eye doctors, always hoping they would find some new help. They were always told the same thing; that his case was hopeless.

When Richard reached the age of sixteen, a new friend told the parents about having her vision restored under my theory and method. Richard was brought to me. I analyzed his case, testing each eye separately as to its condition, took his glasses away from him, and started corrective measures. He reported faithfully, with full cooperation. I had to treat each eye separately, and he began to show improvement. Later when he was called up by the army for his physical examination, he passed his vision test. He had no trouble getting his driver's license. Without glasses, he received his Masters degree in education with all of the attendant reading and studying.

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Practically all of the above history was taken from a testimonial letter written by his mother in January, 1967, wherein she said she was grateful for his good eyes, and the fact that they did not give up when they were told that his vision was almost entirely gone, and nothing could help his eyes. Most of all they were grateful to me for what I was able to do for him.

I do not say that I made his eyes normal, but I did make it possible for him to live and get his education without glasses, and I kept his eyes from going the way they would have gone with glasses.

A SEVERE CASE OF MUSCULAR IMBALANCE

Another severe case concerns a woman patient in her fifties, from Sioux City, Iowa. She and her husband were on vacation in California, where they heard of my work. They stopped to see me on their way back.

Her case was one of high 40 degree vertical muscular imbalance, called right hypertropia, combined with some estropia. This means that the right eye actually turned up and inward, while the left eye was straight or, *vice versa*, the left eye turned down and inward, while the right eye was straight. A degree or two of such a condition is bad enough, but in her case it was 40 degrees.

She was wearing 40 degrees of prism, fitted by a well-known specialist at a well-known State University clinic eight years before. Her glasses were so heavy the nose pads made depressions deep into the bridge of her nose. She was highly nervous, in poor health, and her family thought she was becoming a mental case. She had another pair of prism glasses, slightly stronger, fitted four years before by the same specialist. I have both pairs.

I deliberately removed her prisms, giving her just ordinary plano bifocals to be used only for close work, totally ignoring the muscular imbalance. I advised her that she would have to live with the imbalance, closing one eye, if necessary, to eliminate any double vision. She did as I advised.

Six months later she was back for a checkup. She was a new person in most every way; she could do close work and driving and was in better health. Her family no longer thought she was becoming a mental case. She still had some muscular imbalance, but was much improved. Again, six months later, she was back for another checkup, still going strong and more improved.

I do not mean to say that I cured her severe muscular imbalance (tropia), but I did make it possible for her to live, and be happy, without the 40 degree prism lenses. The prisms she was wearing not only kept her from improving, but created more of the same for which they were prescribed.

A WORD FOR THE SCOFFERS

No one can truthfully scoff at what I have written against glasses for children and young people under the age of thirty-five. Untruthful scoffers will do anything to try to justify the wearing of glasses, in order to save face and not be proven wrong for what they have been doing all these years. Scoffers will say that fifty thousand eyemen and millions of eyeglass wearers, in our country alone, cannot be wrong. Scoffers will say that if there was another way-without glasses-they would have known it long ago. Scoffers will insist that child behavior depends on vision training, meaning prism orthoptics and glasses, when all the child needed was DISCIPLINE in the use of their eyes no prism orthoptics, and no glasses. God help the scoffers, for they know not what they do.

It has been said that about 90 per cent of the people are honest, but this may not be so in the instance of eyes and glasses. It has also been said that this is a country of free speech. That is probably true as long as one is in favor of glasses for the eyes, but not so true if one raises his voice against glasses. Scoffers in favor of glasses for the masses would crucify the one who raises his voice against them. However, if there are enough honest people who will understand and do what I have done about it for the past forty-four years, in thousands of cases, then we will not have to worry about the few scoffers. They will have to come around sooner or later.

Scoffers should be skeptical of glasses, instead of otherwise. But scoffers will say they do not have the time and do not want to bother with anything but glasses. Little do they understand what they say. A pair of human eyes is priceless. The time will come when scoffers will wish they had listened to reason and had done what they should have done at a younger age.

WHAT I WOULD ADD

The "hippies" and "yippies" are not the only ones who put on modern and antique glasses for effect. Many normal people, particularly the male species, do the same, even children and young people. If all such glasses had plano lenses they could neither help nor hurt the eyes, but none of them are plano lenses. Practically all of them are prescription lenses of more or less power. They do not know what they are doing to their eyes. Let them grow beards, mustaches, and long hair, but for the good of their eyes they should forget the glasses.

Normal people used to put their best foot forward by using their dress and appearances in order to make an impression. Today glasses are worn as a status symbol to make this same impression. They must do something to create an effect. With glasses on, they are the life of the party; with their glasses off, they are a flop.

I cite a case of a man who wore glasses all of his life for nearsightedness. He would never take my corrective measures, but I directed him in the second-best way, allowing his vision to tend toward normal over a period of time, as he grew older. At the age of sixty his vision was normal for distance, and because of his past history of nearsightedness, he could also read the finest print. He could do entirely without glasses, but he would not do so. I gave him plain lenses, which he still wears all the time. He

would not be caught anywhere without glasses; they were part of his person. He was glass-minded to an extreme degree.

I mentioned his case to several other men patients who consulted me, men with similar cases. They said that they could understand it. I understand also, since I know now that glasses are worn by many for more reasons than the supposed need to see. However, while I work with them and do what they ask, I dislike being a part of prescribing phony glasses for reasons other than real refractive eye trouble.

THE CASE OF THE SCHOOL PRINCIPAL AND HIS GRANDCHILDREN

Here is an example of how a principal of a grade school believed in glasses for young school children until it hit home when he changed his tune.

I was treating several young students of a grade school with corrective measures, instead of glasses. The school nurse brought it to the attention of the school principal. He stormed about it, getting in touch with the parents, telling them I was a quack, and insisted that the children must have glasses.

The parents reported it to me. I convinced the parents that the principal was wrong and unfair, and that he did not know about me and my work. That evening I mentioned it to my wife, who was a grade school teacher and also an attorney.

Unknown to me, my wife contacted the principal and tried to explain and reason with him, telling him that he was wrong and making himself liable. He defied her, saying again that I was a quack and a crook, and that sooner or later I would be caught.

Not too long after that, the school nurse reported to him that his two granddaughters had failed the school eye test and were in need of glasses. This he did not like. He did not want his own grandchildren to wear glasses, so they were brought to me. I caught them in time, and their refractive eye trouble was corrected without glasses.

In other words, the principal believed in glasses for other young children of his grade school, but not for his own two grandchildren. The principal changed his mind when it hit home.

INSTRUMENTATION EXPOSE

The most important instruments for eyemen to have when making eye examinations are the retinoscope and phoropter, and along with them a trial case plus a test chart. With them the examiner can determine the refractive and muscular eye condition.

There are other more or less novel and tricky, although less important instruments that eyemen could do without, but they are used mostly to make an impression on the patient. I could not name them all. One instrument in particular is what is known as the ophthalmometer, or keratometer. Almost every eyeman has one. There is no doubt that the use of it makes a big impression on the patient, who thinks the eyeman is looking into the depth of his eyes and his brain.

The ophthalmometer is an impressive looking instrument, large in size when compared to a retinoscope. It sits on its own stand, has a chin rest for the patient, a telescope-like tube the patient looks into from one end, and a disc with lighted mires that reflect on the cornea. It is viewed from the other end of the tube by the eyeman, who turns dials or wheels that line up the mires which are reflected on the patient's cornea. That is all. It does not look into the patient's eyes beyond the cornea, as patients would imagine.

The ophthalmometer shows no more than the conical curvature of the eyeball. If the curvature is equal in all meridians, there is no astigmatism; if it is unequal there is astigmatism. The difference in the curvatures of the cornea give the amount of astigmatism, and its axis. Astigmatism and its axis can be determined in an equally good or better way by dynamic skiametry, making the use of the ophthalmometer unnecessary. There is no need for both, unless an eyeman uses both to make an impression on the patient. Knowing the base curvature of the cornea is unimportant except in contact lens fitting, and I am opposed to contact lenses. We know that practically all corneal curvatures are around 47 diopters, more or less. Knowing this does not help in the fitting of glasses.

I have an ophthalmometer. I discarded its use forty-four years ago in favor of dynamic skiametry. I still have it, just sitting there, so that no patient can say I do not have one.

I have also discontinued the projecto chart, in favor of a plain Snellen white cardboard test chart, which is the sharpest black on white target for testing. The projecto chart letters are weaker, almost transparent black, and the white is a hazy white. It is nice to have in an office, but not the best target. Patients should have the sharpest black and white target chart possible for testing their visual acuity.

Other unnecessary instrumentation would be the amblyoscope which is made up of powerful plus lenses in the eyepiece of the tubes, having mirrors instead of prisms. The tubes are L-shaped, one for each eye, with a swivel joint between them so that they can be moved apart or together. At the other end of the tube are celluloid slides, one having a bird, the other a cage. The idea is to hold the amblyoscope to the eyes which look through the powerful plus lenses, into the mirrors, to the bird and the cage, moving the tubes together or apart to put the bird in the cage. The powerful plus lenses are sedatives to the circular ciliary muscles of farsighted eyes, which are in need of a stimulant. They would not be so bad for nearsighted eyes, but nearsighted eyes need better than that. It is a trick instrument that we could do without.

The stereoscope is a similar instrument having powerful plus lenses, combined with prisms instead of mirrors. It is held up to the face; the eyes look through the lenses to a double-picture card. The card is moved back or forth to the point where the eyes see depth, or third dimension, in the picture. The lenses affect the circular ciliary muscles about the same as that described for the amblyoscope. The prism in the

lenses affects the extrinsic muscles, which are not in need of such effect. It is another trick instrument that we could do without.

Then there is the twenty-one point technique eye examination, which had its beginning about the same time as mine some forty years ago. It was promoted to the point where it is officially recognized by our local, state, and national associations, as a standard system for eye examinations. However, not all members of the associations are followers of the system. I for one have never been a member although I have been solicited all these years. Its promoters have been given credit they do not deserve. I feel that it, and its promoters, should be thrown overboard for teaching a system that carries its followers deeper into the mire of misunderstanding. As per my book, I tell of only a few points eye examination to know the cause of the refractive and muscular eye troubles. There is no need for a twenty-one point technique.

FITTING GLASSES TO YOUNG CHILDREN BY RETINOSCOPIC TEST ALONE

One day at lunch, two men sat at a table next to mine. I could not help but hear what they were talking about. The subject was eyes and glasses. Right across from me sat a cocky little ophthalmologist. I knew who he was, but he did not know who I was. The man next to me asked the ophthalmologist, "How in the world can you fit glasses to a baby or young child who cannot read letters on a test chart?"

The ophthalmologist replied, "Oh, that's easy. We have an instrument known as the retinoscope, which throws a light into the eyes. If the eyes are not normal there will be a shadow, showing the error of refraction. Then we neutralize that shadow with lenses placed before the eyes. The lenses it takes to do that is the prescription for glasses to wear."

The other man said, "Oh, I see," as if to say that he still had his doubts, but did not know enough about the subject to say more.

Eyemen can get away with that with such young patients. They do not know whether the glasses are right or wrong. They love the novelty of the glasses, and will wear whatever prescription is given them. They even want to sleep with the glasses on. The parents think that all is well; the glasses are a perfect fit, and the eyeman did a wonderful job. The young patient's eyes grow worse from that point on.

Let the eyemen try to do that-fitting glasses from the retinoscopic findings alone-with adults, and he will find he cannot get away with it. Adults can quickly tell if their glasses are right or wrong, as glasses go. Eyemen are wise enough to know this, and the final prescription is arrived at after a subjective (chart) test. Eyemen would not dare try to fit glasses to an adult from the retinoscopic test alone, as they *do* with young patients. What eyemen cannot do with adults they cannot do for young patients.

But eyemen want it to be known that they can prescribe glasses for patients of any age. Thus all glasses for such young patients are misfitted glasses. It would be better to wear no glasses at all than misfitted

glasses, while the young patients' eyes are in the process of development. This kind of eyework needs to be exposed.

A WORD FOR ADULTS

While I am concerned mostly about the eyes of children and young people under the age of thirty-five, following are a few words about the eyes of adults.

Most adults wear bifocals. A few wear what are called reading glasses (non-bifocals). Of the two, bifocals are the safest to wear because the distance is clearer when they look up and away. Reading glasses are too blurred when they look up and away, which is not good for the eyes. Reading glass wearers will say that they remove them when they look up and away. They cannot do this fast and often enough for the good of their eyes. As a result, they will create more presbyopia for near and farsightedness for distance than they would have if bifocals had been worn.

Having bifocals does not mean that they should be worn all the time. It only means that when they do wear them they can see when they look up and away. Wearing them all the time means that when they are not doing close work, such as when walking, too often they look down through the bifocal segments, far beyond the reading distance, which is almost as bad for the eyes as reading glasses.

If one wears bifocal glasses for distance all the time, it would be wise to do something that very few will do, and that is to have a pair of glasses for distance only, without a bifocal. With these one could walk better, go up and down stairs, curbs, etc., without blurring or stumbling. Too many have had accidents just from wearing bifocals. Of course, one should also have bifocals for reading and close work, switching them when necessary. This may seem to be more or less trouble to do, but it would be safer for them and better for the eyes.

By all means, nearsighted adults should have bifocals long before the seeming need. If they are nearsighted enough, they should do their reading and close work without glasses as much as possible, even if they have bifocals, or if it seems that they have to hold their reading closer. Sooner or later they will get more range. Better yet, it would be good if they would wear their nearsighted glasses less and less for distance as they grow older, and have the lens power reduced as often as possible. In this way they might become normal over a period of time.

STIES AND CYSTS

Sties do not come from so-called eyestrain. They sometimes turn into cysts. Certainly glasses are not the remedy for them.

Sties come from a bug or germ getting into the roots of the eyelashes, setting up a pus sac. Children and

young people play with and handle dogs, cats, or other animals or birds. They rub their eyes with their unclean hands causing the sties. They could also come from colon bacillus transferred by the hand to the eyes, after carelessness at the stool or elsewhere.

Sties come and go. There may be several in succession, or at one time in one or both eyes, all from the same cause. Stop the cause, use hot packs, do not rub the eyes, and keep the hands clean thereafter. The sties will be gone in time.

BLOODSHOT EYES

Other than from infection, bloodshot eyes are often caused by physical exertion, such as stooping, bending, wrestling, lifting, running up stairs, etc., done too strenuously. Small veins in the white of the eyes are broken and seep blood, causing the bloodshot eyes. Continued exertions keep breaking the veins. Only rest and quiet will heal the veins, so that they will not be easily broken again and again, and the bloodshot eyes will clear. Bloodshot eyes could come from doing too much close work too hard, without looking up and away. They are a poor symptom for the supposed need of glasses. Those who wear glasses for bloodshot eyes will also have them with glasses, from the causes mentioned above. Eyewashes are a poor temporary remedy for bloodshot eyes from the same causes. Ordinary bloodshot eyes should not be confused with pinkeye, or other infections.

Lids swollen all the way across are usually from a cold settled in the eyes. This will be gone in a short time.

THE STUDY OF UNIMPORTANT SUBJECTS

While other eyemen spent their time thinking of other subjects, such as how to fit more glasses, details of contact lens fitting, field testing, blind spots, maculae, and other less important things pertaining to eyes and glasses, under the old traditions, I have spent my time working out a theory and method for the elimination of glasses and contact lenses for children and young people, to give them better eyes and a safer future.

As I explained, I am opposed to fitting (misfitting) glasses for wear for children and young people. I prefer to DISCIPLINE them in the use of their eyes, and watch and wait for the eyes to improve without glasses with or without corrective measures.

In contact lens work, others go into great detail as to just what the curves of the contact lenses should be, how flat or how steep, dealing in fractions of millimeters; in other words, "splitting hairs" as to specifications, etc. This is all for naught, because as with glasses, eyes cannot improve and must grow worse with contact lenses. Of the two, glasses would be safer to wear, as they do not deteriorate or degenerate the surface of the cornea or cause ulcerations, which could lead to complications. However, both have their faults.

Field testing amounts to little and accomplishes nothing, even in adult cases. Expecting eyes to detect a small target away off-center, while concentrating on a center point, is like expecting eyes to see at near, while looking at far, or seeing far while looking at near. Few people can do that. Few if any eyes have enough restricted fields to bother them in their seeing. Even if there is a more or less restricted field, little or nothing can be done about it, and they have to live with it. I have yet to find a patient who complained of, or had symptoms of a restricted field in their vision.

All eyes have their blind spot and macula. I see no good reason for even mentioning them, unless one wishes to make an impression on the patient. In refractive eye work, we should spend our time in the study of the circular ciliary muscles, dynamic skiametry, and the subjective tests. Study of the above-mentioned is secondary.

SCHOOL TESTING; DRIVERS PERMIT LICENSE TESTING

Screening of children's eyes in school is all right if done with patience and understanding. Too often a child is too timid to respond to school tests, is classed as a failure, and a note is sent to parents, who rush the child to an eyeman who invariably fits (misfits) the child with glasses. Then all is supposed to be well. The next year the child fails the eye test, this time with glasses on. A note is sent to the parents again, and a change of lenses is made, as the eyes have gone worse. This goes on and on every year or two thereafter.

The child must be able to see what is on the blackboard. So many children are going nearsighted that it would be better if the blackboard would be abolished. The nearsighted children can do close work without glasses. The glasses they get to be able to see the blackboard are twenty times wrong for close work. That is one reason why they all grow progressively worse with glasses.

What they need, if they fail in the screening eye test, is discipline in the use of the eyes and no glasses. Some teachers issue a certificate or give prizes for students who read the most books in a short period of time. This should not be done even for good eyes, unless the teachers see to it that the reading was done at a correct distance, under good incandescent light, looking up and away often. Most refractive eye troubles of children and young students can be blamed on their school work being done wrong. If they did it right, there would be few, if any, refractive eye troubles.

Therefore school eye tests, to screen out the ones showing incipient refractive eye troubles, are all right, but they should be disciplined in the use of their eyes and not urged to get glasses. The bad cases should seek an eyeman who can give corrective measures.

TEENAGE DRIVING

There is one great day that practically all boys, and most girls, look forward to from a very young age. The greatest day in their lives comes when they can drive a car.

To do that they have to pass an eye test. If they used their eyes wrong at a younger age, they cannot pass the test. Some cannot pass the test even with glasses, if the glasses are not new, they then get new glasses to pass the test, and they wear them through fear of being caught driving without them. It's "goodbye to eyes" from there on.

Let us not be so sure that wearing glasses makes for safe driving, but glasses do get them by the law. There are as many or more accidents with drivers wearing glasses than those not wearing them. However, the law calls for restrictions and glasses for driving, making it look like the law is right and I am wrong. It make no difference what condition the glasses are in-new or old, bent, dirty, scratched lenses, fit or misfit, as long as it is a pair of glasses. How can any such glasses make for safe driving?

We must know and remember that the lenses in all glasses have only one point of best vision - the optical center. Off-center, the eyes look through prisms, when looking to the right, left, up, or down and in between. Then there are the rims of the eyeglass frames that cut off vision. Outside of the rims there are no lenses. As stated, all glasses are made for twenty feet. They are wrong beyond and inside of twenty feet.

Glasses have many faults. One most important fault is that just when one has to see his best, the lenses fog up. However, with all the faults of glasses, they are worn with confidence, as if they had no faults at all. The best that can be said for glasses, as said before, is that they are a makeshift, causing more of the same trouble for which they were prescribed and are worn.

Naked eyes have faults too, but none are so bad in the beginning that one has to turn to glasses and wear them constantly, for the rest of one's life. Most of those who wear glasses had no other choice but glasses for wear. However, they could have rejected glasses and gone on as they did up to that time-without them. Instead, they accepted glasses without question. If they had only known better, as this book explains, they could have gotten along and improved their eyes without glasses. Good eyes, without glasses, make for the safest drivers, but they are subjected to the hazardous drivers who wear glasses.

EXPERIENCE WITH GLASSES

Backward, turn backward,
Oh time in your flight;
Make my eyes young again,
just for tonight.

I am weary of glasses—
I have worn them so long,
I wonder as time passes
Will my eyes— ever be strong?

Time was when I
Could read in dim light;
Now even with glasses
That light must be bright.

It seems like I'm getting
No better so fast—
And glasses to remedy,
Never seem to last.

My eyes were once perfect
As far as I knew—
Then suddenly they failed
Their duty to do.

I had them examined,
And to my surprise—
Glasses were offered
As a panacea for eyes.

Wear the glasses always,
The Doctor said to me:
The correction I have given you
Will relieve the strain, you see.

He said I would get used to them,
And in two years or so—

Come back—you'll need a change of lens;
Eyes do not stay the same, you know.

My first glasses were very mild
And simplex in their power;
I thought they were becoming,
So I wore them through every hour.

They made me so I couldn't see
Without them any more—
And before the said two years had passed
I was in the same boat as before.

A change was made thereafter—
Every one or two years as advised,
And then I began to wonder,
Would there be anything left of my eyes?

By then my lenses were much stronger
By many times of my first—
I could not reason any longer
That my eyes were not going their worst.

They're dim and they're weak,
And they're sick at their best;
Anything but strong,
Or in a state of rest.

Now if good glasses save eyes—
And it is claimed that they do.
I should not be proclaiming
My eye troubles to you.

I've tried glasses—I know,
I wish it were so—
That glasses as a remedy,
Would make eye troubles go.

I plead with you,
With my heart, my soul,
To beware of strong glasses;
Strong eyes should be your goal.

Glasses relieve one—
I'll grant you that—
They give you artificial vision,
And that is a fact.

But you'll rue the day,
You'll look back and see
What your eyes might have been,
If you had listened to me.

Glasses hurt you while they help you,
They tear down, they don't build up;
Glass help is artificial,
So glasses I would duck.

I'd fight along without them,
Forever, if you please—
If my chances I had over
I'd never seek glass ease.

Too many are wearing glasses,
They put them on too soon;
For looks, for sight, for pain and strain,
They wear them night and noon.

I've done my best to tell the rest
That of glasses I would beware;
You'll find it's true, I'm telling you
Glasses will not get you there.

J. J. KENNEBECK, O.D.

Corrections

made to this edition of [*Why Eyeglasses Are Harmful For Children And Young People*](#), © 1969 Joseph J. Kennebeck, O.D.

- [Chapter I](#)
 - "sluffing" was changed to "sloughing"
 - "here and how" was changed to "here and now"
- [Chapter II](#)
 - "the fact it" was changed to "the fact is"
 - "patients visual acuity" was changed to "patient's visual acuity"
 - "the eyemen will then" was changed to "the eyeman will then"
- [Chapter III](#)
 - "help adult's" was changed to "help an adult's"
- [Chapter IV](#)
 - "power drugs" was changed to "powder drugs"
- [Chapter V:](#)
 - "Chapter X" was changed to "Chapter V"
 - "3/4" was inserted into to the "6 feet" line of "Chart I" (The original had "6 feet - 15/20 or times wrong")
- [Chapter VI:](#)
 - "Chapter XI" was changed to "Chapter VI"
- [Chapter VIII](#)
 - "plus 450" was changed to "plus 4.50"
 - "minus 4:50" was changed to "plus 4.50"
 - "they knew not" was changed to "they know not"
 - dash inserted between "eyes" and "no prism orthoptics"



How To Avoid Nearsightedness

A Scientific Study of the Eye's Behavior
by *Otis S. Brown*

December 25, 2001

Dear **I SEE**,

For the next two years I have agreed to support the publication on www.I-SEE.org of excerpts of my book, "How to Avoid Nearsightedness".

The excerpts are:

- [Contents](#)
- [Introduction](#)
- [Chapter I: Who Is Responsible?](#)
- [Chapter II: Practical Nearsightedness Avoidance](#)
- [Chapter III: The Effect of a Negative Lens on the Normal Eye](#)
- [Chapter XI: But Does it Work?](#)

The basis of this work developed from a desire to clarify and accurately portray the facts known about the behavior of the eye. So many contradictory statements were made to me about the eye that I wondered if it was possible to develop a coherent understanding of the normal eye's behavior.

I have simplified the concept of the eye's behavior in order to gain clarity of understanding. I have systematically used the term "focal state" to remove the bias that concerns misunderstandings we might develop about the fundamental behavior of the natural eye.

I believe that the objective statements made in this book about the dynamic behavior of the eye are strongly supported by direct experimental data.

This book has been prepared so that you can have the right we all should have. That is the right of choice -- to choose between two mutually exclusive techniques for dealing with a negative focal state of the fundamental eye.

If you develop your own understanding of the eye's behavior, (based on direct experimental data) and have a focal state of $-1/2$ diopter (20/30 to 20/70), you will have an excellent probability of clearing your distant vision to $+1/2$ diopter and 20/20 vision.

A Note on the Web Edition

For the web edition of this book, typos have been corrected where found. Also, Chapter XII now contains an additional letter from a woman who, after giving her daughter a more positive visual environment, watched her daughter's nearsightedness reduce by four diopters, as verified by having her daughter read the Snellen eye chart.

Ordering the Book

You may order a copy of "How to Avoid Nearsightedness" by sending a check for \$24.95 to:

Otis S. Brown
11286 Weatherstone Dr.
Waynesboro, PA 17268
717-749-7895
otisbrown@pa.net

The Book's Development

I developed my book, "How to Avoid Nearsightedness", subtitled "A Scientific Study of the Normal Eye's Behavior", with the expectation that would-be pilots have a right to be informed about a feasible alternative to nearsightedness. It has been extremely difficult to assemble the information contained in the book, and as a practical matter it is almost impossible to twist a person's arm to make effective use of the positive lens. The book makes clear the formidable problem one has if one mixes intellectual and experimental truth, with a public "health problem" and associated apathy. It is the health profession who deals with the consequences of public ignorance (and therefore apathy), however (and unfortunately) they tend to perpetuate the problem by failure to broach a discussion of this problem and the proper implementation of this potential solution.

Sincerely,

Otis Brown

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How To Avoid Nearsightedness

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Reprinted and expanded in 1995 and 1999.

CONTENTS

[Introduction](#)

[CHAPTER I: Who Is Responsible?](#) [1]

This section recommends that you be prepared to enter into an aggressive analytical effort if you wish to come to grips with the problem of nearsightedness. The approach must include the development of a clear understanding of the strengths and weaknesses of current eye care practices.

[CHAPTER II: Practical Nearsightedness Avoidance](#) [7]

This chapter provides a discussion of a systematic effort that you can institute to avoid myopia.

[CHAPTER III: The Effect of a Negative Lens on the Normal Eye](#) [19]

The effect that a negative lens has on the natural eye is established by scientific judgments and experiments developed over the last eighty years. The basic physics of refraction are discussed as they concern the eye.

[CHAPTER IV: A Nearsightedness Computer](#) [33]

This analysis presents an electronic computer used to portray the eye's behavior. This scientific approach reviews the data that establishes of the eye's performance when experimentally tested.

[CHAPTER V: Physiological Modeling: The Long-Term Growth of the Eye](#) [43]

Further review is provided in the form of a thought-experiment designed to simplify and clarify your understanding of eye's behavior.

[CHAPTER VI: The Response of a Dynamic Eye to a Confined Visual Environment](#) [51]

In so far as the experimental data can actually demonstrate the basic operating characteristic of the normal eye, this chapter supplies that verification.

[CHAPTER VII: A Predictive Mathematical Model for the Eye's Focal Status](#) [65]

A quantitative understanding of the eye requires the development of a basic equation for the

normal eye's behavior. The equation developed in this chapter can be solved on a personal computer, and will accurately predict the results of all possible tests that can be conducted to establish the normal eye's behavior.

CHAPTER VIII: A Conceptual Model for Tonic Accommodation [81]

This chapter reviews "dark-focus" of the eye. The normal eye, in darkness, has a slight negative focal state. (This focal state is also called blank-field accommodation.)

CHAPTER IX: The Response of a Dynamic Eye to Focal Perturbations [91]

The normal eye must continue to adjust and readjust its long-term focus. If the normal eye did not have this dynamic control characteristic (which has been experimentally demonstrated) it would be impossible to account for the fact that all eyes have a focal status that is almost identical to their visual environment, offset by +1.5 diopters.

CHAPTER X: Measuring the Eye's Focal Accuracy: A Conceptual Approach [101]

The normal eye is highly accurate (in a dynamic sense) relative to its average environment. This chapter establishes a numerical value for the tracking accuracy of the system.

[CHAPTER XI: But Does it Work?](#) [113]

A number of students and pilots, who have worked with the plus lens, detail their experience and judgment about the long-term use of the lens. Currently practiced methods, and objections to those methods are documented by eye doctors who have extensive experience with the negative lens. Books and services to assist you in returning your vision to 20/20 are also recommended.

Glossary

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Eye Chart



How To Avoid Nearsightedness

© *Otis S. Brown* 1989 (first edition)
Reprinted and expanded in 1995 and 1999.

January 3, 1999

INTRODUCTION

Dear Fellow Pilot,

This book describes the practical efforts you must make to achieve vision restoration from 20/70 (-1.0 Diopters) to normal. I am reluctant to claim that more than this is achievable. We all go through the 20/40 to 20/70 stage in the process of becoming myopic. It makes a great deal of sense to understand the critical either-or decision you must make at this point. Eye-professionals are obligated to supply you with sufficient information so that you will understand the consequences of choosing the wrong approach. Your eyes belong to you and you will be stuck with the consequences if you choose the minus-lens method. It is very difficult to reverse nearsightedness that has been made worse by a minus lens. Our responsibility is to help you and your children understand and use the proper method. Our goal is to supply the supporting rationale for prevention before the situation gets out of hand. Pages 21-23 describe the difficulties that an eye doctor might have in assisting you with this preventive approach.

Since the publication of the first edition, I have seen a friend recover from 20/320 (-4.5 diopters) of nearsightedness -- as reported in this book. You will find out the extent of your own recovery by actually implementing the preventive approach described in this book.

THE FIRST STEP: Open the book to pages 142 and 143. These pages contain the standard eye chart. Xerox the pages so you will have additional eye charts for your use. Now tape them on a wall so you can read the chart at 20 feet. If you find 20 feet too difficult, read the chart at 10 feet, and multiply the line by two. (In other words, if you read the 20/20 line at 10 feet, your vision is actually $20 \times 2 = 3D$ 40, or 20/40.) With both eyes read the lowest line possible. Write the line down with the date for future reference. You must read 4 out of 5 characters to pass the line. Now check each eye individually. If you are less than 20/100 with both eyes, recovery may be difficult. If you are at 20/40 or 20/30, recovery could be achieved in a matter of weeks. Now read the book.

The book concerns itself with scientific proof of the dynamic behavior of the eye. However, the only

proof you are interested in, is your own ability to get yourself out of nearsightedness (i.e., to change your focal state from 20/70 to 20/20). When you achieve this, you will have demonstrated the most important fact about myopia to yourself -- that prevention works when you carry out the process in a consistent, logical manner. May successful results attend your efforts!

Foreword

Ophthalmologists, optometrists and research workers are responsible for the second opinion presented in this book, that nearsightedness (myopia) is as much, if not greatly more, due to environment (and avoidable) than heredity (unavoidable).

The essence of avoiding myopia is using a plus lens (a mild magnifying glass, as in reading glasses required by older people) before the eye becomes seriously nearsighted.

If the approach advocated in this book is to work properly, you must take full responsibility to develop a clear understanding of the normal eye's behavior. In addition, you must personally implement the practical method of prevention.

In this situation we can only offer the student of science an accurate picture of existing practices, as well as an education about the fundamental behavioral characteristic of the normal eye. This approach will put you in full control of your visual welfare.

The author has demonstrated a depth of understanding of the problems and limits that occur in existing health practice. With good judgment, and personal effort, it is highly probable that you can avoid nearsightedness.

Paul E. Romano M.D., M.S.O.
Professor of Ophthalmology,
University of Florida, Gainesville

ACKNOWLEDGMENT

Over the past thirty years I have made an exhaustive effort to review the experimental data that allows us to accurately judge the eye's behavior.

In this effort I have met many fine individuals working in the diverse fields of engineering,

ophthalmology, aeronautical education, optometry, and scientific research. In addition, I have been assisted by many friends who have patiently reviewed this analysis and engaged in much discussion and review. The writing of this book was possible only with the assistance of the following individuals:

Paul Romano, MD, University of Florida
Peter Greene, PhD, Harvard University
Karel Montor, PhD, The United States Naval Academy
Dave Guyton, MD, Johns Hopkins University
Alfred Sommers, MD, Johns Hopkins Hospital
James Tielsch, MD, Johns Hopkins Hospital
Lawrence Stark, MD, PhD, Research Scientist
Vera Rollo, PhD, Author, Flight Instructor
William Ludlam, OD, Research Optometrist
Francis Young, PhD, Research Psychologist
Alan Shotwell, OD, Research Optometrist
Stirling Colgate, PhD, Research Scientist, Los Alamos
Howard Howland, PhD, Research Scientist, Cornell University
Maurice Brumer, OD, Research Optometrist
Brian Severson, Professional Pilot
Ron Berger, OD, Child Diagnostics and Treatments Associates

And last, but most important, I gratefully acknowledge Carol Brown's support. She has borne with patience the almost endless academic discussions about the normal eye's behavior that led to this book.

INTRODUCTION

It is better to light one candle than to curse the darkness. - The Christophers

It is a pleasure to produce the second edition of this book. While many scientists are convinced as to the accuracy of the facts presented in this book, we could not be certain that pilots of less experience could get the proper insight, work with the plus lens, and ultimately clear their distance vision to normal.

This book details the practical efforts that you must make in order to achieve vision restoration from 20/50 to 20/20. I cannot claim that more than this is achievable, although Dr. Stirling Colgate states that he was able to recover from 20/80. You will find out the extent of your own recovery by actually implementing the preventative procedure described in this book.

IS THIS BOOK FOR YOU?

This book is designed for use by two groups of individuals; the research scientist who is willing to develop a thorough understanding of the fundamental behavior characteristic of the normal eye, and the person, for example a would-be pilot, entering a four-year academic institution, who wishes to be visually qualified upon graduation. It is also of interest to parents of school-age children.

It is possible to avoid nearsightedness. Recovery from nearsightedness has been successfully accomplished, for example by Stirling Colgate, a scientist who developed a clear understanding of the normal eye's behavior. It is, however, almost impossible to recover from anything more than a slight amount of nearsightedness. Because of the difficulties of recovery, it is important that you clearly understand the scientific basis for this alternative approach.

This alternative has been developed over the past three decades by the eye care profession and is currently practiced by twenty percent of the profession. The practice requires the use of a plus-lens (bifocal) for children who are slightly nearsighted. This development (of the second-opinion) encourages us to look more deeply into scientific experiments that resolve the normal eye's behavior.

THE FIRST STEP

Open the book to last several pages. These pages contain a standard eye chart. Xerox the pages so you have additional eye charts for your use. Now tape them on a wall so you can read the chart at 20 feet. With both eyes read the lowest line possible. Write the value down. You must read 4 out of 5 characters to "pass" the line. Now check each eye individually. If you are less than 20/70 with both eyes, recovery will be difficult. If you are at 20/30 or 20/40, recovery could be achieved in a matter of weeks.

SEQUENCE OF PRESENTATION

This book explores three major scientific subjects:

1. What practical steps must you take to avoid nearsightedness? (Chapter One to Three) Is the method effective? (Chapter Eleven)
2. How does the natural eye behave when it is actually tested? (Chapters Four to Seven)
3. Why must the natural eye function as a dynamic system, rather than as a passive system? (Chapters Eight to Ten)

This book will help you understand how the eye behaves under direct experimental control. After you understand this behavior, you can then begin to devise a strategy to successfully avoid nearsightedness.

EXPERIMENTAL VERIFICATION OF THE EYE'S BEHAVIOR

This book is based on directly-obtained experimental data. The facts clearly define the behavior characteristics of all natural eyes.

When the eye is placed in a confined visual environment, or wears a negative lens, (such as is currently being prescribed for nearsightedness) the normal eye will change its focal state in a negative direction. When the normal eye is placed in an open environment, or wears a plus lens, the focal state of the eye will change in a positive direction -- thus achieving successful myopia avoidance. Both theoretical analysis and direct experimental testing has confirmed this fundamental behavior characteristic of the natural eye. (The plus and minus lenses will be thoroughly discussed later in this book.)

The concept of the eye's behavior presented in this book is technical in nature. However, I feel that most readers will be able to understand most of the analysis. A detailed understanding requires an engineering background. If you develop this insight, you will be able understand the nature of the normal eye's behavior. The student of science will eventually be able to do this. For this reason I have not excessively simplified the scientific presentation.

If you will make the appropriate effort to understand the eye's behavior, you will eventually be rewarded by your own successful effort to defeat nearsightedness.

A SCIENTIFIC APPROACH

The outlook of this book follows the English (Scientific) Royal Society's Motto, "Nullus in Verba", which has been best translated as, "Take nobody's word for it; see for yourself." The first step in learning to make a scientific judgment is to learn to make your own decisions, based on your own measurements.

Your eyes belong to you, and you must control your own visual future. The only way to make a responsible decision is by being cognizant of your focal state. With this knowledge you can act effectively to control the behavior of your eyes.

THE EYE CHART

A standard eye chart is included in the back of the book. You should use this chart to confirm your current focal status. A reading of 20/60 or 20/70 is not disastrous. You should, however, take this situation as a warning and consider the alternative. Even if you read the chart at 20/20, there is no guarantee that after four years of study and close work you will graduate with 20/20. At the United States Naval Academy approximately 30 percent of the entering class are disqualified from flying due to failure to read the 20/20 line upon graduation!

THE EXPLICIT RECOMMENDATIONS OF THE EYE PROFESSION

Because ophthalmologists are aware of existing experimental studies, they have strongly suggested that prevention is the best solution for the problem of nearsightedness. Unfortunately, this recommendation has never been effectively presented and acted upon. Although the correct solution is known, the

methodology of prevention has never been implemented.

There is direct testimony as to the effectiveness of the use of a positive (plus) lens to control the negative focal state of the natural eye. Many children and adults can help themselves if the principles in this book are properly understood and applied.

A PERSONAL NOTE BY DR. STIRLING COLGATE

Dr. Stirling Colgate, a research scientist with the Los Alamos National Laboratory, correctly deduced the behavior of the normal eye, and began using a plus 2.5 diopter lens to reverse the effect of a confined environment on his eyes. By doing this, he successfully recovered from a slight amount of myopia.

"Fortunately, I understood most of this for myself when I was studying biology and physics when I was 14. I first started to become nearsighted at 13 to 14. As soon as I noticed it, I immediately acted upon it by buying a pair of reading (farsightedness) glasses, (positive lenses), at the dime store. I used these for reading. A positive lens substitutes for further contraction of the ciliary muscle; thereby allowing the eye focus to remain in the relaxed state of infinity when reading a book up close. Within several weeks my eyesight had returned to normal -- relaxed state of focus at infinity."

"Since I am a physicist I am not dependent upon optometry or ophthalmology for my professional peer group. I have managed my own eyesight all during my life (now 63). I have undertaken to try to explain this because I believe that the condition of myopia (and then having to wear nearsighted glasses for life) is totally unnecessary for the majority of the human race. I believe that the condition of progressive myopia is a grotesque and needless distortion of human physiology, created by our intellectual environment of reading and continued because of our collective denial of that very intellect."

CONCLUSION

If a fourteen-year-old can figure out how to act effectively to avoid myopia then you should be able to duplicate his successful preventive effort.

This book contains a detailed scientific and engineering assessment of the normal eye's behavior. If you wish to develop a complete understanding of eye's behavior under testable conditions, then review Chapters Four through Ten. The previous discussions about problems of the eye have been qualitative. A qualitative statement is very difficult to test in a scientific sense, and often has imbedded bias and assumptions. These arguments (about the cause of the defective eye) have not led to a clear understanding of the normal eye's behavior. To encompass a full and accurate understanding of the eye it is necessary to develop a precise quantitative model of the eye's behavior.

It is always difficult to develop a book that advocates change in existing medical practices. However, if we are ever to come to grips with a major scientific problem, we must be willing to generate criticism of

existing practices so that at least a few of us will have the opportunity to effectively defeat the problem of nearsightedness.

This book applies only to nearsightedness that is preventable. You should consult with an ophthalmologist or optometrist if you think that the blur at a distance is a result of a diseased condition such as detached retina, glaucoma, etc. After you are assured your problem has to do only with the refractive state of your eyes, you should proceed with the preventive approach recommended in this book.



How To Avoid Nearsightedness

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Chapter I: Who is Responsible?

We have met the enemy and they is us. - Walt Kelly

INTRODUCTION

It is difficult for us to change our habits of thought and practice, even when they lead to unhappy consequences. Very few of us will accept an uncommon proposal if that proposal involves the use of a preventive lens on the (almost) normal eye.

LEARNING TO TAKE MAJOR RESPONSIBILITY FOR YOUR OWN WELFARE

You must eventually decide how worthwhile maintaining normal 20/20 vision (focal state 0.0 to +1.5 diopters) is to you. If a plus lens is thrust upon you and you do not understand the reasons why you must use the lens, it is unlikely that you will persist in the effort long enough to achieve the desired result.

Only you can know how much effort you have actually put into your plus lens use. It is you who must verify that your eyes were 20/40 when you started using the lens and that your eyes have changed in value from 20/40 to 20/20 after several months of intensive plus lens use.

HOW DO WE ACCURATELY REPRESENT THE NORMAL EYE'S BEHAVIOR?

Up to the 1960's there was no high quality experimental data available by which one could judge the normal eye's behavior. For the last 25 years, increasingly better quality experimental data has been presented which does establish the fundamental behavior characteristic of the eye. To my knowledge, this information has never been made clearly and consistently available to the layman who has a

compelling desire to avoid myopia. Such a person, with proper assistance, is most likely to make effective use of the recommended approach described in this book.

The analysis in the book concerns only nearsightedness that results from the fundamental behavioral characteristic of the normal eye. Since most nearsightedness is of this type, major emphasis is placed on the study and resolution of the normal eye's behavior.

PREVENTION IS DIFFICULT

We should learn from the man who successfully defeated the myopia situation. Dr. Stirling Colgate details his struggle and success with the problem in the following paragraphs.

"Science has progressed to understanding this mechanism of slow adaptation of the relaxed focal length (focal state) of the eye to its average focal environment. A significant number (several dozen) professional people in ophthalmology and related disciplines have empirically and intuitively come to the same conclusions (that nearsightedness is preventable) and unsuccessfully attempted, even with the dedication of a lifetime, to reverse the orthodox view of solely genetically determined eye focus."

"Many individuals in the ophthalmology profession have not yet recognized a mechanism of slow adaptation of the relaxed focal length (focal state) of the eye to its mean focal environment for various reasons. Among these reasons are:"

1. "There is a long-standing orthodox view that all focal states are hereditary and therefore nothing affects focus after conception."
2. "The public demands instantaneous sharp vision; i.e. Johnny can't read the black board and I won't stand for any nonsense about getting glasses that make it still fuzzier -- even temporarily."
3. "The scientific understanding of the (normal) eye's development is not yet widely published, so there is always an excuse to ignore it."
4. "There have been many non-scientific books about sight-without-glasses that have not logically argued the reasons, not given the physics background, nor have they discussed the biological mechanism. For example, eye exercises involve contracting the ciliary muscle, causing a nearer more myopic focus and, therefore, resulting in a negative change of focus for the eye."
5. "If reading glasses were used at the onset of myopia, up to 90 percent of nearsightedness could be avoided. Furthermore, reading glasses should cost no more than \$5.00 to \$7.00 to manufacture and sell for \$10.00 to \$15.00 without a prescription."
6. "Many optometrists and even some ophthalmologists believe that myopia and wearing glasses is not such a bad thing; after all, many people want to buy glasses in order to look chic. The very many that undergo the discomfort and expense of wearing contact lenses is an overwhelming vote to the contrary. People would rather not be nearsighted."
7. "Finally, social pressure of intellectual achievement is forcing the age of first reading to an earlier, even preschool age, hence causing earlier myopia, and a potential for further progression."

WHY DO SO FEW PEOPLE KNOW ABOUT THIS?

"It is perhaps worth speculating why there has not been any prior recognition by the medical and optometry professions of the approach to the management of eyesight focus. I believe there are many additional 'reasons' but I have heard these:"

1. "Nearsightedness is not a very severe handicap, and mostly those affected are studious anyhow and don't need distance vision."
2. "It is not a problem for medicine and so medical doctors are not concerned."
3. "If you don't want to be nearsighted, give up reading."
4. "Negative lenses that correct nearsightedness are relatively cheap and easy to wear so why bother with another approach."
5. "Glasses are a status symbol of the intellectual."
6. "Contact lenses make nearsightedness even less of a problem."
7. "Only recently has nearsightedness become a severe problem -- it is both more prevalent and, because of earlier onset, leads to progressive myopia."
8. "Traditionally, medicine treats or cures the symptom and, only recently, is preventative medicine respected."
9. "Only very recently is there a rational scientific explanation for the scientific observation of the developmental mechanism of the normal eye."

"Only the last statement is acceptable to me. So now that there is such a scientific basis, let's get on with the solution."

HOW DR. COLGATE DEFEATED THE PROBLEM

"Now I assume that you are young, 8 to 20 years old; have recently (within months) started or gone nearsighted and don't want to go on with thicker and thicker negative lenses for distant vision. You buy and wear positive lens reading glasses for all your reading -- or anything up close, and even for some of the rest of the time. You might get a bit of a headache at first; if so, decide which comes first -- the headache or myopia, and adjust the use of the positive lenses accordingly. Monitor your own mean relaxed focus, i.e., distance vision at least once a day.

"I may or may not be average but it took me only 2 weeks when I was 14 years old to return my initial myopia (about 20/80) to normal vision, i.e., (20/20) eyesight. (20/20 vision means that you can see at 20 feet what a "normal" person sees at 20 feet.) Twenty feet is almost the same as infinity; (20/80) vision is the start of myopia. I could see at 20 feet what good eyes could see at 80 feet. I was studious, slightly shy, introverted type -- which also included, fortunately for me, a course in physics at that age. That is when I first understood the simple facts about lenses and optics and the absurdity of using a negative lens when I was becoming nearsighted.

"I bought my own reading glasses in the dime store. They were plus 2.5 diopters and stronger than I needed, but they did the trick in a hurry. If you catch the start of myopia before the lens muscle spasm leads to irreversible lengthening of the eyeball (change of focal state), then it seems that the eyesight returns to 'normal' rapidly.

"If you make up your mind what value the mean relaxed focal distance you want in life, you can manage or lead your eye to that condition. When several times I lost my reading glasses during the war (World War II), I could not get them replaced by military optometrists because my glasses were not orthodox. I rapidly became myopic again; at 17 I read a lot in the Merchant Marine. I restored my vision to 20/20 as soon as I could purchase positive lens reading glasses when I returned to the States.

"During the war there was much social pressure to get into the officers' college training programs, but 20/20 was required. A few optometrists recognized the need and they prescribed positive lens glasses for myopic young people who desperately wanted to get into the Navy V-12 training program. This technique worked for many who were moderately myopic. An optometrist at Cornell was surprised that I had been doing this successfully since the age of 14.

WHAT WE SHOULD LEARN FROM DR. COLGATE

1. Nearsightedness prevention is possible -- if the work is done properly.
2. You must have the internal competence and desire to do the job logically and consistently, and must have a compelling personal reason to want to succeed.
3. The effort must be conducted as soon as the situation is detected (20/40, -1/2 diopter myopia)
4. You must take the time to learn and understand the behavior of the normal eye.



How To Avoid Nearsightedness

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Chapter II: PRACTICAL NEARSIGHTEDNESS AVOIDANCE

The formulation of a problem is often far more essential than its solution, which may be a matter of mathematical or experimental skill. To raise new questions, new possibilities, to regard old problems from a new angle, requires creative imagination and marks real advances in science. - Albert Einstein

You cannot cheat nature, however much you may cheat your fellow man. - Galileo

THE FACTS ABOUT THE EYE'S BEHAVIOR

Your understanding of the facts that establish the natural eye's behavior will eventually determine your success in avoiding myopia.

There are two categories of facts that must concern you. If I tell you that there are more than one million stars in the universe, you might believe me. If I tell you that the paint on a bench is wet, you will reach out and touch the bench. The facts that I present must be as clear and convincing to you as wet paint on a bench.

The facts presented in this book can always be confirmed by yourself in the same manner that you would confirm that a park bench has wet paint. If you ran your own experiments you would find that the normal eye can be driven towards nearsightedness by either a negative lens or a confined environment. Understanding this fact is crucial to understanding the normal eye's behavior.

The next step is to recognize that your eyes behave the way that all normal eyes behave. By substantially changing your near environment into a "far" environment you can successfully recover from a slight amount of myopia. This requires that you have a logical, self-disciplined mind that will go from fact recognition, to a process of implementing a solution that meets your personal needs.

THE HISTORY OF EXISTING PRACTICE

The use of a lens to deal with any and all problems of the eye began in the 14th century. The practice of using a negative lens for nearsightedness has continued, almost unchanged, for the last 300 years. The compelling reason for this practice is the public's demand for an instant solution, and a corresponding refusal to consider the use of an alternative approach.

A REVIEW OF THE PAST APPROACH

We should all thoughtfully evaluate the unfortunate effect of using an immediate and easy fix for the problem of nearsightedness. This situation of a self-perpetuating mistake (produced by public need and attitude) is sometimes recognized by the students of medicine. Dr. Perri Klass said it this way in VITAL SIGNS:

"... Sometimes the awesome weight of medical knowledge is totally off the beam. You have to practice medicine with that in mind, with the knowledge that a hundred years or so along the road, they'll be telling stories about the medical theories of today to get a laugh of the medical students of 2085..."

And about medicines' confidence in its routines:

"... Or something so basic, so taken for granted, that no one has gotten around to questioning it. Whatever it is, probably the medical profession is collectively doing something really dumb and really damaging, and doing it with complete good will and typical medical self-confidence."

This applies to vision. The demand for negative lens use comes partly from the public's demand for an instant solution, (and corresponding reluctance to properly use a plus lens) and not from a scientific assessment of the behavior characteristic of the normal eye.

HOW DOES THE NORMAL EYE BEHAVE WHEN IT IS ACTUALLY TESTED?

Much of this book concerns testing and verification of the natural eye's behavior. This work, although absolutely essential, cannot give you immediate guidance in your effort to get yourself out of a slight amount of nearsightedness. You should, however, read on in order to understand the following optical principles.

WHAT IS A POSITIVE LENS?

The positive lens, when properly used, will change a near environment into a "far" environment. This is the desired objective.

THE PLUS LENS MAKES DIVERGING RAYS OF LIGHT PARALLEL THUS KEEPING THE NATURAL EYE IN AN "OPEN" ENVIRONMENT

Subjectively, the lens (which is a low-power magnifying glass) makes the object look slightly larger. People have reported that the lens reduces eye-strain caused by close work. The lens has been used for over a century for this purpose, and it is recommended and used by the eye-care profession. The plus lens is regarded as absolutely safe for all reading.

Such a lens must have a strength of greater than +1.5 diopters if the glasses are to achieve the desired result in a reasonable period of time.

WHERE CAN I PURCHASE POSITIVE LENSES?

Because a positive lens is not a prescription lens, the glasses are sold in almost all pharmacies. They sell for about \$10 to \$12, and are rated in terms of diopters and/or focal length. A 2.0 diopter lens would be used at 20 inches, and has a focal length of 20 inches. If you habitually read at 25 inches then you would use a 1.75 diopter lens. The power of the lens is normally stamped on the bow of the glasses.

If you wish to determine the focal length (power) of the glasses by direct measurement, hold them up in sunlight above a flat surface. Move the lenses up and down. Find the distance where the sun forms the sharpest and smallest image. Then measure the distance from lens to surface. The focal length is the reciprocal of lens power:

Distance In Inches	Focal Power
40 Inches	1 Diopter (Weakest)
20 Inches	2 Diopters
13 Inches	3 Diopters
10 Inches	4 Diopters (Strongest)

HOW DO I USE THE POSITIVE LENS?

Once you select the lens that you feel is best for you, (between 1.5 to 2.5 diopters) select some reading material. For a starting point, hold the reading material about twelve inches from your eyes. Gradually move the print away from your eyes and note the point where the print just blurs. This point should be your habitual reading distance. If you habitually read closer, you will need a stronger lens. If you read at a greater distance you need a weaker lens. Some experimentation is in order here, and you may try

several pairs of glasses before you find the right pair for yourself. In general, stronger is better, but you will want to be comfortable with the lens you choose.

If you have never used lenses before, you will notice a slight disorientation when you read close (with the lenses on) and then look in the distance over the tops of the lenses. This is a good indication that the lenses are having their desired effect. The reason for this is that the lenses have placed the near work at a distance while the convergence system believes the work is close by. This situation is normal and is part of the price one must pay to avoid nearsightedness.

UNDERSTANDING THE EYE CHART

This chart is called the Snellen eye chart. In daylight, the normal human eye can resolve objects that are separated by about one inch at 100 yards. This is 1 minute of angle resolution. The typical eye chart displays letters that cover 5 minutes of angle. To read the letters on the chart requires the ability to separate the white space from the black space. This is the most common method of quickly determining the resolving power of the eye. Over the past 100 years, the standard distance for this measurement was set at 20 feet with normal room illumination. The letter size for 20 feet is 3/8 inch. The letter size for 20/40 vision is therefore 6/8 inch, and so forth.

HOW TO READ THE EYE CHART

Reading the eye chart is straight-forward. Place the chart at 20 feet and start reading from the bottom up. You will find variability in your readings. Some days you will be able to read the 20/20 line without difficulty. Other readings will drop to 20/40 or 20/60. As the plus lens begins to have the desired effect, you will find that you can more consistently read the 20/20 line.

THE FAA REQUIREMENT

We can use the Federal Aviation Administration's considerable experience in testing eyesight. The requirement for the First Class Medical Certificate (Airline pilot requirement) for flying, is the ability to read four out of five characters on the 20/20 line. You should check and double check your visual state by yourself so that you understand and trust the measurement. Use the FAA method of measurement as the standard. This measurement is made in a well-lighted room, with the eye chart at a distance of twenty feet. I recommend that you set up the eye chart (in the back of the book) and check your eyes as soon as possible.

THE FAA CLASS MEDICAL VISUAL REQUIREMENTS

3rd CLASS:

Distant vision -- at least 20/50, without correction; or if vision is poorer than 20/50, must correct to 20/30 or better with corrective lenses.

2nd CLASS:

Distant vision -- same as 1st.

1st CLASS:

Distant Vision -- 20/20 in each eye separately without correction or at least 20/100 in each eye separately corrected to 20/20 or better with corrective lenses.

WHAT MUST I DO IF I CANNOT READ THE 20/20 LINE?

In checking your focal status, you will determine either that you can or cannot read the 20/20 line. If you read the 20/40 line you will still pass the state test for a driver's license. (The 20/40 line translates into a focal state of about -1/2 diopter.) If as a potential military pilot you cannot read the 20/20 line your professional flying career will go on hold.

The Naval and Air Force Academy students (who are not offered the use of the plus lens) never recover from a slight amount of nearsightedness. It is also true that the Naval and Air Force Academy will not accept you for a flying career if you have less than naked eye 20/20. However, the Air Academy has recently relaxed its requirement, and will allow you to continue with less than 20/20.

The airlines have changed their policies -- somewhat. Delta categorically requires naked eye 20/20, but the other airlines have changed their requirements from a minimum of no worse than 20/30 (focal state - 0.25 Diopters), to a minimum of 20/100. If you use a "quick fix", or negative lens, your vision will worsen, and there is a high probability that you will go below the Airline minimums, even with a waiver. It is a situation that you should wish to avoid.

The experimental data, and the testimony of scientists and ophthalmologists, indicates that you can recover from 20/60. It is obviously better to get out of nearsightedness. Given the choice between a nearsighted pilot and a non- nearsighted pilot, the airline will choose the pilot who can read the 20/20 line.

The approach recommended in this book requires that you wear the plus lens for almost all close work, and take over complete control of the situation. This requirement may perhaps seem a burden, but you must decide -- the inconvenience of plus lens use, or the loss of your career as a professional pilot with the loss of your distance visual acuity.

If your vision is 20/60, you should persistently wear your lenses and check your eyes once a week. You can personally determine when you can again read the 20/20 line. It may take from three to six months to

again read the 20/20 line. Once you can read the 20/20 line you should continue using the plus lens for another two or three months. You should continue checking your eyes at monthly intervals -- just to make sure that you will be able to pass the FAA exam when you are required to do so.

If your myopia returns (after not using the plus lens for a while) you will have to start the process again. It is best if you control this entire process yourself.

OTHER CURRENTLY PRACTICED METHODS

While I strongly recommend that you use the simplest and least expensive approach (less than \$100) to avoiding (and recovering from) nearsightedness, for sake of completeness I will discuss two other existing practices that will produce recovery.

RADIAL KERATOTOMY (CORNEA CUTTING)

This approach involves the physical cutting of the cornea (the transparent surface of the eye). The approach produces uncertain results, and costs approximately \$ 3,000 per eye. The Air Force will reject you if you have this done, even if you obtain 20/20 vision.

ORTHOKERATOLOGY (ORTHO-K) (CORNEA RESHAPING)

In orthokeratology, a hard contact lens of larger radius than the cornea (see page 20) is used. This lens is force-fit onto the eye, thus changing the shape of the cornea. This approach costs from \$1,000 to \$2,000, and will produce vision restoration if your vision is on the order of 20/80.

AM I SAFE IF I CAN READ THE 20/20 LINE?

Even if you read the 20/20 line when you enter a four-year college there is a good probability that you will fail the eye chart before graduation. You should monitor your eyes by placing the eye chart in your room and occasionally verifying that you can easily read the 20/20 line. When a day arrives that you cannot clearly see the 20/20 line you should initiate the plus lens procedure. It is better to know about this method beforehand so you will not panic when you get into the situation.

WHAT IS THE PROBABILITY THAT I WILL BE NEARSIGHTED ON GRADUATION?

For the past 50 years, the U. S. military academies have been monitoring the focal behavior of the normal eye. They have determined that the average eye goes downhill at the rate of about -1/4 diopter per year.

If one has a focal state of zero diopters on entry, one has about a 10 percent chance of graduating with 20/20 vision. If the focal state is +1.0 diopters one has about a 90 percent probably of graduating with 20/20 vision, although the focal status will have changed from +1.0 diopters to 0.0 diopters over the four years.

MEASUREMENTS

You could check your own focal state if you had the proper set of positive lenses to do so. Failing this, you should find a cooperating optometrist or ophthalmologist who will check you focal status. Make a note of this measurement. If the value is + 1.0 diopter for each eye you will almost certainly graduate with 20/20 vision. If the value is 0.0 diopters, you can be almost certain that without intervention you will sink below the 20/20 line during your four years of intensive work.

A number of eye-measurement approaches are used by the eye profession. Some eye Doctors will use a small "box" with an eye chart which you look into. Others will have you read an eye chart in a darkened room. These different methods of measurement will produce different and inconsistent readings. If you are told you have 20/40 vision in a darkened room, you may find that you have 20/20 in a well lighted room.

If you find that you can read 20/20 line, and you have recently received negative lenses for nearsightedness, you should find an FAA medical examiner, make an appointment, read the eye chart for him, and get the "must wear negative lenses" requirement removed from your FAA license. You should, in addition, still use the approach described in this book to insure that you never again get back into nearsightedness!

ADVICE FROM OTHER SOURCES

You will undoubtedly get advice from many sources. Much of this advice will be confusing and contradictory. Each group has its own vested interest. The health profession must cater to everyone, and its procedure must work instantly on everyone. Health professionals cannot easily sort out who will take the initiative to make the preventative effort work successfully. Some have (privately) recommended the approach suggested in this book.

THE SCIENTIFIC COMMUNITY

For at least twenty years scientists have recognized the reason and the need for plus-lens use to prevent the occurrence of nearsightedness.

It is impossible to impose prevention or conduct a preventative study until each individual is aware of the history of the problem as well as the nature of the probable solution.

THE MEDICAL COMMUNITY

For the past twenty years the medical and health community has consistently advocated prevention with the plus lens.

Faced with a public misconception about the use of lenses for the eye, the doctor (who must deal with the public) is forced to follow the tradition of the last 300 years -- regardless of the long-term consequences. The health profession has recognized that the situation requires a strong personal preventative effort but is unable to persuade most individuals to consider and use the alternative approach.

CONSEQUENCES OF FACT RECOGNITION

The consequence of a careful review of the experimental data that clearly establishes the behavioral characteristic of the normal eye causes us to reject the idea that a positive or negative focal state of the eye represents any defect of the eye. The normal eye always controls its long-term focus. The use of a negative lens when you are on the threshold of the situation virtually guarantees that your nearsightedness will worsen and become non-recoverable.

The only way you personally can be certain that you understand the normal eye's behavior is to perform the critical experiments yourself. If we desire almost absolute proof that the normal eye is a dynamic system, then we must develop a mathematical concept of the eye's behavior and rigorously test that concept.

SUMMARY

This book concerns itself with two distinct and separate problems.

1. Factual and intellectual work, now completed, which verifies the fundamental behavior characteristic of all normal eyes.
2. The requirement of the scientific profession to inform the would-be = pilot about a reasonable approach to defeat nearsightedness.

Care for the defective eye is a responsibility that is thrust upon the health profession. The responsibility for dealing with and judging the normal eye's performance is a scientific responsibility. These two responsibilities are often confused.

In the past would-be pilots have become nearsighted with no intimation of a solution. Nor has any warning been explicitly provided to these young men about the inherent danger of negative lens use. The tragedy is not that nearsightedness develops with predictable and monotonous regularity but rather, that

the would-be pilot (who would desperately like to get out of the situation) is not adequately warned and offered a practical alternative.



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THE EFFECT OF A NEGATIVE LENS ON THE NORMAL EYE

Truth is so obscure in these times,
and falsehood so established,
That unless we love the truth
we cannot know it. - Blaise Pascal

THE HISTORICAL OPINION OF THE USE OF A NEGATIVE AND POSITIVE LENS FOR NEARSIGHTEDNESS

Over the past eighty years, eye doctors have become increasingly suspicious of negative-lens use for nearsightedness. While the immediate effect is instant clarity of vision, the long-term effect has been recognized to be bad. For instance Dr. Samuel Drucker said: [\(3\)](#)

The suspicion began to dawn on me slowly that among the causes of progressive myopia it might be necessary to list concave lenses themselves. From many articles that have appeared in the past on the subject of 'Optical Poison', a familiar term a decade (1930) ago, many other optometrists appear to have the same idea.

An optometrist in Ontario (1938) says that, "...he would like to have a law established and enforced that would make it a misdemeanor for any refractionist (optometrist) to prescribe minus glasses for any child unless under very extenuating circumstances." [\(3\)](#)

These are strong opinions by individuals who have had direct and prolonged experience with the use of a negative lens and the effect that this lens has on the normal eye.

Doctors, some time ago, have correctly deduced the nature of the problem and suggested the correct solution. For example, Chalmers Prentice, wrote the following in 1895: [\(3\)](#)

In the nomad, who is reared out of doors, and who follows such pursuits that his vision is mostly used at twenty feet and greater distances, the nerve-impulses to the ciliary (lens) muscle become established so that the easiest vision is for the far point, and in many years of such use, these impulses become more or less fixed; while the child of a higher civilization spends his life within doors, amuses himself with toys, picture books, kindergarten amusements and learning to read.

We will assume that such a child generally holds his book or toy 10 inches (4 diopters) from his eyes, in which case the crystalline lens requires a much greater convexity, or higher state of refraction to bring about perfect vision; and this is brought about by an increase in the ciliary nerve-impulse which changes the shape of the ciliary lens. Through long continued use, this impulse becomes comparatively fixed, and in some instances refuses to suspend itself sufficiently to bring about distant vision again, and so myopia has set in. The regular work of the student and those other pursuits which require the use of the eye at the near point, tend to perpetuate this condition and make it progressive.

...Again, the important question, 'How are the advantages of a high civilization to be attained without the foregoing disadvantages?' If the eyes are to be used at a distance of ten inches, aid them artificially by a ten inch magnifying glass; then the nerve-impulses to the ciliary muscle will be no more than if the patient were leading an outdoor life and viewing objects at twenty feet or more.

It is clear that the collective common sense of the profession has indicated the type of problem they face and the nature of the expected solution. In the article "Trying to Get Myopia into Focus", (1987) Dr. Theodore Grosvenor of the Houston College of Optometry, insists that persistent close work causes myopia. He also states that; "Once the eye has started to stretch, it may be too late to keep it from stretching. The ultimate study would be to put reading glasses on first-graders, before anyone has developed myopia." [\(4\)](#)

WHY ISN'T THE PREVENTATIVE APPROACH OFFERED?

With this type of scientific understanding of the eye's behavior, you would think that the insightful and motivated optometrist or ophthalmologist could introduce a practical and effective method of solution. Dr. Jacob Raphaelson did exactly that in the following example -- with the following result:

THE PRINTER'S SON

"It was the year 1904 that I met a mother at a social lodge meeting. She told me about her son's trouble with his eyes in school. I gave her my card and told her to bring him to my office and I would fit him with a pair of spectacles.

"She said that she had no money at the time and that her husband was a printer working in another city. She did not expect him home for the next six weeks. I told her all this would not matter, that she should bring the boy over and I would fit him with a pair of spectacles. I told her that she could pay for them when her husband returned home.

"She brought the boy in and I examined his eyes. I found that his vision for distance was poor. It was less than 20/40. I made him a pair of plus 1.00 diopter spectacles. She was to pay me when her husband came back home.

"In about six weeks she came back and returned the glasses to me. She stated that her husband was provoked with her for getting the glasses. He had tried the boy's eyes with different prints, far and near, and had found him to have perfect vision with his naked eyes. In fact, she said, the boy could see even better without the glasses than with them.

"I was surprised that the plus lens could produce recovery that quickly. I could hardly believe this story. I persuaded the mother to bring the boy back to let me check to see if he could really see well with his naked eyes. She again brought the boy in and I checked his vision. I found that the father was indeed right. The boy had good eyes, with 20/20 vision and better.

"I was in a dilemma. I did not have the nerve to say anything to the mother. I just let her go. How was I to prove that the boy had poor vision before he received his glasses? And who would believe that vision could be restored by just wearing a pair of plus 1.00 glasses for a few weeks?

"My experience with the printer's son aroused my inborn tendency for exploration. It gave me an incentive to try to do special work on children's eyes and on vision restoration. It also enticed me to investigate myopic (nearsighted) eyes because I was myself nearsighted.

"On the other hand, this experience was a warning to be cautious in doing such work. For selling spectacles to persons who, supposedly, did not need them was almost a crime. And the fitting of glasses without the advice or consent of a medical doctor to unhealthy or diseased eyes, or even to an unhealthy person who might need or be under medical attention, was, and is now, and encroachment on the medical profession.

"To shield myself against possible enmity and involvement, I took the following precautions: First, I quit using the title 'doctor' in any form, in print or verbally. I was to be known as a spectacle fitter and nothing more. Second, I charged a reasonable price for the spectacles I sold but nothing extra for any special work or relief I gave. I did not advertise about this special work. I just did it as a matter of routine whenever or wherever I was given the opportunity.

"Thus in 1904 I became an independent researcher on the relationship of the eye's behavior to spectacles, vision, and health. I have kept it up, and will continue to do this work as long as I continue to have the incentive and capability.

"Who would believe it? Who would believe that by just wearing a pair of plus one (+1.00) glasses for a few weeks, that normal vision to the naked eye could be restored to children whose eyes have a negative focal state? This was true in 1904, and it is also true now, in this decade of 1950." (It continues to be true in this decade of 1990 -- Otis Brown)

SCIENTIFIC VERIFICATION

With such strong recognition that a negative lens has such a profound and adverse effect, you would think that it should be possible to develop scientific verification for this characteristic of the normal eye. You would be correct. The testing and verification is impeccable -- if we restrict our attention to the normal eye's behavior.

BASIC OPTICAL PHYSICS

In order to understand the design and behavior of the normal eye it is necessary to understand its basic optical properties.

When a light ray enters water it is refracted (bent). The equation that describes this bending is shown below. Water has an Index-of-Refraction of 1.33. The normal eye has 1.38 as an over-all Index-of-Refraction. (Figure 1)

SNELL'S LAW OF REFRACTION

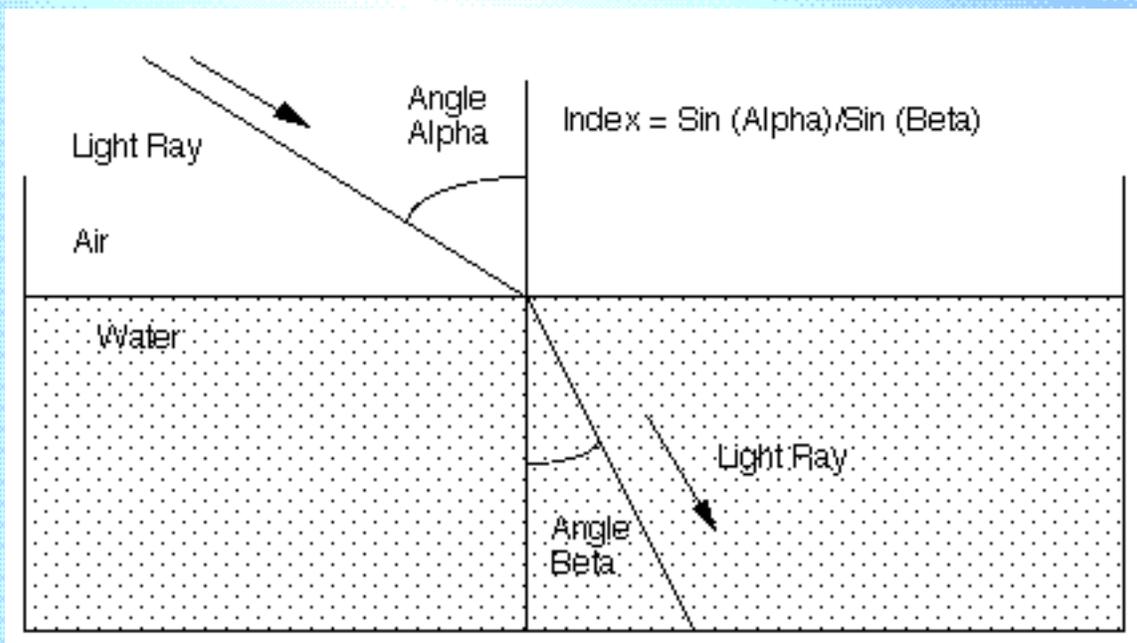


Figure 1.

When light travels through a curved surface, the light rays converge on a single point. Since an image is made up of a large number of points of light, an image will form where the light rays converge. (Figure 2)

THE APPROXIMATE REFRACTIVE CHARACTERISTIC OF THE EYE

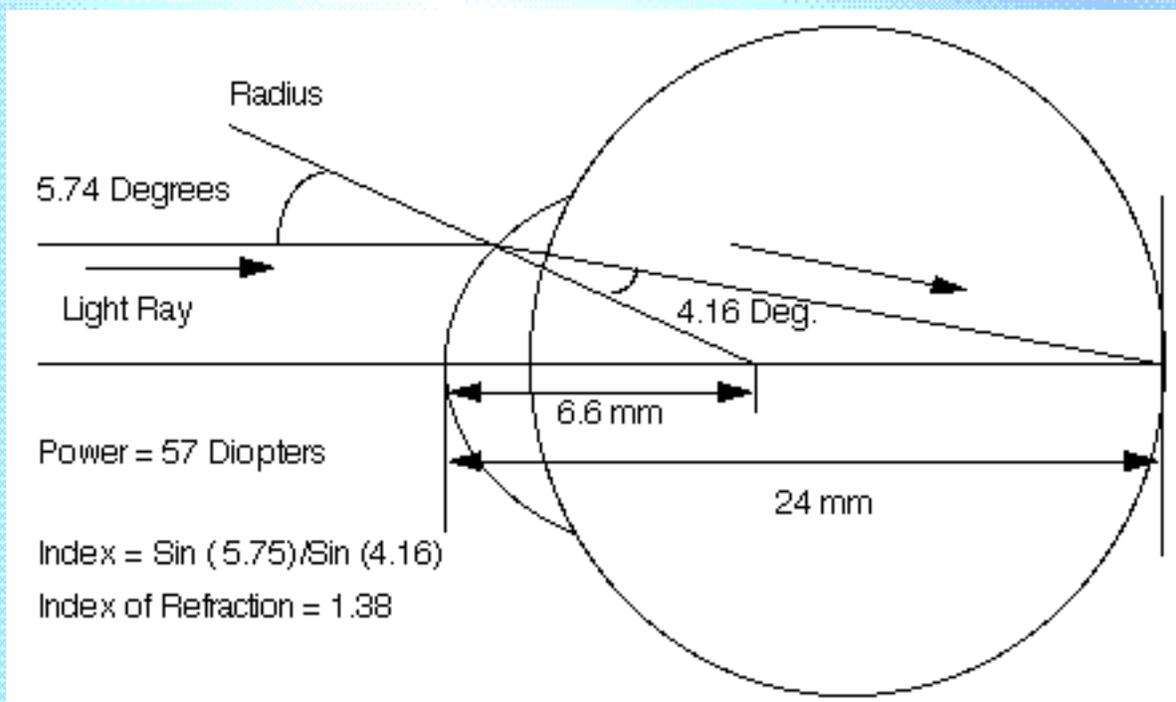


Figure 2 (from Gullstrand's schematic eye, Reference 1).

The distance between the surface of the lens and the point of image formation is called the focal length.

$$\text{Focal Power} = (\text{Refractive Index}) / (\text{Focal Length})$$

By using this equation it is possible to analyze the basic optical properties of the eye. The approximate dimensions of the eye have been established. The radius of the cornea is 0.66 centimeters, the index of refraction is 1.38, and the length of the eye is 2.4 centimeters. By using these numbers we can calculate the focal power of the normal eye. (For reasons of clarity, I have not included the effect of the internal lens. A more detailed analysis can be found in Reference 1.)

$$\text{Focal Power} = 1.38 / .024 \text{ Meters}$$

$$\text{Focal Power} = 57 \text{ Diopters}$$

THE NORMAL EYE

The eye has an internal lens which controls the short-term focal state of the eye. The lens is controlled by blur sensed at the surface of the retina. This information is "fed back" to lens position so that sharp focus can be maintained. (Figure 3)

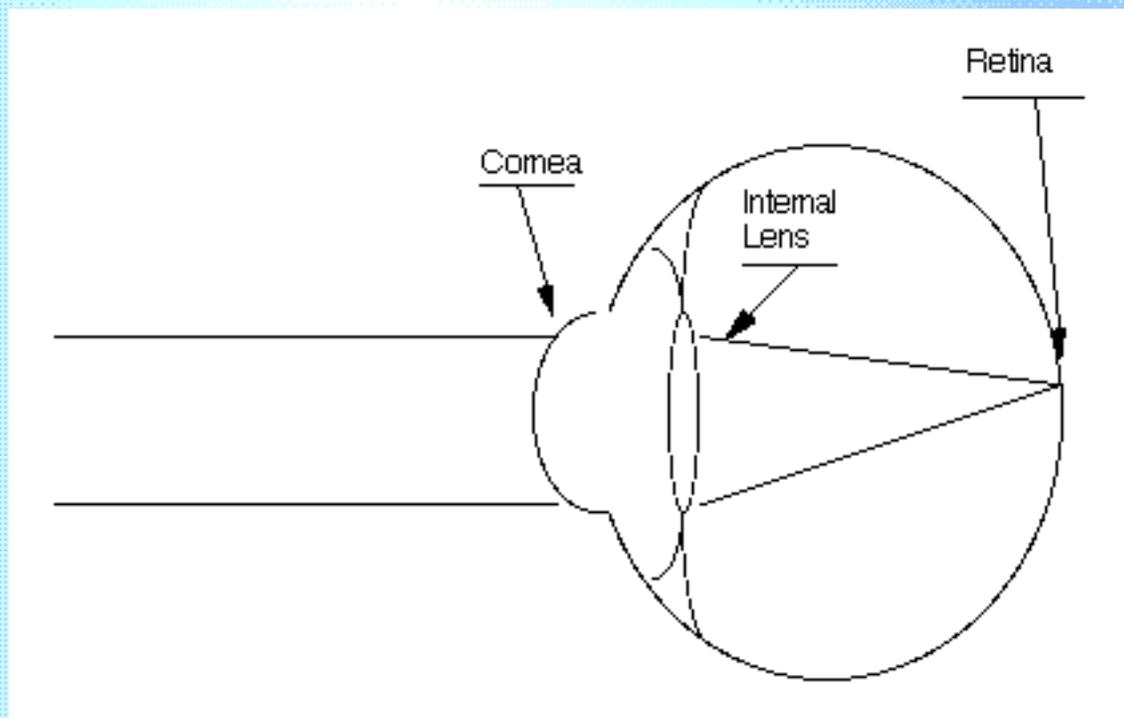


Figure 3.

As objects are moved from distance to near, blur is produced at the retina. In response to this, the lens is thinned or thickened repeatedly under neurological/muscular control, thus maintaining sharp focus on the retina. (Figure 4)

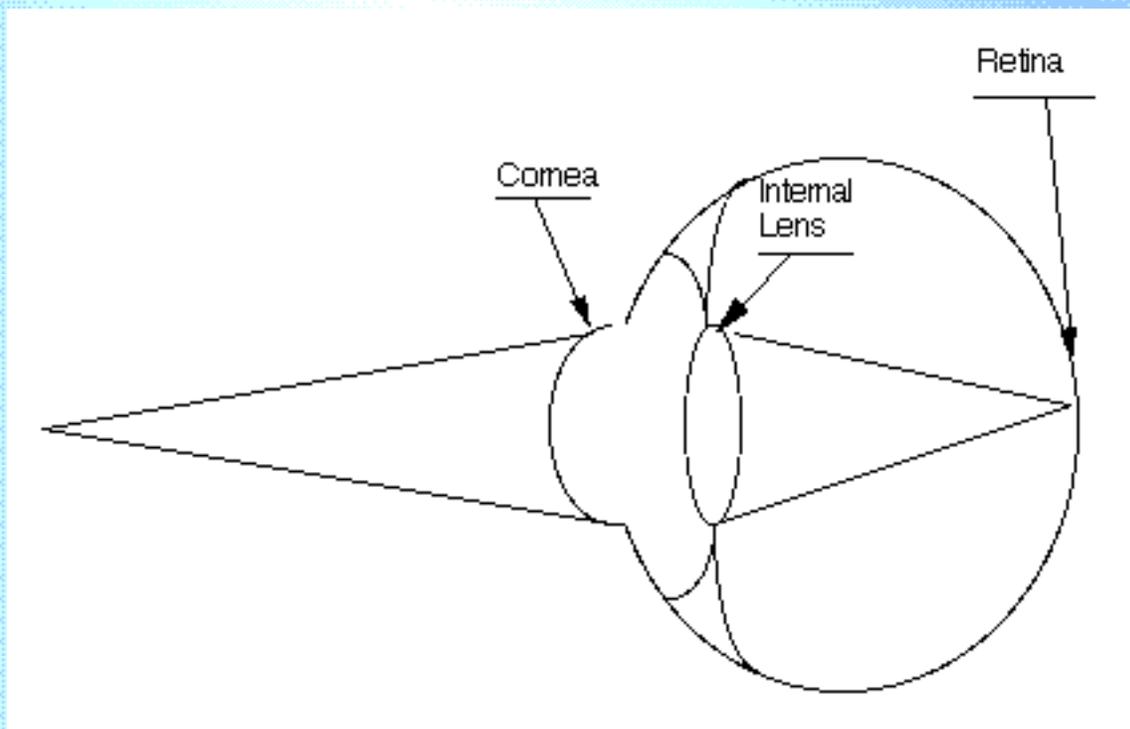


Figure 4.

As we move objects from far to near, the focal change required of the eye increases drastically. Thus the focal change required for an object at 1 yard is 1 diopter. At 20 inches the increase in power is 2 diopters, and at 10 inches the increase is 4 diopters.

The normal eye has a second system which is responsible for controlling its long-term focal state. This system controls both the power (curvature) of the cornea and the relative length of the eye. (Figure 5)

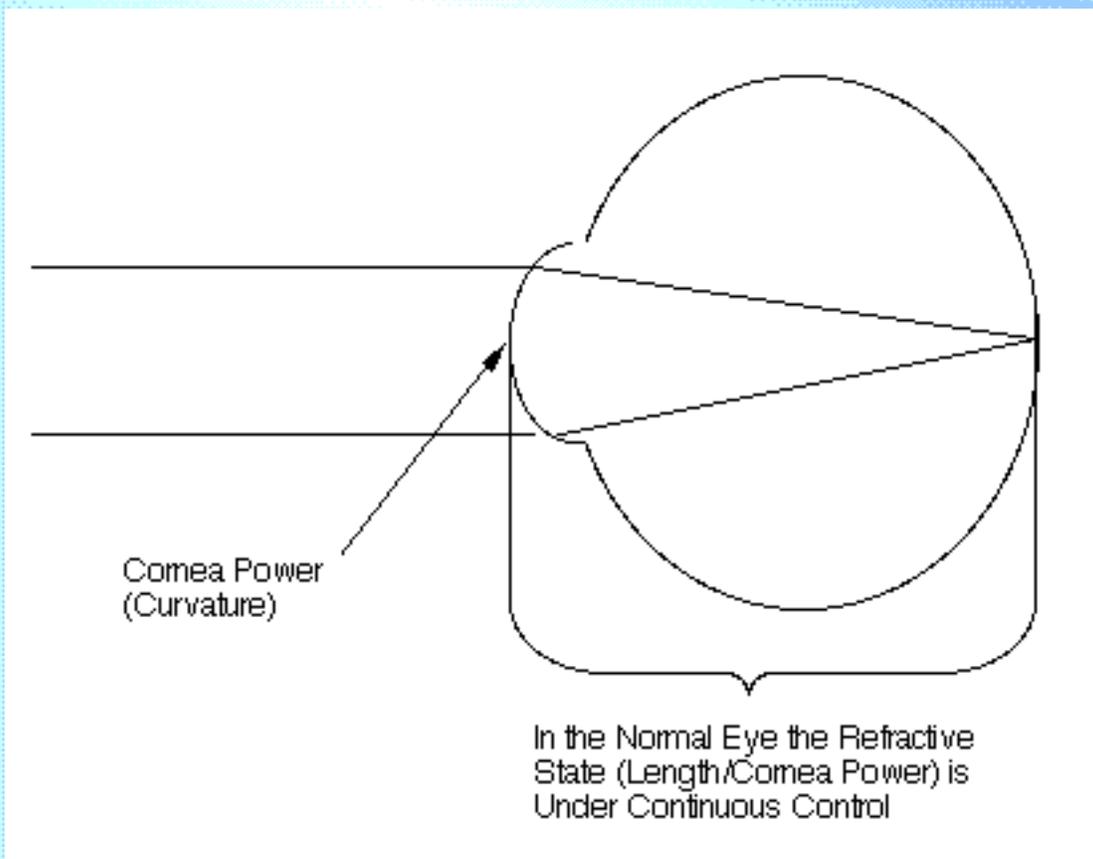


Figure 5.

The normal eye feeds information from the accommodation system to the long-term control system to maintain highly accurate focus. The focal state of the eye is almost a direct replica of its visual environment. By direct experimental means it has been determined that the focal state of the normal eye is equal to its visual environment, offset by about +1.5 diopters.

Whenever the average value of accommodation is shifted by a "delta", the focal status of the normal eye will change, (over a period of months) by the same quantitative amount. This statement has been effectively proven over the last thirty years by thorough experimental techniques. (2)

As the previous discussions have demonstrated, the eye functions as a camera. We should not, however, jump to the conclusion that it is therefore a rigid box camera. It is a sophisticated camera that controls its long-term focus by a "feedback" process. We can use an analog computer to accurately represent this fundamental behavior characteristic of the eye. (Figure 6)

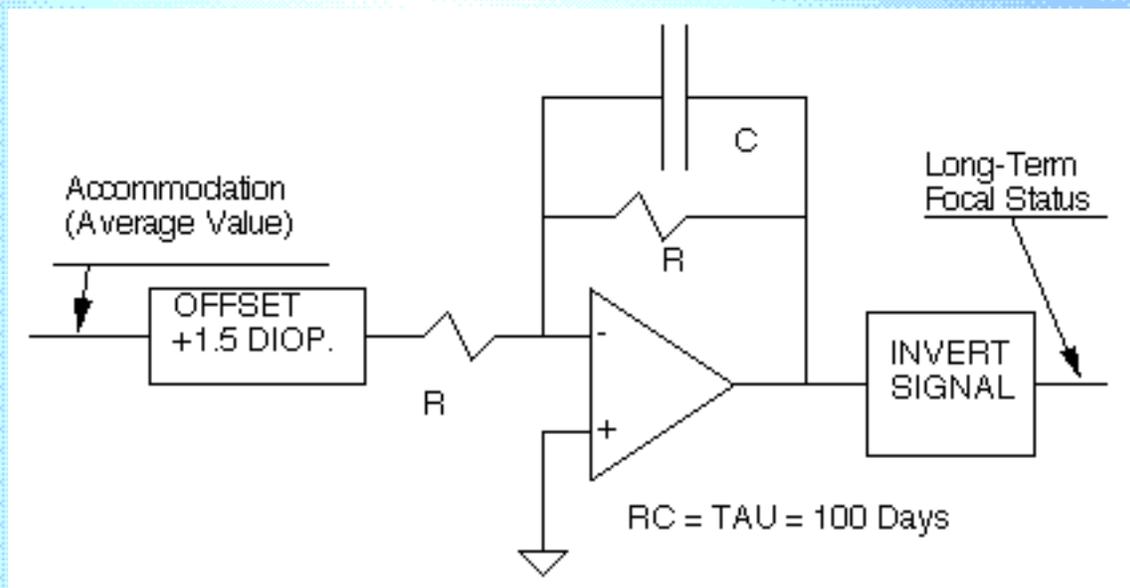


Figure 6.

THIS OPERATIONAL AMPLIFIER WILL ACCURATELY REPRODUCE THE FUNDAMENTAL BEHAVIOR CHARACTERISTIC OF THE NORMAL EYE

The above representation of the normal eye is experimentally valid. When the normal eye is actually tested, it always shows the following two major behavior characteristics. (2)

1. When a strong negative change is made in your visual environment, your normal eyes will change their focal state as shown below. (Figure 7)

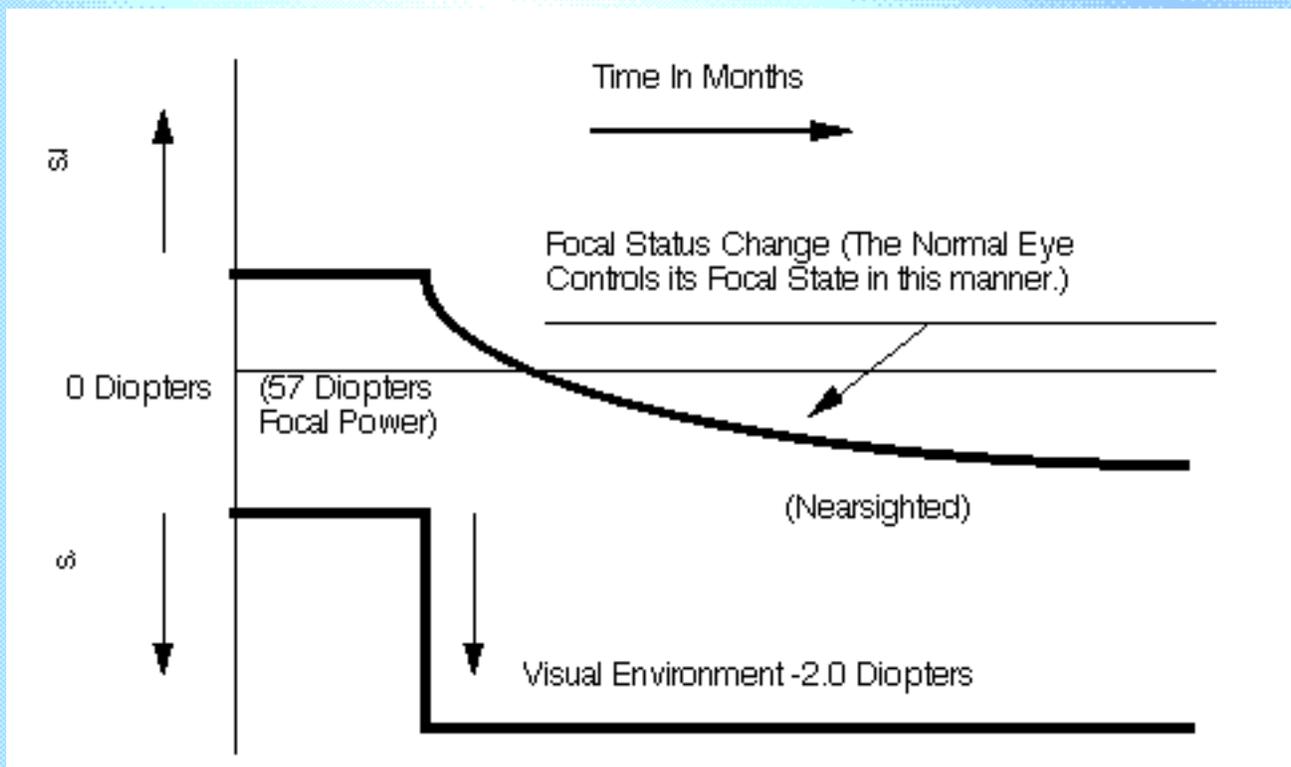


Figure 7.

2. The eye will also show a similar response to a strong positive = change in its environment. There is -- and this is important -- a limit to = the amount by which you can change your visual environment in a positive direction. (Figure 8)

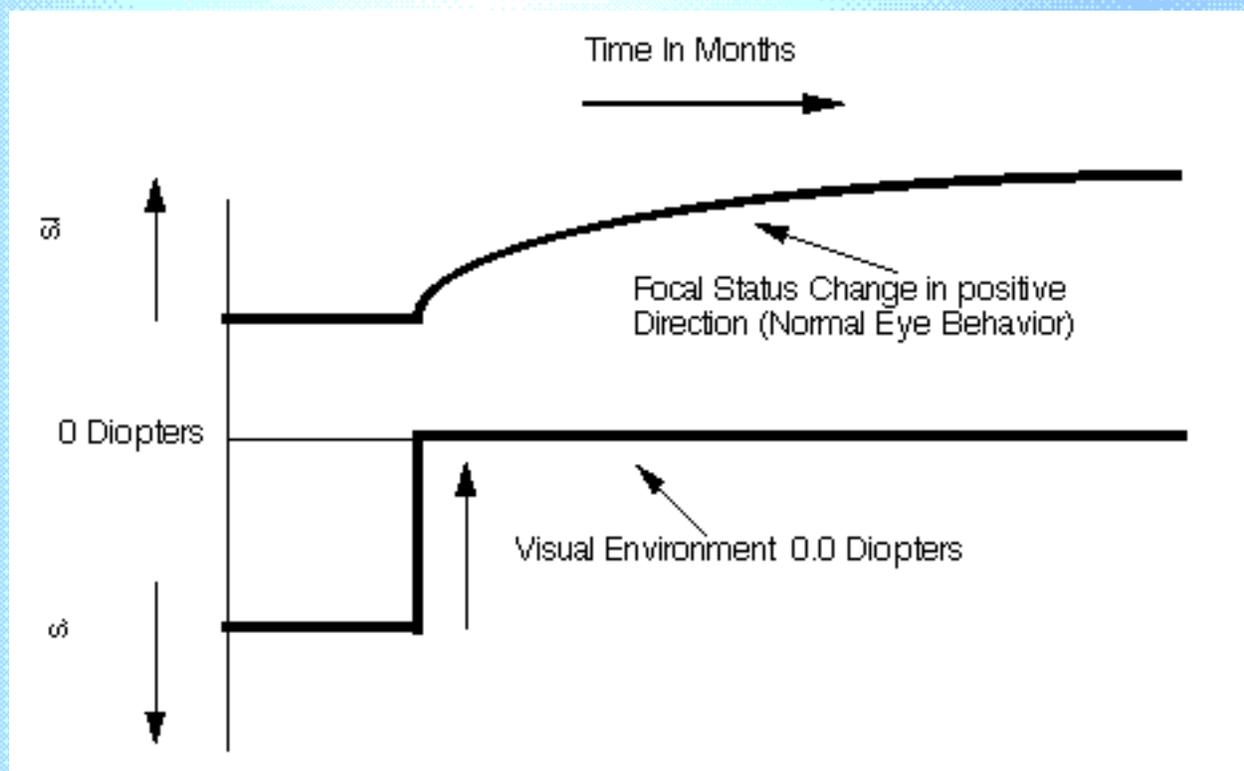


Figure 8.

The conclusion, that the eye is dynamic and behaves as expected, has been reached by a number of scientists. Dr. Peter Greene (5), Dr. Antonio Medina (6), and Dr. Josh Wallman (7) have published papers analyzing various aspects of the time-constant behavior of the natural eye.

CONCLUSION

Perhaps the best assessment of the difficulties and opportunities of nearsightedness prevention was made by Chalmers Prentice in 1895. How many more years will it take us to understand and respond intelligently to the wisdom in his words?

It is common and natural to cling to a belief in things and methods that have long been established, and in which leading men and authors concur; and, if the results of such following are universally perfect, more cannot be desired. But, when they fall far short of satisfaction, we are warranted and even impelled to search outside of established authority for the aid that it fails to give; otherwise, science and art would never advance.

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How To Avoid Nearsightedness

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BUT DOES IT WORK?

Thinking is easy,
Acting is difficult,
and to put one's thoughts into action
is the most difficult thing in the world. - Goethe

Men live by their routines; and when these are called into question, they lose all power of normal judgment. They will listen to nothing save the echo of their own voices; all else becomes dangerous thoughts. - Harold Laski

EFFECTIVE RECOVERY AND PREVENTION

The previous chapters have demonstrated, by test, that the eye is dynamic. The eye will change its focal state in a negative direction if placed in a confined environment, and will move in a positive direction (although more slowly) if placed in an open environment. It would be difficult to believe in the opposite possibility concerning the eye's behavior.

Logic, reason and science cannot prevail, until you look at the situation yourself. You must decide that you are willing to make the appropriate commitment to restore your vision to normal. You can achieve what other students, pilots and engineers have accomplished as described in the following letters.

A PROFESSIONAL PILOT RETURNS HIS VISION TO 20/20

Brian Severson was in an engineering college when he began to get into nearsightedness. In previous years Brian observed his brother become seriously nearsighted when he used a negative lens. He had received no information on prevention from the eye doctors he consulted. By his own understanding and perseverance, and some conversations with me, he returned his vision to normal as he describes in the following two letters.

LETTER #1 FROM BRIAN SEVERSON

JULY 26, 1990

Hi! I went out and bought a pair of +1.75 diopter reading glasses, and two days later my vision improved from 20/70 - 20/80 to 20/50 at an exam today. The Doctor wanted to sell me \$500.00 worth of (Band-aid) lenses. What a ripoff!

Please rush me your book. I enjoyed talking to your wife. I will keep you posted on my improvements. Someday when I get a real job that pays more than \$10,000/year I will call and chat with you.

Thanks again,

Brian Severson

P.S. I have a 1st class physical soon and need to improve my vision before then, or send \$156 to my eye doctor for one replacement contact!

LETTER #2 FROM BRIAN SEVERSON

APRIL 10, 1991

I'm sorry I have not taken the time to write or call you until now. On December 4, 1990, I passed a FAA 1st Class Physical and, under much less than ideal conditions, read 20/15 on the eye chart!

Thank you for all you have done to help me. I have at least 15 pilots and friends now wearing reading glasses. I am one-quarter through the rough draft on my vision book, and I am slowly making progress.

Is it still O.K. for me to plagiarize (with credit, of course) from your book? If so, please reply in writing with permission.

Thanks & God bless,

One thing college has taught me is to listen to others and then use or adapt methods to work for me. In the last few years I have had a great deal more reading work to do. If I don't use the magnifying lenses I notice fairly quickly that my sight starts to deteriorate. Then I realize it's time to do something to stop that process.

At the moment, I am wearing the magnifying lens because I know what it does for my vision. Thanks for taking the time to tell me how to avoid a situation, wearing glasses at all times for the rest of my life, that I would find unpleasant, and for sending me a copy of your book so I can learn more in-depth about the methods I am using.

Keith B.

AN ENGINEER'S UNEXPECTED SUCCESS

Perhaps the most surprising and encouraging result to be achieved was accomplished by accident. Because of my long-term experience with the experimental data, I knew that recovery -- on the average -- would be slow. Anyone who attempts to use the plus lens wants to succeed. It makes sense to help people who have gotten into about 20/80. Any improvement will get you to 20/50, which passes the FAA 3rd class flying license. Recovery, if you are worse than 20/100, is difficult but possible. To present all the facts including surprising results, I asked Dennis to write a letter describing his efforts and ultimate result.

VISION RESTORATION: THE EFFECT THAT A POSITIVE LENS HAD ON MY DISTANT VISION

Dennis Romich, July 21, 1992

My distance vision had been poor for many years. I had overheard Otis Brown discussing nearsightedness, and his suggested technique for restoring the myopic eye to normal. Without telling Otis, I decided to attempt to use the plus lens, and see what would happen, since the approach seemed reasonable and much safer than any other method.

I obtained a plus lens at a local store without a prescription. The lens was a +1.5 diopter lens and is commonly sold as a reading glass for people who have lost their near vision.

I had become nearsighted in grade school and was prescribed minus lenses which I dutifully wore all day long. As the years went by, my vision worsened, and the Doctor would

prescribe stronger minus lens. My distance vision without prescription lenses was very bad through high school, college, and graduate school. The last professional check (Ophthalmologist) showed that my prescription was -4.5 diopters (Right eye) and -4.25 diopters (Left eye). This is approximately 20/320 vision using the Snellen eye chart. In some states, I would be classed as legally blind without my glasses.

As I wore the plus-lens and did not wear the minus lens, I noticed that my distance vision began to clear. After several weeks, I purchased Otis' book, and checked my eyes against the eye chart. They were 20/30, which means I will pass the standard driver's license criteria of 20/40 or better without prescription lenses.

Otis was surprised at this effect of the plus lens. He stated that most individuals could return their vision from 20/70 to 20/20, but he felt that returning vision from 20/320 to 20/30 was hard to believe. Since I have done it successfully, I have no doubt that other individuals who have a similar problem could obtain similar results using Otis' recommended method of vision restoration.

I am a registered professional engineer, and have a Master's degree in both Engineering and Business Administration.

COMMENTARY FROM A CONCERNED MOTHER ABOUT THE NEED TO DO YOUR OWN CHECKING WITH AN EYE CHART

AN EXCESSIVELY STRONG PRESCRIPTION?

HOW OFTEN DOES THIS HAPPEN, AND WHAT IS THE LONG-TERM EFFECT AND CONSEQUENCE?

I have retyped this letter from the original and changed the names. Jeanie's daughter started out (at age six) with 20/50. She received a strong minus lens -- even though 20/50 is acceptable for most children. After years of receiving minus lenses stronger than necessary, she received a lens increase from -6.0 to -10.0 diopters. Jeanie's suspicion and response is described in the following paragraphs.

JEANIE BRAVE'S LETTER:

Here are copies of my daughter's eye records and

prescriptions. You will never know how grateful I am for you and Mr. Severson. When I stop and think of what could have happened to Shanna had I not found you -- my blood starts to boil. I have come to realize that people never question eye doctors as they do medical doctors. We are all at their mercy and do not even know it. You have my permission to give my telephone number to anyone who you feel needs it.

A CHECK-UP BEFORE SCHOOL

Shanna received the new contacts on August 5. She puts in -10.0 Diopter and is able to see -- she says one mile down the road. I immediately told her to take them out. After begging my optometrist to please give me information to stabilize her vision, he becomes EXTREMELY UPSET. I then went to the libraries and book stores looking for information but I found only William Bates' name. I then ordered his book. Next I found Mr. Severson and finally you in the back of his book. After reading your books I immediately knew I had the wrong optometrist -- so I nicely asked his assistance in obtaining a -6 Diopter lens for studying. The doctor reluctantly gave them to Shanna, telling us to use them for STUDYING ONLY. I then confirmed the focal status of Shanna's eye's, by assisting her in checking her vision against the eye chart -- both inside and outside.

8/26/95	20/20	-8.0 RE	-7.5 LE	
8/26/95	20/100	-6.0 RE	-6.0 LE	(Provided for reading)
8/31/95	20/40	-6.0 RE	-6.0 LE	
9/26/95	20/20	-6.0 RE	-6.0 LE	(See the -10.0 D prescription below)

Since she was seeing so well on 9/26/95, I told her to remove her contacts and then come back outside. Without ANYTHING on she stood 20 feet away and could focus on the 20/70 and 20/50 line for about 2 or 3 seconds -- then she said it would flash or float away.

An Excessive -10 D Prescription?

Prescription by Dr. Bob Smyeth, Optometrist, Dated 8/5/95:

Patient: Shanna Brave, Birth Date, 3/2/82:

8/5/85	20/20	-10.0 RE	-9.5 LE	(Prescription)
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In subsequent conversations with Jeanie, she stated that her nine year-old son was just starting into nearsightedness, and that she would do everything in her power to help her son with the proper use of the plus lens -- to avoid the catastrophic situation that had developed with her daughter. Jeanie wondered why this knowledge is not made generally available to the parents of young children.

YOUR MOTIVATION IS CRUCIAL IN ORDER TO DEFEAT MYOPIA

It is clear that an intelligent, motivated pilot or student can use the plus lens for close work, check his eyes against the eye chart, and clear his vision back to normal.

What is the opinion of this situation within the eye profession? Opinions vary, as shown in the following exchange in the Washington Post newspaper.

IS IT TRUE THAT THE EYE DOES NOT CHANGE ITS FOCAL STATE WHEN PLACED IN A CONFINED ENVIRONMENT?

Myths About Problems With Poor Eyesight

[Special to the Washington Post, 9/11/91]

Dr. Jay Siwek

Q.

My family likes to watch TV at night with the rest of the room lights off. But a friend told me that watching TV in the dark is harmful to your eyes. Is this true?

A.

You can't harm your eyes by watching television in the dark. Neither can you damage them by reading, working or studying in dim light. Those are some of the many myths about why eyesight deteriorates.

Another folk belief is that "using your eyes too much" will harm vision. That's nonsense. Your eyes were made to see with and, barring some medical problem, they don't wear out from use.

Some people also believe that looking at objects close-up will impair vision, especially if done for long periods of time. Not true. Again, vision doesn't deteriorate from fine use. It's easy to see how some of these myths came about. In days past, before doctors knew about eye diseases like glaucoma, cataracts and macular degeneration, people looked for some explanation whenever someone lost their vision. Glaucoma is increased pressure in the eye, and cataracts are a clouding of the lens of the eye. Macular degeneration is a condition

where the center of the field of vision deteriorates.

Often, blindness or low vision was blamed on someone's work, such as writing or reading by candlelight or on simply using one's eyes too much.

Common eye diseases frequently struck people who did fine work with their eyes, leading to the belief that there was some connection between the two. People tended to ignore the many examples of people who didn't develop any problem with their eyesight or of all the people who lost their vision for no apparent reason.

As people age, they sometimes have trouble focusing on fine print that's too close to their eyes, a condition called presbyopia. But scientific studies don't show any link between the way you ordinarily use your eyes and harming your vision. So, you and your family don't have to worry about watching TV in the dark.

IS IT TRUE THAT THE EYE DOES CHANGE ITS FOCAL STATE WHEN PLACED IN A CONFINED ENVIRONMENT?

The Health Profession's Response to "Problems With Poor Vision".

Dr. Robert Levy:

I must strongly disagree with at least one "myth" about poor vision Dr. Jay Siwek mentions [Consultation, 9/11/91]. He says doing close work does not harm your eyes and then goes on to talk about three sight-threatening diseases. While it is true that close work does not cause the kinds of blindness that glaucoma, cataracts and macular degeneration do, such fine focusing for extended periods can cause nearsightedness, a far more common occurrence.

Day after day, year after year, I see patients who get more and more nearsighted from doing close work, particularly if they have been wearing a distance prescription while doing their close work. The vicious cycle is that you read and do your homework, become nearsighted, get distance [negative lens] glasses and when you go back to read and do your homework you become more nearsighted.

People who take their glasses off to read (if they can) or who wear bifocals [plus lenses] to reduce the prescription for near focusing show a much slower progression into nearsightedness than those who read with distance glasses on. One study of an Eskimo village being taught to read showed that after two generations of reading, virtually none of

the grandparents' generation needed distance glasses, about half of the parents' generation did and virtually all of the children's generation did. This is the best example of reading and close work causing nearsightedness.

A COURAGEOUS EYE DOCTOR DOCUMENTS THE SECONDARY EFFECT OF USING A NEGATIVE LENS

EYESTRAIN - ITS CAUSES, CONSEQUENCES AND TREATMENT

By Dr. Maurice Brumer, Frankston, 3199, Australia

. . . A succession of practicing optometrists have followed Fournet [a pioneer in the use of the plus lens] to this day, all convinced of this major shortcoming [use of a negative lens] in eye care. They have all been successfully ignored or treated as cranks and heretics, and the issue has remained at this level for 90 years. The clarion cry of the eye care professions has been "show us proof of the relationship of eyestrain and eye disease". I will now demonstrate that no shortage of this proof exists.

At the 1973 annual meeting of the American Academy of Optometry, a paper entitled, "Bifocal Control of Myopia", was presented by Francis Young, Director of the Primate Research Center at Washington State University, and Kenneth Oakley, an ophthalmologist from Bend, Oregon. Their study found that the effects of properly fitted bifocals (eye strain reducing glasses) on young myopes are to drop the rate of progression of this condition from an average of about one half a diopter per year to about one fortieth of a diopter per year. This study involved control and experimental subjects who were matched for age, sex, initial refractive error and duration of wearing bifocals so that most of the possible causes of failure to achieve results with bifocals were controlled.

THE BIFOCAL (PLUS LENS) STUDY

There was a significant number of subjects, 226 in the bifocal group and 192 in the control group, to assure that the results were consistent and effective over time. The effect of the bifocal was uniformly to reduce the rate of progression even in children who had already achieved as much as 4 or 5 diopters of myopia before they were fitted with bifocals. In other words, the control group moved into myopia at a rate 20 times faster than the bifocal (plus lens) group. The implications of such results are obvious and sinister when it is considered that myopia is the third largest cause of blindness in western society.

SERIOUS COMPLICATIONS DEVELOP FROM USING A MINUS LENS

The visual disability in high myopia is usually considerable. I am including this description of the condition as felt by its victims so that you may put yourself in their situation:

Apart from the visual incapacity, the high myope is not usually comfortable in the use of his eyes. When corrected, the small, sharply defined and bright images are annoying; much use of the eyes brings about a feeling of strain and fatigue. The degenerated and liquefied vitreous gives rise to a multitude of "muscae volitantes" and floating opacities, and these, throwing abnormally large images upon the retina owing to its backward displacement, cause a great deal of distress and anxiety to the patient although their actual significance is small. Most of these patients are naturally anxious. Their disability is obvious and may have excited sympathy. The memory of admonitions to care for the eyes lingers into adult life. Thus matters tend to progress slowly and relentlessly, the patient all the while never using his eyes with comfort or without anxiety until finally no useful vision may remain or until the occurrence of a sudden calamity such as a gross macular lesion, a hemorrhage of a retinal detachment brings about a more dramatic crisis. (I thank Sir Stewart Duke-Elder for this description).

The complications of myopia are numerous and grave, frequently resulting in blindness. The degenerative changes appear typically in adult life after the myopia has been fully established for some years.

The complications are:

1. Choroidal thrombosis and hemorrhage.
2. Vitreous opacity, always present in some degree in high myopia, this condition may suddenly increase to become a serious complication.
3. Retinal detachment is the most dreaded and one of the most common complications of myopia, occurring with considerable frequency in = all degrees of the defect but showing a progressively greater tendency, the higher the myopia.
4. Simple glaucoma is a further complication of high myopia, occurring = in the higher degrees after mid-life.

THESE PROBLEMS COULD HAVE BEEN PREVENTED

Few of these people faced with the prospect of blindness in old age realize that their problems actually began in childhood when they were fitted with their first pair of corrective [negative] lenses by someone who was probably unconcerned about the tragic, long-term results of that action. Few of these people realize how their situation became more precarious each time their glasses were strengthened and nothing was said about prevention. Now, when it is too late for prevention, they find themselves in the hands of surgeons who are making their living from someone else's mistakes by trying to patch up steadily deteriorating retinas. The patient has become a lifelong victim of ignorance and

exploitation.

THE EYE CHANGES FROM A POSITIVE STATE TO A NEGATIVE STATE AS A RESULT OF CLOSE WORK

The cause of myopia is further clearly indicated in a study of 1200 Eskimos in Barrow, Alaska, published in the American Journal of Optometry in September, 1969, which showed that in one generation of the Eskimo population had moved from no myopia to approximately 65% myopia among the offspring, and that neither the grandparents nor parents over 40 had any myopia.

Thus the first generation between grandparents and parents was similar in that myopia was nonexistent, but in the second generation between the parents and their children, suddenly myopia occurs in a surprisingly high number of children. As a matter of fact, of 53 offspring who were in their early 20's, 88% had myopia. Such a sudden and great degree of change cannot readily be accounted for on the basis of heredity, especially when there has been no identifiable force which could have brought about this obviously considerable mutation in the genetic composition of the offspring.

The obvious difference between the parents and the children is the amount of near work which is currently being done by the children. About the time of the second World War, the white man intruded into their lives, requiring the development of education among a population which was uneducated and illiterate. The Eskimo has become an avid reader because of his environment. While he spends a great deal of time out-of-doors in the warmer, daylight summer months, he spends relatively little time out- of-doors in the cold, dark winter months.

A MASSIVE BODY OF EVIDENCE SHOWS THAT THE EYE CHANGES ITS FOCAL STATE TO MATCH ITS VISUAL ENVIRONMENT

In presenting these studies, I would emphasize that these represent only a small (even if spectacular) part of the evidence available today which demonstrates the blindness and suffering caused by present-day eye care. While continuing to ignore a massive body of evidence, the eye care professions continue to ask to be shown proof that myopia results from excessive close work and that the prescription of corrective lenses causes the myopia to increase more rapidly than it otherwise should. It is assumed from the start that the burden of proof is on us and that we are expected to raise money and conduct endless studies that will somehow convince everyone that we are right. In many cases, this is like trying to convince a tobacco company executive that smoking causes lung cancer. No amount of testing will convince those people who prefer to believe what pleases them most or what is more lucrative to them. . . .

[Dr. Brumer reviewed an exchange of letters with a Dr. Lender (a university optometrist)

concerning disagreement about the fundamental behavior characteristic of the eye under experimental test conditions.]

. . . These letters represent a desperate attempt to cover up a tragic and horrible situation. They mislead the public and, significantly, the parliament of my country. They have been unsuccessful in their purpose, however, and the question now lies on notice in the parliament in Canberra to the Minister of Health for Dr. Klugman (opposition spokesman for health) asking him to appoint an inquiry into the matters I have raised.

THE EYE PROFESSION RESISTS CHANGE -- TO YOUR DETRIMENT

The eye care professions have resisted change irrationally and fearfully, unwilling to admit that what has gone on before [the use of a negative lens] has been wrong and harmful, and by doing so they have unleashed on the public they serve a cataract of horror. This continued situation is a tragedy for the public and a disgrace for optometry. While it is understandable that optometrists will not find it easy to admit that what they have been doing is wrong and harmful, especially for those academic university optometrists responsible for the education of our graduates, to preserve the current horrors to protect our professional prestige and privilege is an abdication of our responsibilities, ethics and morality. I can make no apology for causing embarrassment to my professional colleagues. The interests of the public are paramount and must be served. The purpose of this paper is to direct the future to end the disgrace of the past.

REMARKS ON DR. MAURICE BRUMER'S PAPER

Dr. Brumer had previously been denied permission to present his paper at the August, 1977 Australian and New Zealand Association for the Advancement of Science (ANZAAS) Congress because it was too critical of the prevailing method of eye care. The above paper is of interest because of Dr. Maurice Brumer's scientific and ethical commitment to:

1. Coming to grips with nearsightedness. (i.e., The fundamental = behavior characteristic of the eye.)
2. The reaction of other members of his profession. (Extremely = critical -- without clear scientific justification.)
3. The reaction of the public to Dr. Brumer's effort to come to grips with the situation. (Nonexistent -- because the public was not clearly informed.)
4. The fact that this understanding (that the plus lens works) existed = in 1977, and since then, nothing further has been done to provide = pilots with the high quality information they need so that they can take = the steps that are necessary to preserve their distant vision for life.

THE INTERNATIONAL MYOPIA PREVENTION ASSOCIATION

From, "THE MYOPIA MYTH", by Donald Rehm

In 1974 Donald Rehm established an organization to help parents understand and take steps to help their children avoid myopia. He prepared a book that clarifies the various preventive methods available for myopia -- and the reaction of most of the profession to his efforts. Donald describes his effort to persuade the profession to provide you with exact knowledge of the eye so that you might capably choose between these mutually exclusive alternatives.

. . . Since the organizations in the eye care field were telling the public nothing about the true cause of myopia, the idea of forming an organization devoted solely to myopia began to seem more and more necessary. The final decision about forming a myopia prevention organization was made at the 1974 Annual Congress of the American Optometric Association in Washington, D. C.

An important part of such meetings takes place on a large floor where booths can be rented to exhibit optical goods, hand out literature, etc. I rented a booth to give out literature on the latest research on myopia and ways of preventing it. I found that the booth was for the most part ignored by most of the optometrists, although an adjoining booth, where the tinting of eyeglasses was being demonstrated, was usually crowded.

It was obvious that the people to whom we must go with our vision problems were more interested in tinting lenses than in saving sight. They were ignoring everything that had to do with myopia prevention. It was quite clear that pleading with the members of the eye care professions to change their ways was not going to succeed. They would have to be forced to change, and this would occur only after the public was well informed about the real causes and solutions to the problem of myopia.

In 1974, I therefore formed a nonprofit, tax-exempt Pennsylvania corporation, the International Myopia Prevention Association. One of the first tasks I undertook was the publication of a twelve page booklet, *The Prevention of Acquired Myopia*. This booklet, which was meant for distribution to the public, contained information on the real cause of myopia and what methods were available to prevent it. No booklet of this type had ever been published previously. In the booklet, I also stated the aims of the new organization:

1. To work for the widespread acceptance of the concept, now supported by numerous studies and research, that acquired myopia is caused by excessive close work and is not an inherited condition.
2. To inform the public, in an impartial manner, about the various methods available for preventing and controlling myopia.
3. To promote periodic testing of the vision of children so that the potential and beginning myopes can be found early when treatment is most effective.
4. To promote the use of proper reading habits and adequate lighting in schools, homes

and offices.

5. To maintain a register of eye care practitioners who are interested in myopia prevention and skilled in its techniques. *
6. To assist the public in coming into contact with these practitioners. *
7. To issue a periodic publication to provide a summary of activities and new knowledge in this field.
8. To maintain an advisory board of scientists, researchers, educators, optometrists and ophthalmologists who are involved with the myopia problem and can advise on the activities of the association.
9. To solicit contributions to carry on educational and scientific activities related to myopia prevention." *

As the formation of IMPA was announced in various optometric journals (it was ignored by the medical journals), I began to receive letters from doctors around the country expressing their interest in the new organization. The response was greater than I had anticipated and indicated clearly that there did exist an unfilled need for leadership in the area. . .

* In a later publication Donald Rehm sadly concluded, "We no longer try to maintain a list of prevention minded eye doctors since there are so few of them."

WHERE CAN I OBTAIN DONALD REHM'S BOOK?

The International Myopia Prevention Association
1054 Gravel Hill Road
Ligonier, PA 15658
<http://www.myopia.org>

Donald's book may be obtained by ordering it through the above address. Please check his web site. Eyeglass wearers take note: The book, "The Myopia Myth -- The Truth About Nearsightedness and How To Prevent It", will undermine all that you have been led to believe about nearsightedness. Writing in matter-of- fact language and using some fifty simple, clearly marked diagrams, Donald Rehm presents a comprehensive over-view of just about everything you might want to know about myopia: prevailing myths about the subject (propagated, in large part, by your own eye doctor), real and fictitious causes of the problem, proper and improper methods of treatment, and how to know if your eye doctor is really helping you.

OTHER PUBLICATIONS

- THE STRUCTURE OF SCIENTIFIC REVOLUTIONS by Thomas S. Kuhn Provides a fundamental discussion of scientific principles, and the development of paradigms as they support the basis for accurate scientific research.

- **NEUROLOGICAL CONTROL SYSTEMS** by Howard T. Milhorn Explains the application of control theory to physiological systems.
- **INTRODUCTION TO PHYSIOLOGICAL OPTICS** by J. P. C. Southhall Provides = a purely optical theory concerning the eye. This is the standard text book with a major part of the optics derived from a treatise by Herman Helmholtz.

Beyond this point, your own ability to make a good judgment of the situation must be your guiding light. No one should dictate what you should or should not do. We can only assist you in understanding the facts -- so that you may make a reasonable decision about what course of action best suits your own personal needs.

This article was posted to USENET newsgroup sci.med.vision on Dec 11, 1995. It was originally found on CompuServe.

I Can See

by Adam Klein

PREFACE

This is the story of how I learned to see clearly without the aid of refractive (usually called corrective) lenses. I write it because I feel a duty to inform as many people as I can that improving one's naked eyesight is a real possibility despite the skepticism of the eye care professional world. I will refer to such apparently unrelated subjects as singing, memory palaces, high-tech catalogues, myofascial trigger points, yoga, diet and pinhole glasses in order to show how these things combined in my life to allow me to shed the crutch of eyeglasses, and so some of those who read this will be encouraged to try for themselves, or keep trying.

INTRODUCTION

For centuries, no one from Europe sailed past the western tip of Africa for the simple reason that they had been told with no room for doubt that the world ended there and they would surely perish if they passed it. The feelings I experienced the first time I encountered success in the retraining of my eyes must be similar to those felt by the sailors of that first ship that saw the southwest African coast. An elation that despite everything I'd been told all my life it was truly possible, though at the time I had no idea how far I'd be able to take this journey, that is, if I'd ever see clearly all the time. A deep anger at the fact that I hadn't found out about it sooner, because almost no one knows about or believes in these techniques, and because due to my ignorance my social life during the nineteen years I wore glasses was almost certainly much lonelier than it would otherwise have been. Those who don't wear glasses as children and teenagers have no inkling of the psychological effect imposed on the children by the wearing of these things. We are branded as nerds, brainy misfits, unathletic "spazzes," to use the slang of my day. When I learned, through personal experience, that most children wouldn't need glasses if these techniques were learned, understood, standardized and disseminated, the ostracization of all these children as being no less different from what is called normal than being of another skin tone or sexual preference became to me a heinous crime, a perpetratorless, victim-replete crime. Thus it is for those like me, of all ages but especially those as yet unborn, that I must tell my story, in the hope that in the future the techniques of eye training will be taken seriously and become a part of the eye care arsenal in the war against blurred vision. I have nothing to sell; I consider awareness of this information to be a right of all those not diagnosed at 20/20.

MY UNWITTING PREPARATION

I learned some Hatha yoga techniques when I was eight years old. The degree of body awareness it gave me has proved extremely useful in my adult life. One technique, a breathing exercise, in part requires the person to relax all the muscles in the body (besides the ones needed for sitting up) by noticing tension and releasing it. This is done in conjunction with regulating the breath with the intention of slowing the heart rate (which many medical practitioners will argue cannot be brought under voluntary control) and generally relaxing the body. Years later, when I learned the techniques of operatic singing, I was able to apply this relaxation technique by noticing and releasing tension in muscles not necessary to the production of an efficient tone. (Many opera singing techniques pay little attention to the fact that there are many sets of muscles in the laryngeal area, and very few are needed for singing. The great diversity of tonal color among singers is due to the many possible combinations of muscular action by which one can make a sound, each of which will result in harmonic structures predictably different from the others.) The difficulty in singing is that the muscles used to phonate are not directly controllable, like the heart rate. One must find ways around this obstacle of inaccessibility through mental images designed to get the muscles to act properly, and of course through audiofeedback. For ten years daily I practiced these concepts guided by my teachers, and my voice underwent many changes in size, timbre and sustain ability, some drastic. I thus became accustomed to searching for a sound that initially would have been unimagined in my mind or ears, but would, when the proper muscular combination was used, often accidentally, suddenly make itself manifest. Because of this constant change in the sounds I was able to produce, I learned to dissociate the sound of my voice from my personality, which some singers and many nonsingers never do, and by extension to dissociate all other aspects of my physical being from my personality, excepting of course those attributes innate to my sex, whatever they may be. Through this experience I came to understand on a personal level that things are often not as they seem.

In 1983 my father was diagnosed with lymphoma, and because of the dismal forecast given him about his life by the doctor who diagnosed him, he sought an alternative cure. Through this search of his I became acquainted with the Hippocrates Health Institute, which promotes a cure for cancer through a diet of only raw, alkaline-reaction-inducing foods. Though several people had been helped back to health by this diet, my father's version of it eventually failed and he underwent chemotherapy, but due to the year on this diet his body was much stronger and better able to withstand chemo's chemical onslaught, and in fact he never lost his hair, even when he was given the drugs he was assured would make it fall out. (Also, the cancer in his bone marrow at his first biopsy, before the diet, had somehow disappeared by the time he decided to undergo chemo.) This adventure taught me that the medical community, no matter how much they insist we submit to their care, actually know very little about the workings of the human body. The nutritional industry is similarly sailing equally uncharted waters. I became predisposed to distrust these and other authorities when it comes to proclamations concerning the abilities and inabilities of the human organism.

In 1972 I got my first pair of glasses. I had resisted them for a year, saying I didn't need them, but once I got them I wore them constantly, except to see closely. It bothered me that every time I had a checkup my eyes had slipped a little more into myopia, starting at 20/70 and ending at my last checkup in 1984

around 20/300. (20/70 is "legally blind" in New York State.) I was never given more of an explanation for this decline than that it was a normal progression for myopes. When I took genetics in high school and college, I began to wonder why I was the only myope in my entire family, including parents, both brothers, uncles, aunts, and cousins. Genetically this made no sense to me. So for years I doubted the eye care industry's claim that my condition was unchangeable, but I found no concrete substantiation of my suspicions until 1991.

In 1989 I was led to the book "The Art of Memory" by Frances Yates through my participation in an avant-garde opera by Robert Ashley, "Improvement: Don Leaves Linda" which refers allegorically to Giordano Bruno and memory systems, and through my acquaintance with one Philip Guerrard who was familiar with Yates' books on these subjects. The art of memory is a technique of using imagery as an aid in the memorization of speeches by ancient Greek orators. It involves building structures, e.g., houses or palaces, in one's imagination, to house images chosen for the ability of their attributes to remind one of an idea, phrase, or even a word. The theory is that since humans depend so much on visual information, it should help in the retention in memory of such abstract things as words or ideas if one links images to them, preferably striking images. I tested this on myself, and made a house for all the jokes I knew, since I had long been annoyed by my inability to remember all the jokes I knew at parties or on long car trips with new acquaintances. It works. I can now at will call up from memory any one of over fifty jokes simply by mentally looking through the house I used and seeing the representative objects I placed there. I then used the art to help me remember all the important facets of my vocal technique, which was easy since many of them were images already. I thus became able much more quickly to figure out which part of my technique I wasn't paying enough or any attention to when I was having vocal trouble. This made me better prepared to improve my eyesight when those techniques useful to me asserted themselves over the other ones not specific to my personal psychomuscular makeup. I made a house for them as well, some images of which are described later.

MY CHANCE EXPOSURE

In 1991, I was singing the role of Don José in Philadelphia, and I glanced at a Hammacher-Schlemmer catalog that a chorus member had brought to rehearsal to alleviate the tedium of waiting for a chorus scene to be rehearsed. In the catalogue was an ad for "aerobic glasses," made of opaque plastic and studded in a honeycomb pattern with pinholes. It advertised seeing clearly without using lenses and improving eyesight. The concept of pinholes was familiar to me: before I allowed myself to wear glasses I had discovered that I could see better if I formed a small hole with both pairs of thumbs and index fingers and looking through them. I ordered the "aerobic glasses" at an exorbitant price (\$40.00; I later saw the same thing in a health food store in Iowa for \$25.00. They're worth about 50" in material, if that.) and received them at my next job, which was Faust in Durham NC. I wore them and shared them with fellow cast members, who were amazed at the effect they produced. Almost everyone who tried them could see fairly clearly, and what amazed them was that it could be done without lenses of any sort.

With the "glasses" came a booklet called "SECRETS OF SEEING WITHOUT GLASSES OR CONTACTS" which described exercises to do to strengthen and relax the muscles around the eye, a

schedule for wearing the "glasses" and also a reference to one Dr. William Bates, on whose original techniques the writers of this pamphlet had allegedly improved. I mentioned that name to the woman playing Marguerite, Kay Lowe, and she said she had his book. I borrowed and read it. The pamphlet writers had not improved on Bates' technique, only added others, and actually misrepresented some of the most important exercises.

Dr. William H. Bates, M.D., wrote his book "The Bates Method for BETTER EYESIGHT WITHOUT GLASSES" in the early part of this century, and it was published by Emily Bates in 1940. Bates, who died in 1931, was an ophthalmologist in the New York area who taught himself to overcome his presbyopia ("farsightedness") and then proceeded to refine and augment the techniques he developed for himself to help others to learn to see without the aid of lenses. (The book is still available for purchase. (It is an "Owl Book," published by Henry Holt, New York.) It was during my reading of the chapter "Imagination as an aid to vision" that I first experienced the possibility of long-lasting vision improvement.

The book described a process of observing a letter at a distance at which it appeared in clear focus, then using memory of the letter to imagine it clearly while viewing it at distances at which it would not be seen clearly (in my case, farther away). One could increase the distance in small increments, as Bates had one woman do. I applied this technique immediately after reading it to a few whole words on the page I had been reading. It worked. (It must be emphasized that I read the book with my unaided eyes. I believe it would do no good to read it while wearing glasses. because one couldn't then immediately try out the various exercises described.) I held the book farther away by degrees until I was seeing the words clearly at a distance twice that at which I had been able to see clearly with my naked eye for the past decade and a half. By the time that gig ended I was able after some practice to read book spine titles on my TV eight feet away. The first title I read this way was "Wonderful Life" by Stephen Jay Gould. I am not a believer in fate or occult connections between things, but that title was appropriate, I thought.

Some of the explanations in Bates' book for various eye problems have been superseded by modern advances in methods of physical examination and a better understanding of the behavior of light. But his techniques for relaxation of the eye musculature have not, to my knowledge and in my opinion, been significantly improved upon.

THE TECHNIQUES

The techniques in Bates' book which I found most helpful to me (it must be understood that eyesight, like singing, is a highly psychological endeavor and no one set of images will work for any two people, let alone everyone) were: Palming, Shifting, remembering the color black, never staring at any one point for more than a second, and using the letter chart provided with the book to help relax the eye muscles (not the ciliary muscle, the ones around the eyeball, the ones responsible for moving the eye around. They can not be felt when they're contracting and I discovered that mine had been locked in a certain combination of tension for many years, which had increased incrementally by each checkup). Please read his book to learn about these techniques in detail. The arcane writing style and the quaint naïveté of someone writing

before television can nevertheless be digested. I will describe here the tricks I've discovered myself that are not described by Bates.

THE NECK CONNECTION

My next gig after FAUST was in Chautauqua NY, where I attended a lecture by a trigger point specialist, which is someone who alleviates muscular pain such as headaches by application of an understanding of the relationships between incorrectly contracting muscles and pressure points called trigger points that if properly massaged bring about a release of the offending tension. His live demonstration on singers he had never before met convinced many of us that there was some substance behind his radical rhetoric, and convinced me that his reference book "Myofascial Pain and Dysfunction: The Trigger Point Manual" would be worth having. (He wore glasses, and I asked him if he'd heard of Bates, and he said yes but didn't seem interested in applying it to his own field. I found it curious that even someone as far from the medical mainstream as a trigger point specialist, and someone who constantly worked to relax others' muscles, should show such little interest in improving the function of his own eye muscles.) I bought the book through the local bookstore at home. It is a user-friendly reference guide to alleviating muscle problems by the use of diagrams showing the many trigger points and which muscles they affect. It led me to wonder if there were eye-muscle trigger points, and several months later I discovered one while on a long car trip.

Once I learned to see clearly fairly often, around 40% of the time (and the rest of the time was never nearly as blurry as it had been when I wore glasses) I was able to drive with unaided eyes, except at night when my eyes got tired and it became more difficult to relax them. (Since then I have become able to drive quite late into the night with unaided eyes.) One evening I began to massage the neck muscles at the base of the skull. I found that if I held pressure on these muscles my eyes would involuntarily see more clearly. It took several more months for it to occur to me that I didn't need to constantly hold my fingers to my neck to see clearly more easily, that the same result could be achieved by using muscles on the other, anterior, side of my neck to counterbalance the pull of these rear muscles and relax their hold on my eyes. The memory image I use for this is a seahorse, because of the curvature of their heads and necks. When I use the muscles in front of my ears to rock my head forward and loosen those rear neck muscles, it feels like I'm imitating a seahorse.

BLINKING

When I first started learning to release the ocular tensions accrued over the years, my yoga background was invaluable. I soon became aware of many theretofore unrecognized tightnesses in the eyes brought on by various actions. One of the very first I noticed was a tension brought on by blinking. This is difficult to describe, and I must use image metaphors. The way I learned to blink had a feeling associated with it similar to the action of pulling shut a long trapdoor than was suspended by a spring at the free end, and pulling it from a position about halfway down the length of the door. Another analogy would be using one's foot to depress a spring-loaded organ or synthesizer volume pedal. Or simply pushing down a

cafeteria-type spring-loaded dish holder mounted on a table the surface of which is at shoulder height, with the tips of one's fingers from as far away as one could reach, keeping the arm perfectly straight. If you can keep one eye wide open and the other shut but not at all squinting, they way you keep the eye shut is the way I used to blink. This way of blinking, I found, caused my eyes to blur a bit, and I quickly started blinking more, as it were, with the front muscles of the eyelids, those muscles employed when one shuts the eyes tight while also raising and stretching the upper lip in a smiling grimace. It would be like going to the free end of the trapdoor and pulling down gripping the edge with the palm side of your forearms facing you. Or using your thumbs an the very end of the organ pedal instead of your whole foot along its entire length. Or just sitting on the plates. It was a very noticeable blink and resembled a nervous twitch. Gradually I allowed myself to blink in a more normal-looking manner, but without the old blurring tensions. I use the large "front blink" now only when the other techniques aren't helping, or when time doesn't allow more effective but slower techniques like shifting. The memory image I use for this is the old Porky Pig, way back before Bugs Bunny was created when all toons had drops of sweat eject from the tops of their heads when they got nervous, and their eyelids were dark and shiny and opened and closed with a mechanical precision. A better image for some would be that mechanical owl in "Clash of the Titans" whose eyes blinked so loudly.

THE INNER EYELID

Any Trekkie will identify with the above title and its presence in Vulcans which allowed Spock to instinctively shield his optic nerve from the blinding rays of McCoy's experimental light bombardment which killed the creature within Spock. Its relevance here is that there's no better way to describe one of the tricks I discovered to keep my sight clear. It's related to the blinking problem, except that one applies this feeling with the eyes open. It actually feels like I'm lifting up another eyelid that sits directly on top of my eye, like lifting up a long skirt to reveal a white petticoat. It's a very calm feeling when it's achieved, and until I discovered the Seahorse and Zaphod techniques was one of my main tricks. I say "tricks" because one must trick the muscles into behaving with these images. The image for this one is, of course, Mr. Spock himself.

SEEING BEYOND

In Des Moines, the summer after my initial success, I discovered a trick more mental than muscular. It's important to not let the sight process get nervous, because it will panic and the muscles will contract severely (and bring my vision back to where it was when I needed glasses). To this end I tried to understand what it was that made my eyes go myopic in the first place. Bates talks about the effect that reading a lot has had on people's eyes in general, i.e. we have trained our eyes to see close in order to read, and many of us try to apply the muscle ratios needed to see very close to seeing far away, which doesn't work. The eyes have been shaped by nature (those of you who still don't believe in evolution will not like this. Sorry.) to see images far away. Seeing close is of secondary importance, in terms of survival. But the eye can adapt to either extreme. Force of habit will cause it to let one set of muscular ratios predominate, and since seeing far requires little or no muscular adjustment from a state of rest,

since the eye was built to see far, living a life where most sight is for distant objects, the muscles necessary to see really close will from disuse "forget" how to do it, like our toe muscles which only in persons without the ability to use hands are exercised enough to make the feet able to write with a pencil, though we all have the same sets of muscles. Conversely, prolonged use of the eye muscles for close work will tend to lock them into that pattern of performance, and one will with great difficulty if at all be able to relax them again to see far. (Computer screens are especially hard on eyes, because the screen image is not clear to start with, and the tendency to stare to see it clearly is encouraged.) Charles Darwin, in "The Descent of Man and Selection in Relation to Sex," makes the observation that "savages," as he calls them, meaning no disrespect, overwhelmingly see at a distance much better than Europeans. Of course. Savages don't read books all the time.

My eyes had gotten used to focusing in order to see close. I speculated that their tendency through learned unconscious habit to focus on close things, which entails crossing the eyes to varying degrees depending on proximity, probably was affecting my ability to see distant objects. In other words, my eyes were using see-close techniques for both near and far vision. At least, I thought, my eyes were thinking that objects were closer than they really were, and not understanding when they weren't getting a clear image. (To extend the Star Trek reference, in the first movie V-GER was thinking, "I have sent the creator the correct sequence. Why does the creator not respond?" Or in Robocop when he says "my targeting system is off." But he knew why. My eyes didn't.) I tried tricking my eyes into focusing for the proper distance by pretending the object in question was a little farther than it seemed. I got this idea while looking at the pattern of tiles in the Men's Room and trying to get the parallel lines to converge. This was a game I had played for many years, but now with my eyes more relaxed it had the effect of clearing up the image, specifically of removing the false second image caused by astigmatism, which according to Bates is simply another form of incorrect muscle adjustment. Just as all the eye muscles contracting will elongate the eyeball, so a few of them contracting will warp the ball just enough for the cornea to become uneven, which causes astigmatism and hence multiple images.

(Also, in the pamphlet that accompanied the "aerobic glasses" was an image of a stop sign that was split into two images, neither of which had all the parts. One is asked to bring the images together by looking as if at a distant object so that the stop sign becomes complete. One could do something similar on this page by trying to make the following two sets of letters converge in order to form a five-letter word (BATES):

X		X
B T S		A E
X		X
A E		B T S
X		X

Line up the X's and see if you can see all 5 letters in the words. It's tricky. [This document or at least the previous five lines should be printed in a monospaced typeface, 10 characters per inch.] The purpose of

this picture is to train the eyes to diverge in direction while looking at a close object, which helps relax them. It also causes the image in each eye to be equally important, forcing the weaker or less-used eye to pull its weight. This is probably the only part of that pamphlet of any value.)

With this trick I was for the first time able to hold my vision clear for long periods, that is longer than 20 seconds, without constantly shifting focus. I was able using this method to go through Lucia di Lammermoor's entire mad scene with sharp images, and that was in low light. My memory image for it is Zaphod Beeblebrox from the Douglas Adams "Hitchhiker" trilogy (now in five books), since he has two heads. When one looks past an object in the foreground, one will see two of the close object. When one looks at the foreground object, one sees two of the background object. I try to turn Zaphod's two heads into one by looking past them. Curious logic, I admit, but memory systems work best when they're quirky.

MUSCLE STRETCHING

As a matter of muscular hygiene it is good to keep the muscles stretched out -- ask any dancer or gymnast. The same applies to the eyes. In the morning, or whenever they're tired, it helps to stretch the eye muscles by moving them to their extremes-- right, left, up, down, and all directions in between. Many people have advocated this exercise; I saw it illustrated in a Charlie Brown cartoon when I was young. Most, I'm sure, never took the exercise seriously. My image for this is a Cylon warrior. Watch Battlestar Galactica, you'll understand why.

THE SIDE OF THE HEAD

At the same time I discovered the Seahorse muscle, I began to try consciously relax the muscles between the eyes and ears on the side of the head. These are not the same as the muscle I use to rock my skull forward, which is in front of my ear but attaches to my neck. These muscles are limited to the skull and extend up under the hair. The feeling I get when my sight is absolutely clear is one of utter freedom from tension, and thinking about these muscles often helps achieve that. My image for this is the famous Munch painting "The Scream," because of where the subject's hands are-- right on those muscles, or slightly below. Positional accuracy is not important.

CROSSING AND RELEASING

When I went to Paris to perform Ashley's opera at a festival there, I became more aware of a tendency for my eyes to want to cross when the image wasn't clear. For months I had resisted this urge, thinking it counterproductive. But now it occurred to me that maybe there was a tension problem there that I wasn't allowing to be resolved, so I let them cross. I had discovered early on that while practicing with the eye chart in the morning (and in this I combined palming with remembering black and shifting so that one eye was covered while the other tried to relax), the way each eye would go about relaxing would start

with it focusing really close (I didn't at first notice, since the other eye was covered, that this involved the covered eye crossing while the open one kept looking straight ahead), then gradually as I shifted it back and forth across the line of letters it would come into focus. (I also learned at this time that the eyes focus independently of each other, for when I would switch eyes the newly uncovered one rarely was seeing with the same degree of clarity that the one I had been practicing with was. This explained to me the difference between my eyes in my prescription. The right one had always measured up slightly weaker; actually it was just trying harder to see close. Now the right one sees clearly at least as often as the left one does.) Now, in Paris, I did the same thing without the other eye covered. They crossed, and I would shift my attention from what one eye was seeing to what the other was seeing, back and forth, and as they relaxed they would uncross and both eyes would be clearer. It's an interesting exercise to alternately disregard what the other eye is receiving. It made it clear that my eyes hardly ever see with equal clarity, and sometimes, depending on the circumstances of the light, even see colors differently. It also helps to make the more blurred eye clearer to instantly compare its image to the clear one. My memory object for this is the old Wilkinson blades sword logo, since they cross. In combination with the Zaphod technique, this can get the eyes clear very quickly.

THE FOREHEAD MUSCLES

This is my most recently codified relaxing tactic. After the Seahorse and side-of-the-head muscles had been employed for a while, I became aware of tension located in the area above my eyes, basically the forehead region. (I must stress that I was unaware of this tension until I'd been relaxing other muscles in the vicinity for some time. Indeed, this can be said for all the tensions I've released: In their turn, each was noticed only after others had been released, except of course the first one, which was released through suggestions from the Bates book as outlined above.) This forehead tension is quite subtle and I have been able to release it only through imagining the muscles to be more relaxed than they are, in effect willing them to release. It is difficult to effect this release without incurring or letting recur other tensions nearby, such as beneath the eyes. Still, on a recent road trip I enjoyed my highest percentage to date of absolute clarity with this concept, in conjunction with the Seahorse, shifting, remembering black and crossing & releasing. My image for this, I hope rather obviously, is the head of a Sperm whale with its enormous forehead area.

A WORD ON MY IMAGES

The images I have chosen to remind myself of the techniques herein described and the ones from the Bates book that I use that I have not described, have particular relevance in my life. I don't expect any of them to mean much to anyone else. If you choose to use mnemonic devices in your journey to better vision, please pick images of special meaning to you, for they are most easily remembered.

CONCLUSION

With my concepts and techniques kept readily accessible in my memory, I am able to successfully fight the incorrect muscular habits formed in my childhood and reinforced during the years I was dependent on refractive lenses. As time passes, it gets increasingly easier to keep my eyes relaxed and see clearly. I almost never wear glasses any more, and then only extremely briefly when I need to read a street sign while driving at night. The few times when I'm unable to adequately overcome eye tension, which are now no longer than half a minute and occur only after extended computer work or at the end of a long day, are a pittance to pay for the freedom from frames or contact lens chemicals and their accompanying expense. One of the greatest benefits is the ability to lean my head against something, be it a pillow or my beloved's breast, without any obstruction or worry about having to get up later and put contacts in a solution, and watch the TV or a sunset or the stars. Another great thing is that people look at me differently without the wall of lenses on my face. I didn't like contact lenses- they made my eyes tired and were too much trouble-so I went from a bespectacled aloof intellectual to a personable "normal" guy in the space of three weeks. I can play frisbee in the rain and go swimming with perfect clarity and no problems of fogging or losing a contact. I don't have to worry about where my glasses are. The list is very long.

Make no mistake, to unlearn bad vision habits is difficult and requires constant attention. It requires a strong will, immense patience and great determination, and mostly the desire for the freedom success brings. Everyone who wears lenses should be given the opportunity to apply Bates' techniques. All they have to lose is the freedom they are already denied by their dependence on their lenses. The gains are comparatively immeasurable. But millions are denied the mere possibility of awareness of these facts by the silence of those who, since they were taught otherwise or tried and failed, will not spread this knowledge. A recent National Geographic article on vision stated categorically without mentioning theories to the contrary, that science does not know the cause of myopia. Answering my letter to the editor, which pointed out Bates and his technique and its success in my case but which was not printed, the editor wrote me that, due to space considerations and expected interest to readers, many things, INCLUDING BATES' "THEORIES," had to be omitted! I wrote back asking what could possibly be of more interest to readers of an article on vision than the possible existence of an inexpensive way for a large percentage of lenswearers to rid themselves of their optical crutch. I have received no response to my second letter. And the Bates method was once again ignored. Bates' book has been in print over fifty years. It was sheer luck that I came across it at all. Once again, it's not a conspiracy. It is the inertia of ignorance and the inability of most people to think outside strictly conditioned pathways. I hope this little treatise will encourage others to give the Bates method or some variant a try and hopefully experience the joy I have.

Adam Klein
June 1993

UPDATE July 1994

Still not using glasses. Also, still not seeing clearly 100% of the time, but more often than before, with less work. I have been experimenting with where to focus the idea of relaxing, that is where in the eye area to simply "tell" the muscles to relax. This is a direct steal from my singing-learning process, and also from yoga. Try to feel tension, and then relax to get rid of it. The two spots I've been comparing are between the eyes and near their outer edges. I talked to a medical student in February, and he mentioned that there was a muscle that attaches obliquely to the eye, from the nose side on the bone to the temple side on the eye, and I wondered if that was the muscle which was making my eyes cross and not the ones on the outer part of the eye. After four months of trying to relax one and then the other region, it seems clear that for me it's better to relax the outer areas. They seem to be what makes my eyes cross, not the ones in between. So the "Geordi LaForge" area (described above as the "The Scream" image, but since then changed to Geordi, because of where his visor attaches to his head-- the actual area is slightly below where those clips seem to be, but close enough) is evidently one of the most important ones these days to concentrate on. Since settling on that area over the inner one, I can see clearer longer in much less light than before.

I should mention that my eyes never crossed before I started to figure out how to relax them, and they don't stay crossed. It's just until the muscles that are making them do that, which are very hard to feel, relax.

I have discovered Stereograms, random-dot and otherwise. If they're wide enough, that is, if one needs to look very close to parallel to see the image-- in other words, when the fusion dots approach 2.5 inches apart, they're very good for relaxing the eyes. Besides, they're too cool for words. I've even managed to make a stereoscopic desktop pattern for use with Wallpaper*, which itself, when using the 128x128 pixel patterns, is good for relaxing. A large monitor helps.

Don't Try This at Home or How I Risked My Life for Eye Research

By Rich McCollim

The familiar concept that myopic eyes tend to have greater axial length suggested an idea: Myopic eyes are long, so why fool around. Why not just shorten them? A search of the literature indicated that apparently no one had ever suggested this, let alone made the attempt. I quickly rejected any mechanical means, such as some sort of calipers to compress the eyeball longitudinally. The obvious answer was centrifugal force, applied so as to push the eyeball from the front. The subject would sit in a chair mounted on a revolving base, facing inward toward the center of rotation. As the speed is increased, so does the centrifugal force exerted on the eyeball. Not only would this shorten the eyeball, it would have the serendipitous effect of flattening the cornea, an additional advantage.

I made a rough sketch of the device and found a rundown machine shop in Tijuana whose owner gave me a good price to produce the various parts, which I then smuggled into the U.S. to San Diego (although one may bring in several hundred dollars worth of goods duty-free, duties are supposed to be paid for any item that is custom-made). I bought a rather expensive variable-speed direct-current electric motor and assembled the device in a rented garage. The chair in which the subject sat was of welded steel, firmly braced with strong steel aircraft cable. I grandly christened my device the "Optifuge", with which I was going to make ophthalmological history.

The first trials were inconclusive because I kept the rotational speed very low until I got used to the very unpleasant effects of vertigo and nausea. I had made numerous calculations to determine what speed would produce a given number of g's. Two g's (which meant that my body weight became twice that of normal) was fairly uncomfortable but bearable. I had originally thought only about exerting g forces on the eyes, forgetting for the moment their effect on the entire body. I was able to gradually increase the speed. Spinning round and round in a circle, with a diameter of about six feet, everything was a complete blur even at lower speeds of 20-30 rpm. I was eventually able to increase the speed to over 100 rpm, equal to 5 g's, which was so painful that I could do this for only one or two minutes before having to shut down. At five g's my normal body weight of 185 pounds was equal to 925 pounds. The centrifugal force was so great that it took all my strength to move my arm from my chest out some eight inches in order to reach the shutoff switch. This switch was controlled by a nylon cord that hung down from the ceiling directly in the center of rotation, so that it could be reached no matter where I was within the circle of rotation.

I also had a secondary shut-off switch actuated by a spring-driven timer, which I would usually set to

turn of the Optifuge automatically in case I was unable to do it manually.

I used this device almost daily for some six months, and although I did note some changes in visual acuity, which I thought were due to either axial shortening or corneal flattening, or, more likely, both, I eventually concluded that the idea was a failure. And even if it had succeeded in curing or reducing myopia, few people would be willing to do this.

However, before I terminated the project I had one life-threatening experience. Since I usually used the manual shut-off switch to stop the rotation, I didn't pay much attention to the backup switch. It was a cheap spring-loaded device that I had bought in a hardware store. The time setting was done by a pointer that was rotated clockwise around a dial until the time was set--5 minutes, 10 minutes, etc. As the dial was turned, the spring tightened. The greater the time limit set, the tighter the spring wound. However, I noticed (but didn't think much about it at the time) that if I set the timer to only one minute or so, the spring was barely tightened and sometimes didn't have enough tension to fully turn the point back to zero, which would turn off the switch.

One day I decided to go for the maximum number of g's, and set the device to wind up to 120 rpm. In about 20 seconds I decided I couldn't take it anymore and reached for the cord to shut down. Unfortunately, the high rotational speed produced strong air currents that swung the cord, even though weighted at the end with a piece of metal, away from the center. On my second attempt at grabbing it I instead hit it with my hand and knocked it upward where it got hooked on one of the wooden roof beams, totally out of reach! This scared the hell out of me! The g forces were so painful that I didn't think I could last more than a minute or two more. Also, because blood is pushed toward the occipital area of the brain and of course starves the frontal area, I had the feeling that I was going to black out. If I had managed to get out of the chair (very unlikely), I would have been thrown against the wall doing about 40 miles per hour. Because I had set the timer for only about two minutes, I immediately remembered how it had failed a few times in the past when set for short time periods. After what seemed like forever, I heard the most wonderful sound, a faint click as it switched off and the electric motor began slowing and then came to a gradual stop. Whew!

(Actually, this happened fairly early in the experiment, before I had found out all I wanted to know. Since I wanted to continue a little more, I had a machine shop build a stainless steel cylinder, about 10 feet high, which was bolted onto the base of the machine. The device now weighed more than a ton. I now had a futuristic rocket-appearing device that looked more professional. Now I would enter through a door in the side, and that made me feel more secure, along with the fact that the switch cutoff cord hung down through a small hole in the roof of the device, protected from any air currents.)

A Case of Artificially-Induced High Myopia and Implications for the Mechanism of Accommodation

By Rich McCollim

Is it possible that the almost universally accepted theory of accommodation is wrong? The following is an account of an experiment which produced a very surprising and unexpected result which calls into question current theory.

The standard explanation of myopia is that in the myopic eye, the light rays passing through the crystalline lens come to a focus in front of the retina, and that this is usually caused by the eyeball being too long. The result is blurred vision for objects at a distance. I decided to test this theory by compressing the eyeball, with the idea that this would lengthen it longitudinally (by compressing it approximately in the middle). In other words, the object of the experiment was to deliberately produce myopia. My method for compressing the eyeball is explained in Appendix A.

Since I could hardly ask someone to be the subject of an experiment designed to worsen his vision, the subject of the experiment necessarily had to myself.

I reasoned that if I did succeed in lengthening the eyeball, then my vision for distance would become blurred, i.e. I would become myopic. However, because I was already myopic (O.D. -7.75-1.25; O.S. -5.50 -1.50), the object of the experiment would be to increase the degree of myopia.

I began to wear the device, strapped to my head, for three to four hours per day (used for distance vision only) and periodically checked my visual acuity for any sign of increased blur. After several weeks of this regimen I noted the first definite sign of change--but precisely the OPPOSITE of what I had predicted: my visual acuity for distance had definitely increased! In fact, with continual wearing of the device I eventually reached the point that my visual acuity (which for many years had been myopic, with uncorrected acuity at around 20/) was in the range of 20/30 - 20/40. To a lifelong myope this seemed almost the equivalent of perfectly clear vision. At the time I was 35 years old and had been wearing corrective lenses, of gradually increased power, since the age of six.

It seemed obvious that this remarkable change in acuity had been caused by something to do with the experiment, but by what means? Another puzzling factor, was that even with my near-sharp acuity, blur was still present. The subjective experience of this effect was as if two photographic transparencies, one blurred and one sharp, were superimposed one on the other. It should be made clear that this was monocular, and approximately to the same degree in each eye. The crucial question was, how had squeezing the eye produced dual vision? There are a few reports in the literature on double focal points resulting from cataracts, but this case was clearly different.

I hypothesized that the creation of dual vision was the result of contraction of the superior oblique muscles which had exerted pressure on the globe, which was transmitted through the sclera to the vitreous, forcing the vitreous against the back of the lens and flattening its periphery. Rays passing through this outer region of the lens came to a focus at a point very close to the retina, which produced the secondary image (clear vision), while the rays passing through the axial (central) region of the lens came to a focus in front of the retina, which produced the primary image, which was severely blurred. Moreover, this blur was of much greater degree than the blur of my original myopia. In other words, I had increased the degree of my myopia by some 5 diopters in less than two months! My original lenses had become totally inadequate, and I required a new prescription: O.D. -11.75 -2.25; O.S. .9.00 -2.00.

The Persistence of Accommodation and the Etiology of Myopia

The creation of a dual mode of vision was quite remarkable, but another intriguing finding was that the dual vision persisted even after the experiment was stopped. I reasoned that the lens had become permanently distorted as a result of vitreous pressure. Further, despite the nearly sharp acuity, this was present in only one of the two modes of vision, and that in the other I had become much more myopic. (This, of course, quickly dampened my initial enthusiasm that I had discovered a cure for myopia). The most significant point, however, is that these changes in acuity came principally not from elongation of the globe, but rather from changes in the shape of the crystalline lens. So, the object of the experiment was achieved--increased myopia; in fact my visual acuity with my original corrective lenses had deteriorated drastically (around 5 diopters) in less than two months. I eventually concluded that what I had was a case of spherical aberration carried to an extreme degree. (See Spherical Aberration in Appendix B).

If it were true that the cause of my dual vision was spherical aberration resulting from deformation of the lens, then the lens had become accommodated, since accommodation is always accompanied by spherical aberration, and vice versa. Therefore, the persistence of dual vision indicated that the accommodation also persisted. In other words, I had increased my myopia remarkably, but as a side effect had created a second mode of vision close to emmetropic.

Implications

I concluded that the bizarre results of this experiment had major implications for the conventional wisdom about eye mechanisms in several areas. I could be cautious here, but why be reticent? ii 1. The Helmholtz-Fincham theory of accommodation is wrong. Accommodation is actuated by contraction of the ciliary muscle, true, but probably not by relaxation of the zonule so much as pulling the vitreous against the posterior surface of the lens.

2. The principal cause of myopia resides in the lens, and to a lesser degree in axial length.

3. The argument that myopic lenses are not accommodated because they tend to be thin

is wrong. This could be explained by long-term compression, which produces a permanently accommodated lens in which only the periphery is flattened.

4. The extraocular muscles can cause the lens to accommodate.

Obviously, these statements directly contradict much of the conventional knowledge about eye mechanisms, for which there is a mountain of evidence. Below I will attempt to answer.

The Zonule Relaxation Theory of Accommodation

If the dual vision observed was caused by vitreous pressure, then the Helmholtz-Fincham theory of accommodation can not be correct. Briefly, the Helmholtz-Fincham theory states that the lens accommodates by means of relaxation of the zonular fibers. "Accommodation results from decreased tension: the driving force--the motor--is the lens capsule. The decreased tension theory is attributed to Helmholtz. Considering the evidence, there is little reason to still call it a theory. Its only serious rival, proposed by Tscherning at the turn of the century, just survives by textbook repetition." (5, p. 87)

The hypothesis of vitreous pressure comes up against three exceptionally strong arguments. The conventional view is that:

- 1) The vitreous is unimportant in accommodation. This is proven by experiments in which accommodation occurs even without the presence of the vitreous in cases of vitrectomized eyes.
- 2) When the lens is freed from zonular tension, it assumes a more spherical shape, i.e. increases its power.
- 3) The zonular fibers relax during accommodation. When accommodation is observed in an eye in which the iris is absent, thereby exposing the zonules to view, they are clearly seen to relax their tension.

My answers to these objections are as follows:

- 1) That the vitreous is not required for the eye to accommodate. Almost all eye researchers support this view. For example, Fisher states that "The vitreous plays a negligible role during accommodation in modifying the position or shape of the lens." Burian and Allen state that "...our observations on the periphery of the vitreous surface strongly suggest that the vitreous body, far from pressing on the periphery of the lens, was actually under reduced tension during accommodation." (8)

However, a few researchers contradict this view. Araki reported that in experiments on pig, dog and cat eyes, "...it is suggested that tension of the ciliary muscle/zonules stretching from the posterior surface of the lens was increased by forward movement of the ciliary body and consequently it resulted in pressure to the posterior peripheral (my emphasis) part of the lens...the increase in pressure of the vitreous body due to contraction of the accommodative muscle is considered to be the most important factor for the transformation of the lens." (10)

Suzuki performed an experiment in which he injected radiopaque material into

the vitreous of a cat's eye, which during accommodation moved in a direction indicating that the vitreous was forced against the back of the lens and also somewhat toward the posterior pole of the lens." (11)

An experiment by Koke produced a similar result. He injected cat eyes with radiopaque material and took X-rays during miosis and mydriasis, which showed that during accommodation the vitreous moved toward the lens and inward toward the optic axis. (12)

The experiment that is most closely related to mine, because it involved external pressure on the globe, is that of von Pflugk. He cut windows in the equatorial region of bovine eyes and injected a drop of dye into the anterior vitreous, midway between the ciliary body and the posterior pole of the lens. Pressing against the ciliary body from the outside in a radial direction made the dye move toward the lens capsule. (13)

2. The second objection to the vitreous/lens hypothesis is undoubtedly the strongest of all: the demonstration that when freed from the tension of the zonule, the lens assumes a more spherical form.

It is probable that the experiments of Fincham, more than any other factor, tilted opinion away from Tscherning's theory and towards that of von Helmholtz. In what is undoubtedly the demonstration that clinched the case for zonular relaxation once and for all, he showed conclusively that without the tension of the zonule, the lens becomes more spherical. An eye was made to accommodate for distance viewing by the instillation of atropine and then removed from the orbit and pointed upward after dissection of the cornea and iris. The profile of the lens can then be photographed, and in this condition it demonstrates the characteristic shape of the lens when the eye is looking at a distance. However, when the fibers of the zonule are severed all around by the sharp edge of a knife, the curvature of the anterior surface increases markedly and "assumes the shape that it has under maximum accommodation," i.e. the lens becomes thicker, as is clearly seen in the photographs taken by Fincham.

This appears to be an unassailable argument. To recapitulate: when the zonules that hold the lens in place are cut, the lens immediately becomes more spherical, which obviously increases its power, a highly convincing demonstration.

To counter this argument requires rejection, not of Fincham's observation (the photographic evidence is too strong for that) but of his interpretation. When the zonules were cut and the lens became more spherical, he ASSUMED that the consequent change in the shape of the lens was the same as that which occurs in accommodation. Could this be a non sequitur? I believe that it is at least possible.

It is not inconceivable that the shape he observed was not the shape that occurs in accommodation but merely looked like it. It is possible that the lens could assume a more spherical shape under two different conditions: 1) When released from the tension of the zonule and 2) When molded by vitreous pressure, with only the latter being true accommodation.

3. The third objection is based on the well-documented evidence that when the lens accommodates, the zonular fibers relax their tension. The vitreous/lens hypothesis, however, requires that there be some means to counteract the vitreous pressure. If the lens is pushed forward by the vitreous, what could hold the lens in its place? Obviously, the zonular fibers could not fulfill this function if they are relaxed.

Although most of the standard textbooks on ophthalmology state simply that in accommodation the zonular fibers relax their tension, this is not the whole story. Several investigators have shown that there are TWO sets of fibers, and that while the anterior fibers relax in accommodation, the posterior fibers either remain tensed or increase their tension. I suspect that acceptance of the relaxation theory was due in part to the fact that the anterior fibers, being the most easily observed, were the first to be discovered and studied.

Evidence for the existence of two sets of zonular fibers has been reported by several investigators. According to Suzuki, "during accommodation the posterior valley became swollen toward the inner direction of the eyeball. This could account for the relaxation of the zonules attached to the anterior surface of the ciliary muscle.

"During more advanced accommodation, the anterior valley sank toward the outer direction of the eyeball. This could account for the **contraction** of the zonules attached to the posterior surface of the lens (*italics added*). (11)

An experiment by Araki showed that "electric recordings of the changes in tension of the ciliary zonules suggested relaxation of the zonules which was (sic) stretched to the anterior surface of the lens and on the contrary, increased tension of that stretching to the posterior surfa (cat and dog eyes). (10)

The Iris

Although it is possible that tension of the posterior zonular fibers might be sufficient to withstand the pressure of the vitreous against the lens, I find this unconvincing.

What other mechanism could hold the lens in place? An obvious candidate would be the iris, if it weren't for the fact that more than a hundred years ago von Graefe showed that the lens can accommodate perfectly well even when the iris is not present. The anterior surface of the lens is slightly conoidal, and earlier investigators proposed that this was caused by constriction by the iris, the lens being molded by being forced through the opening of the pupil.

Apparently, von Graefe's demonstration was all that was needed to disprove the iris hypothesis, yet it would seem unwise to base such an important conclusion on a single case. Further-more, as I suggested above, when the lens is released from traction, the more spherical form that it assumes may not be true accommodation. If this is correct, and if the full amplitude of accommodation seen by von Graefe was not true accommodation, then his conclusion that the iris is not required for accommodation may be wrong.

It is highly improbable that with the vast amount of research done on the iris, such an important function as counterpressure on the lens could remain

undetected. Yet a number of reports do suggest an iris/lens connection. And it is interesting that the researchers themselves seem to be surprised by their findings. Lowe reported that "During examination of a large series of eyes that had pupils dilated after peripheral iridectomy...I was struck by the marked curvature of the anterior lens surface within the enlarged pupil. +The lens frequently appeared as though it were herniating through the enlarged pupil, with the pupillary margin of the iris seeming to grip the lens." (15)

Jampel and Mindel, in a report on stimulation of the oculomotor nucleus in monkeys, observed changes "... characterized by a conspicuous forward bulging of the pupillary or central portion of the iris which produced a marked convexity of the iris diaphragm and a marked increase in the depth of the anterior chamber...On observation of the eye from the side during iris-bulge, the central portion of the lens appeared to become conoidal and to move forward into the anterior chamber." (17)

Although it is generally believed that the changes in lens shape in accommodation occur principally in the anterior surface of the lens, the hypothesis proposed here suggests that the posterior surface might undergo equal or greater changes due to its direct contact with the vitreous.

In the rhesus monkey there is a similar mechanism involving the iris and the sphincter muscle, although it is not clear which of these is of greater importance in molding the lens.

Burian and Allen reported that "The most remarkable change was seen in the middle one-third of the body of the iris. This part of the iris bowed backward during active accommodation, forming a deep hollow, and returned to its normal position when the eye was relaxed."

And Suzuki states that "Concerning the iris, its silhouette was a slightly curved line, being convex anteriorly in the form of a physiological 'iris bombe'. On stimulation, the iris showed a peculiar change. That is, besides the change of the contraction of the pupil, the iris was bent reversely to the posterior chamber, so that the central half of the iris was held in contact with the anterior surface of the lens and the iris-lens apposition became tighter over a much larger area."

All four of these reports describe the iris as being pressed against the lens, and two of them note that the conoid form of the lens appears to be the result of bulging through the pupil. Could the iris play a major role in accommodation after all? This may appear too speculative to be taken seriously,, yet the iris/lens mechanism is a well-documented fact in certain birds and mammals. According to Walls, "The avian iris is always of material assistance during accommodation in holding back the lens against which it presses, and in inhibiting the peripheral part of the anterior surface of the lens from bulging, thus concentrating the change-of-curvature in the part of the surface opposite the pupil." (18)

Posterior and interior lens changes

The conventional wisdom that the principal changes occur in the anterior lens was challenged by Patnaik, who wrote that "...the often stated and commonly

accepted statement, that it is the anterior lens surface which moves forward while the posterior surface remains stationary and that it is only the anterior surface which changes its curvature during accommodation seems not to be correct.

"Our observations strongly indicate that during accommodation the increase in the thickness of the anterior cortex is minimal, and that the change in the posterior cortex is greater, and that in the nuclear thickness change is greatest." This last may be especially significant because it raises the possibility that the principal source of increased lens power in myopes could be the nucleus.

Young also commented on the importance of the posterior surface: "The pressure changes in the vitreous chamber may also play a role in the process of accommodation, since the back lens surface could be molded by the increase in pressure more effectively than the front lens surface. Unpublished phakometric studies now indicate that the back lens surface contributes almost twice as much to the total vergence of light and is second only to the cornea in its refractive power. The attachment of the hyaloid membrane to the back lens surface may play a major role in the development of the greater lens power of the back lens surface. There is some evidence from children (sic) phakometry that the back lens may have several curvatures rather than the simple, monotonic curve of the front lens surface."

The Lens Capsule

When Helmholtz first proposed his relaxation theory of accommodation, it was criticized on the ground that relaxation of the zonule failed to explain how the anterior central region of the lens assumes a conoidal shape. Tscherning claimed that this could only be produced by pressure from the vitreous, which he believed molded the softer cortex of the lens around the harder nucleus. Fincham thought he found an answer in evidence that the thickness of the lens capsule varies, and he believed that these minute differences in thickness were sufficient to impose a conoidal shape on the anterior surface of the lens (14).

Although it is conceivable that the capsule could mold the lens to a slight degree in this manner, the evidence from my own experiment indicates that this explanation is insufficient. Because the degree of spherical aberration was so extreme, which indicated extreme flattening of the periphery of the lens, it is difficult to believe that it could have been produced by such minute differences in capsule thickness. In fact, the contrary could be argued just as persuasively: that the differences in capsule thickness could be the RESULT of pressure on the lens. The thin segment of the capsule in the anterior axial area could be caused by stretching of the capsule, while the thin posterior segment could be caused by the vitreous squeezing the capsule against the lens.

The Extraocular Muscle Hypothesis

The hypothesis that the extraocular muscles play a role in the causation of myopia is certainly not new. It has been suggested by numerous investigators over the years. A major difference, however, is that in none of these

hypotheses has it been proposed that they have any effect on the lens. All are limited to the concept of elongation of the globe, usually through elevation of the intraocular pressure.

The case is similar with regard to the numerous hypotheses that propose contraction of the ciliary muscle as a cause of myopia. They all postulate that such contraction elongates the globe, and do not suggest any effect on the lens.

The Persistence of Accommodation and the Etiology of Myopia

A significant feature of the experiment was the amount of time in which the lens was subjected to pressure and, I believe, accommodation. An eye whose lens remains accommodated will show blurred vision for distance gaze. But the lens is not supposed to remain accommodated when the stimulus for accommodation is removed. According to orthodox theory, accommodation is maintained only as long as the gaze is directed at a near object. When the gaze is shifted to a distant object, the lens reverts almost immediately to the unaccommodated form required for distance vision. The consensus of opinion is that these accommodative changes take about one second. I believe that this view is too restrictive, probably a result of too much reliance on laboratory studies that deal only with momentary accommodation, and that there is a crucial difference between momentary and repeated prolonged accommodation.

The persistence of dual vision in my own case, as well as the findings of a number of investigators on the slowness of lens changes, leads to the conclusion that the longer a lens is maintained in a particular form, the longer it takes to return to its original form when released. Further, with high degrees of deformation the lens does not return entirely to its original form. In my case, the sharp image persisted for more than four years before it gradually began to disappear. I assume that this was due to a gradual decrease in the degree of flattening of the periphery when the pressure was removed. Since the blurred component of the image remained largely unchanged, apparently this was because the central region of the lens changed very little.

On the question of the slowness of lens changes, I am not alone. Lancaster states that "...if the accommodation is maintained a few minutes at the maximum, the near point does get nearer and the eye may become accommodated 20% to 30% or more, nearer than at the first. If the near point at the start was 6 D. it may become 7, 8, or 9 D. This...is due to the viscosity of the lens substance. An immediate rapid (about one second) change takes place when the lens adjusts itself for a near object, but if a maximum effort of accommodation continues to be made, the lens slowly (5 to 10 minutes) goes on changing its shape and becoming more strongly refractive.

"Commonly, when the eye, after such an intense effort of accommodation, is shifted to a distant object, although the ciliary muscle may promptly relax, it takes time (a few seconds to a few minutes depending on how long the near effort was continued) for the lens to regain its normal shape adapted to a distance. This is due to the viscosity which makes a change in the shape slow"

Other investigators have also demonstrated the slowness of lens changes.

According to Kikkawa and Sato, "Application of an external force to the lens caused a rapid deformation followed by a second phase of slow deformation. On removal of the force, a rapid partial reversal of the deformation occurred and was followed by a gradual restoration; complete recovery was not achieved.

Kabe reported a similar result from his investigations. He showed that when accommodation is increasing, the change in the apparent curvature of the anterior surface of the lens is slow and continuous, but when accommodation is decreasing, there is a prompt, followed by a slow phase (21).

The idea that myopia could be the result of increased lens power has always been countered by a very strong argument. If in myopic eyes the lenses are permanently accommodated, they would tend to be thicker than the lenses of emmetropes. Not only is this not true, but in general, myopic eyes tend to have even thinner lenses than emmetropes. As far as myopia is concerned, there is a clear consensus of opinion as to the importance of the lens: It ranks very low.

"Three variables, then, the axial length, the shape of the cornea, and the power of the crystalline lens, exert the greatest effect upon refraction. There is good agreement among authors as to the relative influence which each of these exerts, the axial length being the greatest, followed by the cornea and lens in that order. There are minor disagreements among investigators as to the relative importance of the least of these three elements, the crystalline lens: Van Alphen's work suggests perhaps the lowest estimate of the importance of the lens. However, all investigators arrive at the same order of importance, and at relative values not too different from those obtained by others".

Sorsby seemed to be puzzled by the existence of thin lenses in myopes and tried to find a way out of the difficulty by speculating about the tension of the zonule. He stated that, "Obviously, a large fairly spherical eye will have not only a long anteroposterior axis but also a flatter cornea. Flattening of the lens in a large eye is more difficult to understand, but a more marked tension on the suspensory ligaments may be a possible factor."

The barrier to a resolution of this contradiction seems to be the belief that a thin lens can not be an accommodated lens. But if the slowness of lens changes is correct, and there seems to be no dispute about this, then in myopes the lens must be accommodated. Consider the case of a myope with a history of nearwork, e.g. with hour after hour of reading over months and years. It could very well be that with repeated periods of prolonged accommodation the lens, with its slow reaction time, would never return completely to the unaccommodated state.

The conventional wisdom is that the lenses of myopes are not only not of the same power as emmetropes, but are of even lower power. How can this be? It would appear that eye research is so compartmentalized that two such contradictory facts--thin lenses in myopes and the slowness of lens changes--can go unnoticed and unresolved.

The possibility that a lens subjected to frequent prolonged accommodation for months and years may not have the same shape as a lens that is ad for months

and years may not have the same shape as a lens that is accommodated momentarily has apparently not been considered.

The hypothesis of vitreous pressure suggests that such prolonged pressure might produce a lens with a flattened periphery but with a high degree of curvature in the axial region, i.e. a lens that is thin yet accommodated. I have found only one reference in the literature that even indirectly supports this hypothesis. In a study of accommodation, Otsuka stated that "the thicker the lens became during accommodation, the thinner the lens became annually." This is intriguing, but unfortunately he did not elaborate.

It may be that a single factor, external pressure on the globe, produces two separate effects, in opposite directions: anteriorly it accommodates the lens, and posteriorly it elongates the globe. I believe that one consequence of this dual effect is that axial elongation has masked the role of the lens. With such a logical and easily demonstrated explanation available, there has been little incentive to look for an additional factor, and thus the lens has been practically ignored.

The indications that external pressure had produced accommodation by forcing the vitreous against the lens suggests the possibility that the vitreous plays a part in normal accommodation, i.e. that the experiment mimicked what happens in normal accommodation. It is possible that in normal accommodation, contraction of the ciliary muscle pulls the vitreous forward against the lens (as suggested by Cramer in 1851, and later by Tscherning), whereas in this experiment the vitreous was pushed forward by external pressure exerted on the globe.

Theory versus Observation

Curiously, there is a case of photographic evidence that the lens becomes thinner with accommodation, even momentary accommodation. This appears in a paper by Burian and Allen which shows photographs of the lens during three stages: 1) Relaxation of accommodation; 2) Active accommodation; and 3) Active accommodation (apparently further). However, instead of showing that the lens thickens with accommodation, it shows precisely the opposite. In each photograph it can be clearly seen that the lens becomes progressively thinner, at least in the peripheral area.

These photographs are reproduced in Duke-Elder's System of Ophthalmology (25, p. 163--possibly different pages in other editions) and in a more recent work by the late David Michaels, Visual Optics and Refraction. Nevertheless, except for noting the flatness of the posterior surface of the lens, none of these authors comment on the striking fact that the lens clearly becomes thinner as it accommodates. In fact, in the text preceding the photographs, Duke-Elder states: "All are agreed that the lens increases in thickness during accommodation" (!!). It seems that theory is more potent than direct observation.

An additional note on this photograph: Burian and Allen state that "our observations on the periphery of the vitreous surface strongly suggested that the vitreous body, far from pressing upon the periphery of the lens, was actually under reduced tension during accommodation." They believe that the

evidence for this is the bowing back of the vitreous, which they believe creates "an optically empty space in front of the vitreous." They fail to explain how this "optically empty space" could occur. A possible explanation is that this space, apparently the canal of Petit (the space between the zonule and the vitreous) has expanded from an inflow of aqueous under pressure. Johnson demonstrated such an inflow by the use of dyes, and he believed that accommodation was actuated by hydraulic pressure exerted around the periphery of the lens (9). Duke-Elder dismissed this as a "bizarre hydraulic theory," but the opening and closing of the trabecular meshwork by the action of the ciliary muscle does suggest a hydraulic component of accommodation.

Lens Changes Hidden

If significant lens changes do occur in the posterior surface of the lens, this would be one more example of how the clues to lens involvement in myopia are hidden.

Consider the case of a myope who undergoes a routine eye examination. If he has a moderate degree of myopia, the posterior surface of the lens could be flattened just enough to have created a second focal point. However, the examiner would never discover this for two reasons: He will probably not look for something whose existence he is unaware of; and because the second focal point would not reach all the way to the retina, no clear secondary image is formed. Only with a particular lens power which would push the secondary focal point to the retina would a clear secondary image be formed.

Additional Secondary Images

In order to simplify this discussion, I have limited it to the primary and secondary focal points and their images. Actually, however, testing of myopes with different lens powers reveals that there are often other images, fainter and more difficult to detect, which indicate the presence of other focal points situated between the primary and secondary focal points. The origin of these could be the various isoindicial surfaces within the lens. Some high myopes, when tested with various lens powers, describe not a smooth, diffuse blur, but rather several superimposed blurred images.

Although I didn't appreciate it at the time, it was fortunate that the first subject for the experiment was myself. What if I had found a willing emmetrope, or a subject with only a small degree of myopia? The outcome would probably be very different. The experiment would probably produced a small degree of myopia, partly from axial elongation and partly from lens changes (just as I believe occurs in normal myopia).

The significant point, however, is that I would never have suspected the lens, but would have attributed the myopia to axial elongation alone. Because I was a myope of fairly high degree, I believe that flattening of the periphery of the lens was fairly well advanced, so that the secondary focal point was already located very close to the retina. It then required very little additional flattening to push all the way, or very close to, the retina, at which time I became aware of the secondary image.

A laymen who reads textbooks on ophthalmology can easily get the impression of a solid edifice of knowledge built on firm foundations. Yet at least one researcher, Ludlam, suggests that some of the most basic facts about the eye are based on faulty data and should be re-evaluated. These include invalid mathematical assumptions, mixed sampling, inadequate experimental technique, and oversimplified models of the refractive system, some of these dating from the nineteenth century.

"Nevertheless, the analyses and conclusions drawn from such studies can be no better than either the methods of acquisition of the basic data or the validity of the assumptions underlying the mathematical formulation of the ocular model.

"It is well to note that in all of these studies the model of the ocular system utilized has consisted of:

1. Spherical refracting surfaces, causing a systematic under-estimation of the paraxial refracting power of each surface. 5. A homogeneous monoindicial lens. This places a high order of importance on the accuracy and precision of the measures of curvature of both the anterior and posterior surfaces of the lens and concomitantly increases the potential effects of spherical assumption.

" In addition, in none of these studies have all the refractive components of any given eye been measured. There has always been at least one component whose value was calculated from the other measured elements, so that the measurement errors would all tend to accumulate in the non-measured element. Since the measurement errors have not always been stated with sufficient clarity to enable the effects of these errors to be asses, the probability exists that measurement errors have contributed substantially to spurious correlations of measured and calculated elements, as for example between the lens and axial length." (29)

To say that long-standing theories are not easily overturned is to state the obvious. As Kuhn put it, "...few scientists will easily be persuaded to adopt a viewpoint that again opens to question many problems that had previously been solved" (30, p. 169). Ophthalmology is no exception, and scattered reports in the literature that cast doubt on the conventional wisdom, for just one example, a case described by Luedde (31), are simply ignored.

How Not to Cure Myopia

The lens/vitreous hypothesis provides an explanation for the failure of two therapeutic measures aimed at preventing or slowing the progress of myopia: the use of cycloplegics, and base-in prisms. In the case of cycloplegics, they relax the ciliary muscle for only a few hours at a time, while the lens requires many months for a significant reduction in the degree of accommodation. More importantly, in all these regimens the subjects are permitted to continue doing nearwork, so that accommodation could still have been maintained largely by vitreous pressure alone.

The use of base-in prisms to prevent convergence, and consequently accommodation has, I believe, failed for an unsuspected reason: the optical distortion inherent in such prisms. I used base-in prisms extensively in

various experiments aimed at reducing accommodation and was surprised to find that in some cases the degree of myopia increase. Strong base-in prisms produce considerable distortion, and a possible explanation is that in trying to fuse the distorted images, the eyes were forced to incyclorotate in antagonism to each other, and this in turn required the superior oblique muscles to maintain contraction as long as the image was fused, thereby exerting pressure on the globe and maintaining accommodation.

Scientific Error

It is highly unlikely that such well-established concepts as the theory of accommodation and the role of the crystalline lens could be wrong. The relaxation theory is extremely well documented and for more than forty years has been considered the only acceptable explanation of how the eye accommodates for near vision. The possibility that many researchers in many different countries could be wrong about such a basic theory will not be taken seriously.

Nevertheless, there have been a few cases of major reversals of scientific opinion. The case of nervous system plasticity provides a good example. For more than fifty years it was universally believed, and confirmed by hundreds of experiments by reputable scientists, the plasticity of the central nervous system allowed any muscle nerve to reconnected to any other muscle and, with training, achieve full restoration of function. it is now known that this is not true.

According to R.W. Sperry, "During the past 15 years, however, scientific and medical opinion has undergone a major shift, amounting to an almost complete about-face ... The evidence for this view, which comes from new experiments and exacting clinical observations, is so persuasive that it is difficult to understand how the opposite view could have prevailed for so long. It appears that most of the earlier reports of the high functional plasticity of the nervous system will go down in the record as unfortunate examples of how an erroneous medical or scientific opinion, once implanted can snowball until it biases experimental observations and curshes dissenting opinions...Hundreds of experiments seemed to support the now-discounted opinion..." (28).

CONCLUSION

1. An experiment in long-term compression of the globe of the eye created monocular diplopia, seen as two separate images superimposed, one on the other.
2. It is hypothesized that the cause of this effect was the spherical aberration of the crystalline lens resulting from pressure of the superior oblique muscles transmitted through the sclera, which forced the vitreous forward, pressing it against the posterior surface of the lens.
3. This suggests a role of the vitreous in normal accommodation, i.e. that ciliary contraction pulls the vitreous forward to mold the lens.
4. This vitreous-mediated accommodation may be enhanced by additional compression from the vitreous from an external source, the action of the extraocular muscles.

5. The extremely slow changes in lens shape strongly implicate nearwork in the etiology of myopia. Because of the slowness of recovery from accommodation, long periods of accommodation with insufficient intervals of rest result in a lens that becomes permanently accommodated. The accommodated state of the lens may be additionally enhanced by the action of the extraocular muscles in nearwork, particularly reading.

6. The argument that myopic lenses are not accommodated because they tend to be thin could be explained by long-term compression. This could produce an accommodated lens with either a flattened periphery and convex axial region, or a thin lens with accommodative changes in the nucleus.

It would be curious if, after the tremendous amount of work and speculation on the causes of myopia, the answer turned out to a simple one, the kind of answer that might be given by a layman applying superficial logic. Assume that this hypothetical layman hears a brief explanation of the mechanism of accommodation: that when looking at distant objects the lens becomes somewhat flat, but that in order to see near objects clearly, it becomes more spherical; and if it were able to retain its spherical form while looking at distant objects, they would be seen as blurred since the eye is adjusted for near vision. Then he is given a brief description of myopia, that the myope sees near objects clearly, but distant objects are seen as blurred. He is further told that the longer the eye is focused on a near object, the longer it takes to change its shape. It would be not at all surprising if he made the logical connection and said, "I get it. The eye adjusted for near vision and then sort of got stuck so it can't re-adjust for distant vision."

Although the lens/vitreous hypotheses doesn't resolve all problems, I believe it resolves some, and anyway, as Kuhn Points out, "no paradigm ever solves all the problems it defines and since no two paradigms leave all the same problems unsolved, paradigm debates always involve the question: Which problems is it more significant to have solved?" (30, p. 110).

It is interesting to consider the extent to which a mistaken theory is a barrier to solution of a problem, and how a new point of view can open up previously unconsidered possibilities. These possibilities could include not only finally determining the etiology of myopia, but could include prevention, or even cure.

The pessimistic view was expressed by Donders over a hundred years ago: "The more our knowledge of the basis of this anomaly has been established, the more certainly does any expectation (of a cure) appear to be destroyed, even with respect to the future" (32, p. 415). Today, probably most eye researchers would share this view.

If the hypothesis of oblique muscle/vitreous/lens connection is confirmed, it could open the way to new techniques to prevent or slow the progression of m/lens connection is confirmed, it could open the way to new techniques to prevent or slow the progression of myopia. Further, it is not impossible that a cure for myopia could be devised, e.g. invasive techniques to reshape the curvature of the lens.

Appendix A.

As far as I know, the debate on the etiology of myopia between those who claim a hereditary basis and those who point to environmental causes still favors the former. Nevertheless, the reports of a relationship between nearwork and myopia should not be ignored. No one would dispute that the most common form of nearwork and the most "unnatural" use of the eyes is reading. Because the continuous horizontal scanning movements of the eyes in reading with downward gaze require alternate contraction and relaxation of the oblique muscles, I decided to simulate this condition in an enhanced form to determine if such contraction could produce elongation of the globe. (Actually, the axial elongation theory is an oversimplification, in that it fails to explain, for example, normal vision in elongated eyes and myopia in relatively short eyes. The investigations of Steiger (2) and others produced a shift in emphasis to the question of the variability of the different ocular components and how they interact with each other to produce emmetropia (absence of a refractive error) or ametropia (presence of a refractive error).

Because the eye muscles are not subject to individual voluntary control, it was necessary to devise some means to force the superior obliques to contract while maintaining relative relaxation of the other extraocular muscles. I thought that the natural tendency of the eyes to fuse to disparate images could be utilized for this purpose. I constructed a viewing device which contained two identical photographic transparencies depicting a visually rich pattern. When the subject looked through the device, each eye viewed one of the transparencies; the visual cortex then fuses the two images to form a single scene. The transparencies were then incyclorotated, i.e. as seen by the subject, the right-side image was rotated counterclockwise and the left-side image was rotated clockwise. In order to maintain fusion of the two images, each eye must then rotate in the same direction as the image it is viewing, i.e. the upper end of the vertical meridian of each eye leans nasalwards.

The movement of incyclorotation is effected principally by the superior oblique muscles, but there is a limit as to how far the globe can rotate, since this is opposed by the check ligaments and other fascial structures of the orbit. If an effort is made to maintain fusion, the traction of the superior obliques, which wrap part way around the globe, will exert pressure in the general area of the equatorial meridian.

The device was later modified for portable use to facilitate long-term viewing. Instead of viewing transparencies, the subject looked through a system of mirrors that tilted in like manner any scene viewed. The amount of tilt (incyclorotation) varied between 6 and 12 degrees. This is not to say that if the images are rotated, say, 8 degrees, each eye will also rotate exactly 8 degrees; eye rotation can be as much as 2 degrees less. This is because of Panum's fusional area, which in stereopsis allows the image to be pulled apart by some 2 degrees before being broken up into two separate images. The images are actually pulled apart on the retina, but a supra-retinal function maintains perception of a single image (33). In order to eliminate any stimulus to accommodation, distance fixation of at least six meters was maintained.

Because I was unable to make axial length measurements, I had to rely on changes in the visual acuity to determine if there had been any changes in axial length. Thus, if my visual acuity began to deteriorate in the course of the experiment, this could be an indication that the globe had elongated, presumably due to compression of the globe by the superior obliques.

Appendix B.

Spherical aberration

Spherical aberration is that condition in which the rays passing through a convex lens do not all come to a focus on a single point. Ivanoff (4) and others have shown that spherical aberration is normal in the human eye. When the eye is at rest the spherical aberration is positive, which means that the rays passing through the periphery of the lens come to a focus in front of rays passing through the axial region of the lens. As the lens accommodates to view a near object and begins to change its shape, the spherical aberration decreases, and at around 3 diopters there is almost no aberration at all, i.e. all the rays come to a focus at the same point. If the eye accommodates further, the aberration begins to reverse, in which case the peripheral rays come to a focus at a point behind the axial rays.

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The following is a hypertext version of the plain text file "aspartame-eye" on the [Mission Possible](#) autoresponder.

On the Use of Products Containing Aspartame (NutraSweet) by Persons with Eye Problems

by H. J. Roberts, M.D., F.A.C.P., F.C.C.P.

Professional Opinion

It is my opinion that individuals who consume products containing aspartame, including drugs and supplements, should avoid them when no specific cause can be found for the eye problems:

- Decreased vision -- including blindness in one or both eyes
- Blurring, "bright-flashes", tunnel vision, "black spots"
- Double vision
- Pain in one or both eyes
- Decreased tears
- Difficulty wearing contact lens
- Unexplained retinal detachment and bleeding

The same precaution is reasonable for persons in whom these complaints are due to other disorders because they could be aggravated by aspartame, even in minimal amounts.

- Surgery of immature cataracts should be deferred in patients who consume aspartame until after abstaining from it for 1-2 months to determine if spontaneous improvement of vision occurs.
- Impaired vision of diabetic patients should not be assumed to be due to diabetic retinopathy without such a "no aspartame test" trial.
- A similar trial is warranted in persons diagnosed as having "macular degeneration".
- The diagnosis of "early multiple sclerosis" - based on concomitant eye and neurologic features - should be deferred pending a "no aspartame test".

These corporate neutral suggestions are based on considerable observaion, research and correspondence published in more than a score of articles and two books.

- *Aspartame (NutraSweet): Is It Safe?*. Philadelphia: Charles Press, 1990.

- *Sweet'ner Dearest: Bittersweet Vignettes about Aspartame (NutraSweet)*. [Sunshine Sentinel Press](#), 1992.

I also have reviewed these and related problems in my two-cassette talk, *Is Aspartame (NutraSweet) Safe? A Medical Public Health and Legal Overview*. [Sunshine Sentinel Press](#), 1995.

These represent hard-won insights in the trenches of a medical practice. Patients and consumers should not be misled by the "negative" conclusions of flawed studies sponsored by vested interests.

There is no bias or malice intended against any company, distributor, researcher or professional who may hold contrary views.

The Role of Aspartame

Each of the components of aspartame - phenylalanine (50%); aspartic acid (40%); the methyl ester, which promptly becomes methyl alcohol or methanol (10%) - and their multiple breakdown products after exposure to heat or during prolonged storage is potentially toxic to the retina and optic nerves. These organs are highly vulnerable to metabolic disturbances and neurotoxins because of their unique metabolic requirements. Methanol causes swelling of the optic nerve and degeneration of ganglion cells in the retina.

Particular attention is directed in this regard to (1) the formaldehyde and formate (formic acid) that result from the breakdown of methyl alcohol, a severe metabolic poison, and (2) the D-aspartic acid stereoisomer.

An Overview

In my publications and in testimony to Congress and FDA advisory group, I have expressed the belief that the current wholesale ingestion of aspartame products by over half the adult population constitutes a probable "imminent public health hazard." My concern is bolstered by (1) evidence that these products may play a causative or aggravating role in many other medical disorders (including headaches, dizziness, confusion, memory loss, impaired hearing, ringing in the ears, convulsions, and probably brain tumors), (2) the flawed nature of most "scientific" studies being used to prove the alleged safety of these products, and (3) reports of serious reactions volunteered to the FDA by over 7,300 irate consumers.

In the present context, these statistics are pertinent.

- In my earlier report on 551 aspartame reactors (the data base is now 833), decreased vision was a major problem in 140 {25.4%), severe pain in 51 (8.3%), and "dry eyes" or trouble wearing contact lens in 48 (8.3%). Sixteen patients have lost vision in one or both eyes.

- The FDA (as of August 1995) had received complaints about a change in vision from 384 consumers, and "eye irritation" from 30.

These complications tend to be magnified in persons with diabetes, hypertension, unrecognized hypothyroidism (underactive thyroid), hypoglycemia (low blood sugar reactions). reaction to MSG, treatment with aspirin and other drugs that can irritate the optic and auditory nerves, persons who smoke or drink alcohol, and problems associated with aging. They become compounded by the threat of falls and driving accidents.

I welcome reports of such reactions and results of the "no aspartame test" for our independent registry. A 9-page questionnaire can be obtained by calling (407) 832-2408 or FAX (407) 832-2400.

I have also expressed concern that aspartame products might be accelerating Alzheimer's disease. The details appear in my just-published book *Defense Against Alzheimers Disease: A Rational Blueprint for Prevention*. Sunshine Sentinel Press, 1995.

Sunshine Sentinel Press
P. O. Box 17799
West Palm Beach, Florida 33416
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Fax: 407 832-2400

&copr;1995 H. J. Roberts, M.D., F.A.C.P, F.C.C.P.

More Information on Aspartame

Holistic Healing Web Pages

For a collection of documents on aspartame, see Mark Gold's [Aspartame / Nutrasweet](#) page, which includes a continuously updated file of adverse reaction complaints taken from the internet and US mail, a critique of research done to test the safety of aspartame, chemical and biological facts about aspartame, and more.

David O. Rietz

This brave man has a [very gaudy but informative site](#) where he offers his own case history and provides many links to articles on aspartame, including the "official" point of view from the makers of NutraSweet.

H. J. Roberts, aspartame researcher

Blurbs about two books on aspartame by H. J. Roberts, M.D. (and instructions on how to order the books) are available from [Sunshine Sentinel Press](#).

Mission Possible

Also, you may write to the *Mission Possible* autoresponder, maintained by Betty Martini, and have an article on aspartame sent directly to your email box.

1. Address your email to [<betty@pd.org>](mailto:betty@pd.org).
2. In the "Subject:" line, put "sendme **filename**", where **filename** is one of the files listed below (list accurate as of January 24, 1996):

File Name	Description/Author
=====	=====
help	Autoresponder instructions; list of articles
brain-cancer	Peer review journal by Dr. H. J. Roberts
world-environ-conf	Dec 1,1995 MS and systemic lupus rampant
headache-report	Dr. Hays
diabetes-aspartame	Dr. H. J. Roberts
pregnancy-aspartame	Dr. H. J. Roberts

congressional-rec letter	Dr. Louis Elsas (pediatric prof.genetics) Dr. Louis Elsas-Emory University
aspartame-eye	Various problems aspartame triggers
eye-dr-roberts	Dr. Roberts position paper on eye/aspartame
aspartame-testing	Malice In Blunderland
they-knew	Secret trade information
nutrapoison	Alex Constantine
informed-consent	History of aspartame
case-histories	Common case histories
fda-complaints	Official FDA Report April, 1995
aspartame-review	Discussion about "flawed tests"
fda-investigator	Says aspartame poisonous neurotoxin
devastations	Devastations of aspartame & symptoms
desert-storm	Is Desert Storm Syndrome NutraSweet Disease?
blindness	Chicago Sun Times 10/17/86 NutraSweet
multiple-sclerosis	Methanol toxicity mimicks/aspartame
safe-sweeteners	Resource list
dr-whitaker	About Stevia
stevia-approved	Approved, plus Dr. Atkins comments
dr-bowen	Says aspartame mass poisoning
joint-pain	Doctor's report - caused by aspartame
metzenbaum-bill	killed/would have warned world and required independent studies on problems from aspartame by NIH.
references-1	independent studies/cit: Toxic Times Article
references-2	independent studies and citations continued
dr-roberts-form	Evaluation and research; aspartame victims
toxic-times	Article on independent testing of aspartame, not funded by manufacturer; references above November, 1995
joyce-wilson	Blindness and death by NutraSweet
panic-attacks	Lancet article: Aspartame triggers panic

Updated: October 27, 1997

Note: the following texts were provided by Elaine Fitchpatrick and Betty Martini of MISSION POSSIBLE, an organization dedicated to the eradication of NutraSweet.

The following is a letter presented before the U.S. Senate hearings on NutraSweet. It was written by Dr. Margan B. Raiford, M.D., Ps, Msc Med. Ophthalmology (Raiford 1987):

I had the opportunity, in Atlanta, Ga., to see the effects of methyl alcohol toxicity in 1952-1953 which resulted in visual damage to the optic nerves and retina in over 300 cases and the deaths of over 30 persons.

I examined Shannon Roth on July 7, 1986, along with several other patients [65 cases as of July 10, 1986 (Roberts 1990, page 136)]. I observed evidence of effects in her eye and the eyes of the other patients that were comparable to the effects observed in the patients who suffered methyl alcohol toxicity in 1952-1953.

There was damage in the central fibers, 225,000 of the total 137,000,000 optic nerve fibers (resulting in optic nerve atrophy) in her case, which would be comparable to that observed from patients suffering methyl alcohol toxicity. The extent of damage to these fibers would explain partial to total blindness.

. . . .

But in the kind of chronic low dose exposure to methyl alcohol experienced by Shannon Roth (in NutraSweet consumption) and other NutraSweet consumers, it is likely that they would experience the impact on the optic nerve differently in each eye.

The important point is that the damage observed in Shannon Roth's eye was identical to the damage I observed repeatedly in the eyes of individuals whose eyes have been damaged by methyl alcohol toxicity.

Raiford, Morgan B., 1987. Letter from Dr. Morgan B. Raiford to the Office of Senator Howard Metzenbaum. The statement was put in the record before the U.S. Senate Committee on Labor and Human Resources, November 3, 1987 regarding "NutraSweet Health and Safety Concerns." Document # Y 4.L 11/4:S.HR6.100, page 517-518.

Roberts, H.J. 1990. "Aspartame (NutraSweet): Is It Safe?" by H.J. Roberts, M.D. The Charles Press Publishers, Philadelphia, PA, c1990. Excerpt from page 91.

Dr. James Bowen, in a statement to the FDA:

Every known metabolite of aspartame is of marked or questionable toxicity and patently unsafe for human use. Methyl alcohol is metabolized to nascent formaldehyde in the eye, nervous system and other metabolically active organs. It immediately attacks and denatures the tissue structure proteins in which it is metabolized to nascent formaldehyde. This stimulates specific organ and subcellular autoimmunity which seems to be a preponderant source of the bad experiences reported by NutraSweet victims. Aspartic acid is a neuroexcitotoxin present in damaging amounts in its own right, at the ADI for aspartame. Simple logic tells one that it will vastly increase the metabolism of methyl alcohol to formaldehyde in the desinosomes of the periventricular cells of the central nervous system, thus focusing the nascent formaldehyde attack there. This corresponds well with the symptomatology often experienced, such as Lou Gehrig's Disease (ALS), bulbar palsies, neurohormonal disorders, etc. Also visual disturbances, heart palpitations, infertility and fetal loss may be traced to aspartame ingestion. The diketopiperazine issue remains totally unresolved and dangerous. The amino acids that are released by hydrolysis, from eimers and isomers that are either not sufficiently studied, or which are known substrates in undesirable pathological states such as Alzheimer's disease....

In October, 1986 the Community Nutrition Institute in Washington, D.C. filed a petition with the FDA to have it banned because of its link to blindness. Dr. H.J. Roberts was quoted in an article "Consumer Group Links NutraSweet to Blindness (*Chicago Sun Times*, Friday, October 17, 1986):

"Of 360 patients he has diagnosed as having aspartame-related problems, Roberts said, about one-fourth had decreased vision or blindness, nearly half had severe headaches and substantial numbers had epileptic seizures, confusion or memory loss, extreme depression and marked personality change."

Here's more info about methanol from an article by Dr. Ron Austin of Norwalk, California in his newsletter *Back Issues*, "NutraSweet: Friend or Foe?":

One man's (Nutra) Sweet is another man's poison! ...Methanol (methyl alcohol, wood alcohol), a poisonous substance, is added as a component during the manufacture of aspartame (NutraSweet). This methanol is subsequently released within hours of consumption in the small intestine. However, in humans this process is sped up tremendously if the methanol is ingested as a free methanol such as occurs in soft drinks after storage or in other foods after being heated. Regardless as to whether this happens or not 10% of the weight of aspartame intake of an individual will be absorbed by the bloodstream as methanol within hours after consumption. Important note: Up until date there has been no therapeutic (healing) properties of this substance (methanol) and it has been considered to be a poison. The ingestion of two (2) teaspoons is considered to be deadly in humans.

...Methyl alcohol has a selective action on the optic nerve and can cause blindness, the consumption of as little as 30 ml (two teaspoons) has caused death. Methyl alcohol is used as a polar solvent for plastics, paints, and varnishes, as an antifreeze, and in the manufacture of formaldehyde and other methyl compounds such as methyl amine, methyl chloride, and methyl methacrylate. Patients may complain of lethargy (extreme tiredness), confusion, and impairment of speech, all signs of nervous system involvement. The individual may suffer leg cramps, back pain, severe headache, abdominal pain, labored breathing, vertigo and visual loss, the latter being a very important clue to making a diagnosis of this type (methanol) poisoning. In severe cases the liver, kidneys, heart and lungs show dangerous signs of degeneration.

Dr. Austin goes on about CHRONIC OR PROLONGED EXPOSURE IN HUMANS:

Many of the signs and symptoms of intoxication due to methanol ingestion are not specific to methyl (wood) alcohol. For example, headache, ear buzzing, dizziness, nausea and unsteady gait (intoxicated or drunk type of walking), gastrointestinal disturbances, weakness, vertigo, chills, memory lapses, numbness and shooting pains in the lower extremities, hands and forearms, behavioral disturbances and neuritis. The most distinctive signs and symptoms of this type of poisoning in humans are the various visual disturbances such as: misty vision, progressive contraction of the visual fields (tunnel vision) mist before the eyes, blurring of vision and indistinct vision."

And they are having a great deal of problems with methanol even in the plants. Dr. Austin quotes one case:

A 21 year old non-drinking male who had been exposed daily to the fine dust of aspartame (NutraSweet) at the packaging plant he had been working at for over one year, was complaining of blurred vision, headaches, dizziness, and depression before his sudden death. An autopsy revealed liver, kidneys, heart and lungs degeneration (disease). The damage to the heart was as if the man had been an alcoholic between the ages of 30 and 50 and up to 50% of his food intake for over a 10 to 15 year period was alcohol. Mind you, he was a 21 year old non-drinker!! But I only have one soft drink daily with NutraSweet, surely that can't kill me, right?

Merck Index, Tenth Edition:

5816: Methanol: Methyl alcohol..wood alcohol... "Poisoning may occur from ingestion, inhalation or percutaneous absorption. Acute Effects: Headache, fatigue, nausea, visual impairment or complete blindness (may be permanently), acidosis, convulsions..respiratory failure, death. Death from ingestion of less than 30 ml. has been reported. ... Industrial solvent: Raw material for making formaldehyde and methyl esters of organic and inorganic

acids ...

Fundamentals of Chemistry by Jean Bogert, eighth edition, p 286:

"Methyl Alcohol or "wood alcohol" taken internally is a dangerous poison. It paralyzes the optic nerve and as little as 10 cc may cause blindness. Its use as a solvent in industries causes a hazard for workmen unless forced ventilation is installed, since continual breathing of the vapors, may result in blindness. A similar hazard exists when it is used as an antifreeze agent in automobile radiators, since it is vaporized by engine heat and the toxic vapor may be swept back into the car. Methyl (wood) alcohol is sometimes present in improperly prepared distilled liquors and is added to ethyl alcohol to render it unfit for beverage purposes. ("denatured alcohol").

Note: the following text was provided by Elaine Fitchpatrick and Betty Martini of MISSION POSSIBLE, an organization dedicated to the eradication of NutraSweet.

"Dry Eyes" from Use of Aspartame (NutraSweet)

Associated Insights Concerning the Sjogren Syndrome

The Townsend Letter for Doctors, Jan. 1994

by H. J. Roberts, M.D., FCCP, FACA, 300-27th St., West Palm Beach, FL 33407-5299 (407) 832-2408

"It is of use from time to time to take stock, so to speak of our knowledge of a particular disease, to see exactly where we stand in regard to it, to inquire what conclusions the accumulated facts seem to point to, and to ascertain in what direction we may look for fruitful investigations in the future." Sir William Osler

Abstract

"Dry eyes" and associated difficulty in wearing contact lenses were prominent complaints offered by 56 (8.3%) of 551 aspartame reactors. Xerostomia (dry mouth) was a frequent concomitant. The symptoms promptly improved after they stopped aspartame-containing products, and predictably recurred on aspartame rechallenge. The concomitant joint pains, severe confusion, memory loss and depression also have clinical significance, with special reference to the Sjogren syndrome.

The cause and management of "dry eyes" challenge ophthalmologists and primary care physicians. This symptom was unexpectedly and repeatedly encountered among patients manifesting other reactions to products containing aspartame, a sweetener currently being consumed by 54% of adults in the United States. This complaint was encountered in both the routine questioning of apparent aspartame reactors and a computerized, 9-page survey of such individuals. Many also volunteered difficulty in wearing contact lenses due to decreased tears, dry mouth (xerostomia), joint pains, confusion and memory loss - all specifically attributed to the use of aspartame products.

Methods

Data were obtained from 551 persons who appeared to have systemic reactions to aspartame. They consisted of 160 private patients or aspartame reactors who were personally interviewed, and 391 individuals who described their adverse side effects in the survey questionnaire...including observations after rechallenge. The names of the latter group were supplied by Aspartame Victims and Their Friends (courtesy of Mrs. Shannon Wroth), the Community Nutrition Institute (courtesy of Mr. Rod Leonard), and Dr. Woodrow Monte of Arizona State University.

The completed questionnaires were analyzed with the assistance of the Management Information System staff at the Good Samaritan Hospital, West Palm Beach, Florida.

Results

Dry eyes, ocular irritation from contact lens, or both, occurred in 46 (8.3%) aspartame reactors, In addition to the sensation of local discomfort and "sand" in the eyes, the eyelids of such patients tend to become swollen and infected, at times with loss of eyelashes.

The causative or contributory role of aspartame was indicated by these clear-cut clinical correlates: (1) prompt and gratifying improvement of ocular and other symptoms following the cessation of aspartame, generally within several days; and (2) their recurrence shortly after resuming such products. This sequence predictably recurred after rechallenge with aspartame, known or inadvertent.

These observations have been duplicated by more than a score of patients complaining of dry eyes in subsequent aspartame reactors. There were related problems. For example, a physician who consumed considerable diet sodas developed a type of corneal dystrophy generally associated with the chronic use of certain drugs (e.g., indomethacin).

Computerized correlations between aspartame-associated dry eyes, and "marked memory loss," "severe depression" and "severe mental confusion" were done on the first 362 aspartame reactors who completed the questionnaire. (There was a 30.8% response to the initial mailing of 1,177 forms.) The correlates were as follows:

- Recent aspartame-associated dry eyes and severe depression - 18 (4.9%)
- Recent aspartame-associated dry eyes and marked memory loss - 20 (5.5%)
- Recent aspartame-associated dry eyes and severe mental confusion - 9 (2.4%)

Other complaints offered by the larger cohort had considerable significance, with particular reference to the Sjogren syndrome. They included excessive thirst due to dry mouth (xerostomia) in 65 (12%), and severe joint pains in 58 (11%). It is noteworthy that three-fourths of patients in this and the large series of aspartame reactors were women averaging 50 years, a phenomenon also encountered in the Sjogren syndrome.

Representative Case Reports

Case 1 - A 47 year-old woman complained of severe dryness of the eyes that required one bottle of artificial tears a week. Her consumption of aspartame included 10-12 glasses or cups of aspartame-sweetened beverages, the addition of a tabletop sweetener to 3 cups of coffee in the morning, and considerable aspartame pudding. She also suffered confusion, significant memory loss, intense headaches (never previously a problem), impaired hearing, lightheadedness, severe "nervousness," muscle cramps, and depressions with suicidal thoughts. These symptoms markedly improved after stopping aspartame, and disappeared within several weeks. She no longer required artificial tears. Such dramatic improvement enabled her to travel abroad several weeks later with her church group for relief work.

Case 2 - A 36 year-old businesswoman complained of recent difficulty wearing contact lenses. She had been consuming considerable amounts of soft drinks and gum containing aspartame. These and other symptoms - including lightheadedness, headache and leg cramps - abated within two weeks after all aspartame products were avoided.

Case 3 - a 61 year-old female court reporter developed dry eyes and bilateral blurring of vision. Other recent complaints included marked memory loss, severe headache, dizziness, extreme irritability, and atypical facial and joint pains. As a result, she had been making many errors at work. The patient improved "immediately" when she ran out of aspartame-containing beverages, and resumed regular sodas. She therefore deduced that aspartame products had been causing her problems. Her previous daily consumption included 4 cans of aspartame soft drinks, 2 glasses of aspartame hot chocolate, and 6 packets of an aspartame tabletop sweetener.

Comment

The unexpected association of aspartame use and dry eyes offers clues concerning this symptom and the Sjogren syndrome. Other problems encountered in aspartame reactors, especially dry mouth and joint pains provide related insights.

Two reactors who complained of "thick saliva" developed enlargement and tenderness of the parotid glands. The secretory structures of the salivary glands presumably had been affected by aspartame, as well as the lacrimal glands. The affinity of aspartame for salivary glands were demonstrated experimentally by the prompt uptake of isotopically-labelled aspartame.

The Sjogren or sicca syndrome affects an estimated 2% of the adult population. The reduction or absence of lacrimal and salivary secretions results in dry eyes and dryness of the mouth. (The diagnostic lipstick-on-teeth sign consists of lipstick adhering to the upper front teeth). This disorder is presently regarded as a chronic autoimmune disorder resulting from lymphocyte-mediated destruction of these glands and changes in the points.

A vicious cycle is likely to ensue if considerable aspartame-containing beverages are consumed because of the intense thirst created by severe dryness of the mouth. Weiffenbach et al. demonstrated that taste impairment is not a necessary consequence of salivary gland dysfunction among patients with "dry mouth" caused by the chronic absence of saliva. Accordingly, such individuals may come to prefer the taste of aspartame in satisfying their chronic thirst, with perpetuation of the sicca syndrome.

The systemic and central nervous system sequelae of the Sjogren syndrome underscore the potential importance of these findings. Cognitive impairment and lamenting features have been reported by one-fourth of Sjogren patients. Severe confusion and memory loss also were noted in 157 (28.5%) aspartame reactors in the present series. Indeed, many reactors in their third and fourth decades asked, "Could I be developing early Alzheimer's disease?" The prompt and impressive regression of their confusion and memory impairment after abstinence from aspartame proved reassuring.

Several phenomenon may explain cerebral dysfunction associated with aspartame use. They include flooding of the brain with large amounts of phenylalanine (50% of the aspartame molecule), disturbances of neurotransmitters (especially dopamine), other effects of its three chemical components (phenylalanine, aspartic acid, methanol), methanol-induced cerebral edema, and glucopenia due to increased insulin release and concomitant decreased food intake in an attempt to lose weight.

For specific answers to questions about bilberry, you may call the Bilberry 20/20 Information Line at 1 800 818-9131. This service is sponsored by a company that makes bilberry extract capsules.

The following two articles are a reformatted and slightly edited version (the only textual changes are the addition of section headings, and the removal of an inappropriate apostrophe) of articles found on Robert Bidleman's [Herbal Hall](#).



[Vaccinium u.](#)

Bilberry, Huckleberry, Whortleberry, etc. by Robert Bidleman

Geography and History

Vaccinium species are found in cooler areas of North America and Eurasia, usually in moist, acid soils in wooded areas, heaths and barren places. They are especially common under canopies of old growth trees. Vaccinium leaves were used by the Kashaya Pomo in Northern California for diabetes and eye disorders, and bilberry is mentioned in many older texts in Buryatia, Europe, and China as an herb valuable for its powerful ability to correct many diseases of the digestive system, circulatory system, and eyes. For centuries bilberry has been used as a circulatory enhancer and diabetic aid (Hutchens; Moore). People of the North East USA have used blueberry leaves for diabetes for many years, and this action has been supported in at least one clinical trial (Allen).

Chemical Composition and Main Effects

Most scientific research has been done on *V. myrtillus* (bilberry). The following has been found in bilberry: ericolin, arbutin, beta-amyrin, nonacosane, and anthocyanosides. Anthocyanosides are a type of flavonoid which causes the deep blue-red color of many berries. Anthocyanosides may protect the vascular system by strengthening the capillary walls. This may produce many of the secondary benefits such as lowering of blood pressure, reduction of clots, reducing varicosities and bruising, reversing poor blood supply, and improving blood supply. Bilberry is used in Europe before surgery to prevent excessive bleeding and hemorrhaging. A recent German medical journal reports bilberry effective in reducing excessive bleeding by 71% (Lietti). Bilberry also thins the blood by inhibiting platelet adhesion

(Bottecchia). This combination of actions

1. improving capillary strength,
2. reduction of capillary leakage, and
3. blood thinning

results in improved blood flow and may reduce clotting-related health risks.

Improvement of Vision

During World War II Royal Air Force (RAF) pilots were forced to fly at night in order to accomplish any deep assault on Germany. Many pilots and their crew members complained of the poor visibility and its effects on their performance. Pilots noted that if they took bilberry jam, their night vision improved. Researchers found fifty years later what the RAF already knew, that bilberry's powerful effects increased retinal purple (rhodopsin) by dramatic amounts in just twenty minutes, sometimes less. One study showed bilberry to improve eyesight and increase ocular blood supply in 75% of patients (Sala). It improved nearsightedness after five months of regular use while an 83% improvement in visual acuity was recorded after only fifteen days. One of the more encouraging statistics regarding bilberry's visual enhancing properties is that over 80% of the people taking bilberry for the first time improved on their visual acuity exam and passed a night vision test. Long term improvements took an average of six weeks with regular doses (Sala).

Prevention of Free Radical Damage

The anthocyanosides of bilberry, which may vary in amounts from one variety to another, have been proven to be one of the more powerful antioxidants. Ranked higher in activity than vitamins E and C by Dr. Pierre Braquet, a well known phyto-researcher, anthocyanosides prevent free radical damage to collagen and collagenous tissue, making it potentially useful for diseases such as osteoarthritis, gout, and periodontal diseases. *Vaccinium myrtillus*' anthocyanosides proved consistently to increase the acetylcholine-induced relaxation of isolated coronary arteries in humans (Boniface). This is a promising update to the already impressive list of benefits of bilberry.

Improvement of Digestion

Another quality of bilberry is the effect it has on the digestive system, most notably on the stomach. A recent study showed bilberry to inhibit ulcers in 63% of patients at risk (control group, 12%) (Magistretti).

Vaccinium species have a legendary reputation as aid to an diabetics. A dual action makes it valuable in diabetes -- it improves circulation and also modifies blood sugar levels (Boniface; Magistretti). The fresh

or dried berries are useful for a feverish liver and are useful as an adjunct in stomach conditions. In Russia the berries are affectionately called by the name chernika (black ones) and are used with the leaves in tinctures for gastric colitis and other digestive problems.

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Bilberry forms by Paul Bergner

Berries

Bilberries were a common food among Native Americans in all part of the continent where they grow (Erichsen-Brown). Some tribes still harvest and dry them and use them as a winter food. The berries are high in tannins (7%) (Weiss), and the resulting astringent effects makes them effective for diarrhea and dysentery. For this purpose they are taken as dried berries or as unsweetened bilberry juice.

Leaf

The leaf (tincture or tea) has been used as an antidiabetic herb for centuries. According to Weiss (Herbal Medicine) it works through the action of its constituent glucokinins, which have an insulin-like effect. He cautions that glucokinins are not some superior "plant insulin" but act indirectly through a toxic effect on the liver. He discourages long-term use.

The leaves of some species contain arbutin, and can be used like *Acrtolostaphylos uva ursi*

(bearberry) as a diuretic and urinary antiseptic. The leaves of *V. myrtillus* (bilberry) do not contain arbutin (Sticher)

Concentrated extracts

Most modern research and medicinal use has been on a highly concentrated extract, with 25% anthocyanosides, with tannins removed and using *V Myrtillus*, which does not contain arbutin (see above). The berries normally have less than 1% anthocyanosides (Kyermaten). The dose is from 180 to 800 mg a day of the extract, in three doses. The vascular effects in the accompanying article have been noted and documented with this form. Effects have been noted in improving capillary fragility, varicosities, retinal eye disorders, cataract, menstrual disorders, peptic ulcers, and atherosclerosis (Werbach and Murray).

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How to Eliminate Hyperopia

by Merrill Allen, OD, PhD, FAAO, FCOVD

Humans are adaptable. The refractive error distribution in the population of newborns is almost a normal curve. By the first grade the distribution has become leptokurtic with the great majority of the population falling within -0.5 and +2.00 diopters of error. The babies have grown out of their refractive errors!

Graduate Students at Indiana University did a study of babies at 2 weeks of age who performed as well on focusing tests as college students. The one baby who did not was about 5 D hyperopic. After 6 weeks or so it was clearly withdrawn and abnormal in personality. The baby could not respond to the test. Application of +4 D glasses changed the baby's personality overnight!

Regarding the overcoming of hyperopia by optometric intervention, the baby above was not followed, but if the baby continued to wear those glasses, now as an adult, he/she will still be +4 hyperopic.

I worked with an 18 month old esotropic girl whose eyes were so crossed I thought she had convergence fixus. However when I held her at arms length and turned my body through 360 degrees her vestibulars took over and her eyes straightened and she showed nystagmus. At each of the three visits I increased the plus to take home. Her eyes straightened with +11D. Then at the age of three years while moving to another city she lost her glasses and went without them for 3 months. The new eye examination showed her Rx to be +4. She had lost 7 diopters in three months!

I did not realize the significance and was not smart enough to say to Mom: "Let's leave the glasses off for another 3 months," or "Let's wear plano glasses with binasal occluders for 3 months." The last checkup of this patient was at age 18 years when she was wearing +4D contact lenses! We cured her of esotropia and reduced 7 diopters of hyperopia! She has of course continued to be straight eyed.

Wild monkeys have low hyperopia or emmetropia and no myopia. Caged monkeys have less hyperopia and much more myopia. Because the evidence for emmetropization is so strong, I suggest a couple of approaches on how to emmetropize young hyperopes.

1. Only prescribe as much plus as needed to keep the eyes straight. (In the case of our baby that couldn't focus and had personality problems, the plus probably wouldn't be needed for more than a week or two as the child figured out how to use his eyes. At most the Rx should only be about half of the retinoscopic Rx and then reduced in power as the eyes change. With esotropia, more plus power may be needed at first to establish normal binocular vision, after which treatment of hyperopia may proceed. Alternatively for esotropia, the no Rx, binasal approach, see below, is highly recommended.

2. Use no lens power but provide binasal occluders such as frosty Scotch tape applied with the outer edges placed at the distance apart of the centers of the pupils, minus 4mm. A growing child will require frequent occluder adjustments as his/her pupillary distance increases. The binasals will straighten crossed or exotropic eyes as well as cause emmetropization. Within 6 months the occluders can be removed. Strabismus and refractive error should be cured in that time! if you or the parents forget, the child will grow out of the binasals [they will cover less and less of the visual field] and will be cured.

We know that older people grow into myopia, so I would not put an upper age on when a person can grow out of hyperopia. The important condition is that they be able to intensively pursue visual tasks requiring accommodation. If they are not visually involved, and if we eliminate the need to emmetropize, they will not emmetropize!

When I'm in the mall, I see thick glasses on small children and I have to control myself. I know that wearing those glasses blocks emmetropization. If Mom would put the glasses on the child only in the afternoon, the child would grow out of his/her hyperopia and require several spectacle power reductions. If the child's correction is less than the refractive error, he/she will grow out of the need for those glasses and soon weaker lenses will be needed.

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New York Times, July 11, 1931, p. 13, col 1.

DR. W. H. BATES DIES; AN EYE SPECIALIST

Victim, Many Years Ago of a Strange Form of Aphasia, He Disappeared Twice.

DISCOVERED VALUED DRUG

Added Suprarenal to Field of Optic Surgery -- Wrote Book, "Perfect Sight Without Glasses."

Dr. William H. Bates, a specialist in diseases of the eye, died yesterday, after a year's illness, at his residence, 210 Madison Avenue. He is survived by a widow, the former Mrs. Emily Ackerman Lierman, who had been his assistant and partner in experimental research for seventeen years before their marriage in August 1928, and by a son of the first of two earlier marriages. Dr. Bates was twice a widower.

The death of Dr. Bates recalls some years ago of his two strange disappearances, which medical men regarded as among the most remarkable instances of aphasia [sic] or loss of memory. In 1902, seven years after his graduation from the College of Physicians and Surgeons, when he was making his way rapidly in his profession and was at work on an important medical book, he vanished from the sight and knowledge of his friends. The day that he was last seen, on Aug. 30, he had written an affectionate, characteristic letter to his wife, who was then visiting her mother in Newport, and had sent her books and instruments from his apartment in the Lonsdale, 567 Madison Avenue.

When he failed to return to the apartment for several days the janitor informed Mrs. Bates, his second wife, who hurried to the city and began the search for her husband. Six weeks later she learned that he was working as an assistant in the Charing Cross Hospital, London, to which he had been taken as a patient. Mrs. Bates went to London, where she found her husband in an exhausted, nervous state, with no recollection of recent events. She took him to the Savoy Hotel, where he rested for two days and then disappeared again.

Mrs. Bates sought her husband on the Continent and in this country in vain, tracing every clue that reached her. She died before he was heard of again. How he was discovered and induced to return to New York and resume his practice has never been revealed in detail. According to the best version, a fellow-oculist, Dr. J. E. Kelly, found Dr. Bates, by accident in 1910, practicing in Grand Forks, N.D. A few months later the two men occupied offices together in this city, and thereafter Dr. Bates worked as hard and as successfully as he had done before his original disappearance.

The theories and methods of eye treatment used by Dr. Bates did not always accord with those of the majority of eye specialists. He was the originator of a method of treating imperfect eyesight by mental relaxation. He discovered the drug suprarenal, which has been called almost as valuable as cocaine in optic surgery. The best known of his books is "Perfect Sight Without Glasses."

Biography of William H. Bates

The National Cyclopaedia of American Biography, vol 24, pp. 383-4.

BATES, William Horatio, physician, was born in Newark, N.J., Dec. 23, 1860, the son of Charles and Amelia (Halsey) Bates. He was graduated A.B. at Cornell university in 1881 and received his medical degree at the college of physicians and surgeons in 1885. Establishing a practice in New York city, he served for a time as clinical assistant at the Manhattan Eye and Ear hospital and was attending physician at Bellevue hospital, 1886-88, the New York Eye infirmary, the Northern dispensary and the Northeastern dispensary, 1886-98. He was an instructor in ophthalmology at the New York Post-Graduate medical school and hospital, 1886-91. In his professional work Bates at first devoted his attention to the various organs of the head but finally restricted himself to the eye alone. He resigned his hospital appointments in 1896 and for several years engaged in experimental work. After practicing for several years at Grand Forks, N.Dak., he returned to New York and was attending physician at the Harlem hospital during 1907-22. In his researches Bates proved experimentally that the normal fixation of the eye is central, but never stationary, and the technique developed by him for treating imperfect eye sight without the use of glasses was based on this principle. From a physiological point of view, this technique was but the practical application of the psychological theory of the field of consciousness, which is predicated as a point of focus, the so-called point of apperception, surrounded by a field of increasing vagueness. His method was to develop central fixation by training the patient in the dual art of relaxing and focusing the eyes. While carrying on his experiments he developed a method of photographing the eye to reveal changes in surface curvature as the eye functioned. The work is discussed in "A Study of Images Reflected from the Cornea, Iris, Lens, and Sclera" (N.Y. Med. Jour., May 18, 1918). His researches on the influence of memory upon the function of vision are described in "Memory as an Aid to Vision" (N.Y. Med. Jour., May 24, 1919). In 1894, while seeking to determine the therapeutic effect on the eye of the active principles of the ductless glands, he discovered the stringent and hemostatic properties of the aqueous extract of the suprarenal capsule, later commercialized as adrenalin. In 1896 he announced this discovery in a paper read before the New York Academy of Medicine. He introduced a new operation for the relief of persistent deafness in 1886, consisting of puncturing or incising the ear drum membrane. He published a book, "Perfect Eyesight Without Glasses" (1919), which he had to issue at his own expense, expounding his theories which were for the most part contrary to established ophthalmological practice. He also wrote articles describing his methods. He was a member of the New York State Medical Society and was affiliated with the Dutch Reformed church. He was fond of sports, especially of tennis in which he won several awards and while living in North Dakota was state champion. He was an excellent runner and at the advanced age of fifty-eight was still able to win a prize. Bates was a quiet, modest man, a serious student of literature and astronomy, with a fondness for children. He was married three times: (1) in 1883, to Edith Kitchell of New York city, by whom he had one son, Halsey Bates; she died in 1886; (2) to Margaret Crawford, who died in 1927, leaving two children, William Crawford, and Milo Bates, wife of Charles McComb; and (3) Aug. 9,

1928, to Mrs. Emily (Ackerman) Lierman, daughter of Robert Ackerman, of Newark, N.J. Bates died in New York city, July 10, 1931.

Emanuel M. Josephson's Nutritional Theory of Myopia

Emanuel M. Josephson, MD, believed that myopia was caused by a rise in intraocular pressure. Unlike others who shared this opinion, Josephson believed that near work had nothing to do with this rise in pressure. Nonetheless, Dr. Josephson believed that myopia could be prevented by maintaining a proper "salt-water balance" in the blood through proper nutrition.

From *Glaucoma and its Medical Treatment with Cortin*, by Emanuel M. Josephson, MD, pp. 88-

MYOPIA -- ITS CAUSE AND PREVENTION

Near-sightedness, or myopia, owes its origin to the same type of disturbance in the fluid exchange of the eye as does glaucoma. This concept of the origin of myopia differs from that generally accepted; but the large mass of supporting data forces its acceptance and compels the abandonment of the older explanations.

In myopia the eyeball is too long. Parallel rays of light, coming from a distance, are brought to a focus, consequently, before they reach the retina. The victim sees only an out-of-focus blur when he looks at a distance. Concave glasses cause the light rays to diverge before entering the eye and serve to bring them to a focus on the myopic retina, correcting the near-sightedness.

The abnormally long, myopic eyeball is filled with a larger volume of fluid than the normal eye. In the more advanced cases the volume of fluid may be so great as to cause a change in the fluidity of the vitreous humor and a disruption of its structure; and may even go so far as to stretch and rupture the eyeball.

* * *

There is no dearth of clinical evidence that myopia and glaucoma are manifestations of the same underlying disease process. Most rapidly advancing cases of myopia have symptoms during the active stages of progress, similar to those of glaucoma--headaches, pain in the eye, vertigo, halo vision and others. But in the average case of myopia there generally is absent the effects of sustained pressure on the optic nerve which give rise to cupping and attendant loss of field of vision in glaucoma. This difference results from the elasticity and yield of the eyeball in myopia.

* * *

In the myopic eye, the ocular tension, as measured by a tonometer, may be very low. Even during the period of active advance of the myopia, when the amount of fluid in the eye is steadily increasing, the eye is stretching, and symptoms are acute, the tension may be in the range of low normal. Nevertheless, the stretching of the eyeball is clear evidence that the intraocular pressure exceeds the limit of resistance of the eyeball.

The tissues of the myopic eyeball are weak and distensible, and stretch under the pressure of the circulation of intra-ocular fluids. For the same reason the cornea stretches and dents deeply under the weight of the tonometer. The tonometer reading in a case of myopia is not an accurate gauge of intra-ocular fluid pressure. The situation regarding tension in these cases is the same as in the glaucoma cases which never show a rise of tension above normal levels.

The injury sustained by the tissues of the eye in myopia and glaucoma shows differences in character which reflect the difference of stretch of the eyeball. Because of the slight stretch in glaucoma, the optic nerve and other structures in the eye are compressed. In myopia, however, the stretch of the entire eyeball does not result in any such concentration of the damage, except during the periods when the eyeball resists further stretch. The greatest damage to the optic nerve and the most acute symptoms occur at these periods, which are often terminated only by actual interstitial tearing of the tissues in the eye.

From /Near-Sightedness Is Preventable/, by Emanuel M. Josephson, MD. (1939) pp. 25-26:

THE CAUSES OF NEARSIGHTEDNESS

The usual cause of organic near-sightedness is lengthening of the eyeball caused by increased volume of fluid in the eye. The disturbance of the exchange of water in the body that causes the near-sightedness is not limited to the eyes, but involves all parts of the body. For water constitutes over eighty percent of the weight of all the tissues, and a disturbance of its distribution vitally affects every part of the body. Signs of this disturbance can be recognized in every part of the body by the skilled observer.

The mechanism of control of water-exchange in the body is an extremely complicated problem concerning which much is not known. It is known that the glands of internal secretion and the autonomic nervous system play a paramount role in this mechanism. The most significant role, from the viewpoint of near-sightedness, is played by the outer part of the adrenal gland, the adrenal cortex.

The adrenal cortex influences the water exchange of the body by causing retention of salt in the blood. The determining force in the exchange of water between the blood and the

organs is their relative salt content. When the salt of the blood is reduced in quantity, water seeps, or osmoses, out of the blood into the organs. Insufficient secretion of the adrenal cortex causes such a disturbance and results in the increased flow of fluid into the eye. Thus is near-sightedness caused.

The eyes have no mechanism for controlling the amount of fluid which flows into them from the blood. They therefore succumb to every disturbance which causes increased seepage of fluid into them. As a result, there develops stretching and near-sightedness, or increased pressure and glaucoma, or other defects.

pp. 28-31

THE PREVENTION OF NEARSIGHTEDNESS

The prevention of near-sightedness hinges largely on the prevention of disturbances of the water-salt metabolism of the body. Such disturbances occur most frequently in infancy, in childhood, and at puberty. As a consequence, the prevention of near-sightedness is best begun in infancy, or even before the birth by the care of the health and diet of the expectant mother.

Malnutrition and defective diets play a large role in causing glandular disorders and the other disturbances which give rise to nearsightedness. A diet which is high in carbohydrates, starches and sugars, and low in proteins and fats, favors the development of near-sightedness. It is probable that such diets are apt to be deficient in vitamins; and that vitamin deficiency aggravates their effects.

Absence of sufficient vitamin A in the diet directly affects the status of the eye tissues. It also serves to destroy vision by depriving it of the light-sensitive visual purple upon which depends the registering of light stimuli.

Absence of the vitamin B factors from the diet, or a deficiency, results, in its extreme form, in a profound disturbance of the water-salt exchange of the body known as beri-beri. Even milder forms of this deficiency may exert profound influence on the optic nerve and vision. It also causes an increased inflow of fluid into the eye which induces either glaucoma, nearsightedness or other eye defects of this group.

Deficiency of any of a whole range of food elements influences the general health and the development of near-sightedness. The inclusion of meat or other proteins, liver, fresh green vegetables, citrus fruit and sufficient table salt, help to protect the child against the development of near-sightedness.

These facts are borne out by a survey of the dietary habits of peoples among whom nearsightedness is most widely prevalent. Port-Ricans who often live largely on a diet of rice and beans show a high incidence of near-sightedness and of other eye defects. The Germans, who present so much near-sightedness, make potatoes rather than protein-containing bread the staple of their diet.

One of the most clear-cut illustrations of the influence of diet on near-sightedness that has come under my observation was the enormous rise in the incidence among the school-children of New York City during the depression. In 1925, it was reported that 25% of the school-children attending a group of clinics in New York were afflicted with near-sightedness. With the advent of the depression, the figure rose steadily from over 40% in 1932 to 72% in 1935. Reflecting re-employment and improved nutrition in 1936, the percentage incidence of near-sightedness dropped to about 51%. In 1937, the figure dropped to 42%.

At the same time, I noted and reported a high incidence of day and night blindness among the school-children due to vitamin A deficiency, which previously was supposed to exist only in countries such as China, which suffered from chronic malnutrition. So rare had the disease been regarded by the American authorities that my report, when published in 1934, aroused considerable scepticism until it was amply confirmed by other workers.

In some cases, dietary measures are alone sufficient to prevent the development or to arrest the advance of near-sightedness. Dietary deficiencies arise, however, even in persons who have adequate diets but fail to assimilate essential food factors. This is illustrated by the case of retinitis pigmentosa.

Retinitis pigmentosa has been a blinding disease for which there was no hope. It is characterized by the early development of night-blindness which is followed by progressive and total degeneration of the retina and finally blindness. In the past, it has meant hopeless blindness. Study of the condition led me to feel that the similarity of the night-blindness to that found in vitamin A deficiency showed conclusively that retinitis pigmentosa is also a vitamin A deficiency disease. But the feeding of vitamin A brought about absolutely no improvement in these cases. Nevertheless, I felt certain that my "hunch" was correct. Finally it dawned on me that the vitamin A might not be assimilated when taken by mouth in these cases. To overcome this possible obstacle, I resorted to injection of the vitamin and its precursors into the body muscles. Improvement was startling. Vision was restored to the victims of retinitis pigmentosa, and another hopelessly blinding disease was conquered. (*Nature*, Jan. 23, 1937)

Reliance, therefore, cannot be placed in the mere presence of vitamins and of other requisite elements in the diet. If near-sightedness and other deficiency-caused defects are to be averted, it must be made certain that the body is properly utilizing those elements.

A word of comment is in order on the denaturing of food by our modern methods of processing. This plays as large a role in the production of near-sightedness as in other diseases.



Extraocular Muscles and their Effect on the Shape of the Eye

The following works, two centuries old, provide evidence that accommodation of the eye to different distances is a result of the [extraocular muscles](#) changing the shape of the cornea or of the eye as a whole. They are reprinted from Philosophical Transactions of the Royal Society of London, 1794-1802. Conspicuously absent from this collection is the work by Thomas Young, whose theory that was the lens and the lens only changes in shape during accommodation. He published two articles in defense of his theory, one in 1794, and another (his most famous and widely cited), in 1801. Young's theory is the only one that prevails today in "scientific" circles, with the exception that Young thought the lens to contain muscles, and now the ciliary muscles are said to be responsible for controlling the lens's shape, as was proposed by Hermann von Helmholtz in the 1840s.

- Mr. Pierce Smith. "[Observations on the Structure of the Eyes of Birds.](#)" And mammals for that matter. The author examines the interface between the recti muscles and cornea in birds and quadrupeds. Considerations about the human eye are also given. Illustrated. (Published 1795)
- David Hosack, MD. "[Observations on Vision.](#)" An argument that the extraocular muscles are responsible for accommodation in humans. Illustrated. (Published 1794)
- Everard Home, Esq.: The Croonian Lectures on Muscular Motion.
 - [1794 Croonian Lecture.](#) Anatomical and experimental evidence that the cornea changes during the eye's adjustment to different distances; extraocular muscles must be involved. Illustrated. (Published 1795)
 - [1795 Croonian Lecture.](#) Further evidence for corneal change during accommodation. Theory expanded to include movement of lens and elongation of eye via ciliary and extraocular muscles Illustrated. (Published 1796)
 - [1801 Croonian Lecture.](#) Demonstration of accommodation in various lensless eyes. (Published 1802)

While most have abandoned the theory that the cornea is a dynamic part of the eye, a few 20th century experiments support the idea that the cornea changes more rapidly than is usually assumed.

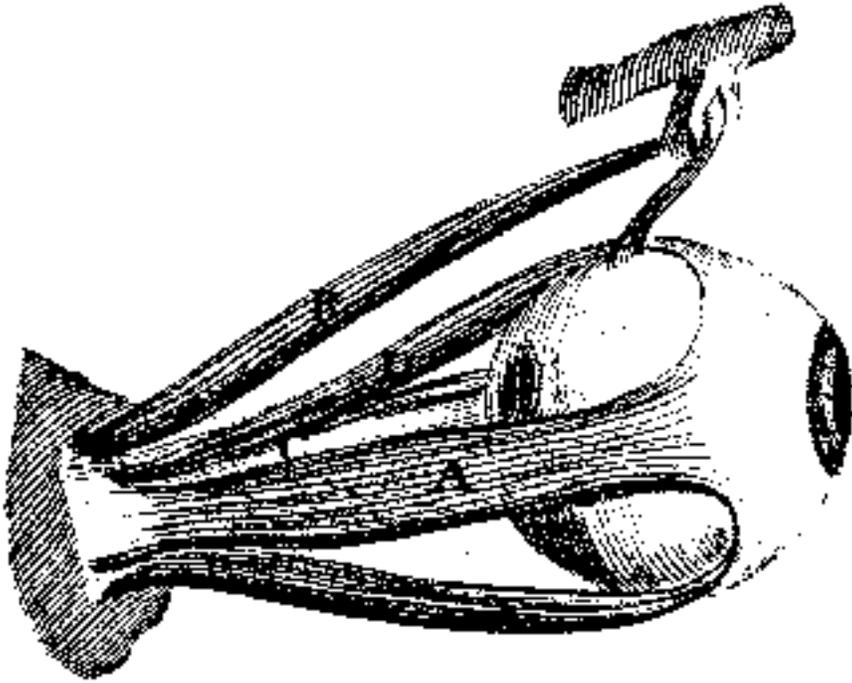
In 1931 Optometrist J.W. Parker wrote an article on instant [Changes in Corneal Astigmatism](#) evidently produced by the extraocular muscles.

See also the bibliography, [The Incredible Changing Cornea.](#)

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Revised 26 February 1996

Fig. 9.



Observations on the Structure of the eyes of Birds.

By Mr. Pierce Smith, Student of Physic. From *Philosophical Transactions of the Royal Society of London*, vol. 85 (1795), pp. 263ff

In March, 1792, I observed, while dissecting the eyes of birds, an irregular appearance of the sclerotica, in that part of it which immediately surrounds the cornea, and which in them is generally flat. On a more minute examination, it appeared to be scales lying over each other, and which appeared capable of motion on each other. These appearances I showed to Dr. Fowler of London, and to Mr. Thomson, surgeon, Edinburgh. In June, this paper was copied out at my request, by Mr. Irving, who resided in the same house with me. On investigating this singular structure, the scales were found to be of bony hardness, at least much more so than any other part of the sclerotica. On the inside of the sclerotic coat of the eye there was no appearance of these scales, that part of it being similar to the rest of the sclerotica. Tendinous fibres were detected, spreading over the scales, and terminating at last in forming the 4 recti muscles belonging to the eye; so that on the contraction of these muscles) motion of the scales would be produced. This imbricated appearance, and the detection of the tendinous fibres spreading over scales terminating at last in the 4 recti muscles, led me to consider the use of this structure, what would be the effect of motion of the scales on the vision of birds, and how far this can be applied to other animals.

It is a fact so well known to persons acquainted with optics, that it is almost unnecessary to mention it, that the rays of light passing through a lens, will be refracted to a point or focus beyond the lens and this focus will be less distant in proportion as the lens approaches a sphere in shape. Now this principle is very naturally applied to the explanation of the use of this apparatus. These scales lying each partly over the next, so as to allow of motion, will on the contraction of the recti muscles inserted into and covering them, move over each other, and thus the circle of the sclerotica, will be diminished, and of course the cornea which is immediately within the circle made by these scales will lie pressed forwards, or in other words rendered more convex, and thus the focus of the eye becomes altered, its axis being elongated. This construction and consequent convexity of the cornea, must render small objects near the animal very distinct. On the muscles relaxing, the elasticity of the sclerotic coat will restore the cornea to its original flatness; it thus becomes fitted for viewing objects placed at a greater distance from the eye, and this will be in proportion to the degree of relaxation.

There seems to exist in nature an economy of motion, to prevent fatigue and exhaustion of the animal powers, by continued voluntary muscular motion. If 2 opposite actions of the same frequency occur in 2 muscles, the one being antagonist to the other, the action of one ceasing, the action of the other must take place previously to further motion of the part; for instance, on the biceps flexor of the arm acting, the arm

will be bent, but on discontinuing its action the arm will remain in the same state, unless it was straightened by the action of the biceps extensor its antagonist; but where one action in a part is required to take place almost constantly, and the opposite action but seldom, to save the animal from fatigue, necessarily induced by muscular contraction, she gives an elastic ligament, which from its elasticity may be said to be in continual motion without exhausting the animal. Thus when the opposite action which is of less frequent occurrence is required, it is performed by overcoming the resistance, or elasticity of this elastic ligament, which on the muscle giving over its action again, resumes its former state. The elastic cartilages of the ribs performing in some degree the function of a muscle, are of use in respiration; likewise the elastic ligaments which support the claws of all the feline genus, keeping them from friction against the ground. These claws at the volition of the animal, by muscles appropriated for that purpose, are brought into action or extended. From the above-mentioned structure, the same thing appears to take place in the eyes of animals. When an animal is desirous of seeing minute objects, the recti muscles act, and thus, by rendering the eye more convex enlarge the angle under which the object is seen. How necessary is this structure to these animals in particular; for without it a bird would be continually exposed to have its head dashed against a tree when flying in a thick forest, its motions being too rapid for the common structure of the eye. The eagle, when soaring high in the air, observes small objects on the earth below him, inconceivable to us, and darts upon them instantaneously. Here we must allow that there must be an extraordinary alteration in the focus of this eye in almost an instant of time. How could this be performed unless the animal had this apparatus? The eyes of quadrupeds, as I shall afterwards show, can perform this alteration; though not in the same degree, as it is not necessary, their modes of life being different. A swallow sailing through the air pursues a gnat or small fly to almost certain destruction. This apparatus is very distinct in all these birds. Whenever we find the subsistence or safety of an animal entrusted to, or depending more particularly on one sense than the rest, we are sure to find that sense proportionably perfect; as in quadrupeds the organ of smelling is remarkably perfect, and leads them to their prey; so the eyes of birds are proportionably perfect, being the means not only of their support, but from them they receive the first intimation of approaching danger.

The eyes of birds like those of other animals, consist of 3 coats, the sclerotica, choroides, and retina. The human eye, as well as those of quadrupeds, is nearly spherical; in birds the sphere is more oblate, the sclerotica as it approaches the cornea becoming suddenly flat. The cornea, though small when compared with the size of the whole eye, is more convex as it forms the segment of a smaller circle, added to the larger, formed by the sclerotica. The reason or advantage of this flatness is not very evident. It prevents them perhaps from projecting so far as to expose them to danger from the trees and grass, among which these animals live.

As no description, however accurate, can give an idea of the structure of any part of the animal body, I have caused small sketches to be made explaining all the different circumstances mentioned in the paper.

After having examined the eyes of birds, and seeing this curious apparatus, I was next led to the examination of the eyes of quadrupeds, that I might see in what manner they resembled the eyes of birds, and if I could account for their being able to accommodate their eyes to objects at different distances.

This was a subject involved in much difficulty, as the eyes of quadrupeds appeared on examination not to

have these imbricated scales, which are so obvious in birds; but all this difficulty vanished on taking hold of one of the 4 recti muscles of the eye of a sheep; and by tearing and dissecting, I found that it terminated in, and with the other parts composed the cornea; so that on the first volition of the mind the recti muscles on contracting will have the power of fixing the eye and keeping it steady, and at the same time by contracting more or less, will adapt the focus of the eye to the distance of the object, but in a less degree than in birds. On these muscles giving over acting, the eye will be restored to its former state by the elasticity of the sclerotic coat.

From a knowledge of these circumstances, we may from rational principles explain, why people by being long accustomed to view small objects, obtain in time a sort of microscopic power, if it may be so called; that is, the muscles which contract the cornea will by custom increase their power of action, and grow stronger, like the other muscles of the body. Other phenomena of vision on these principles may be explained.

Structure of Birds' Eyes. Pa. 559.

Fig. 1.

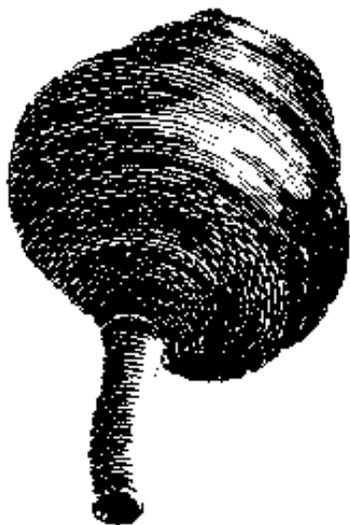


Fig. 2.

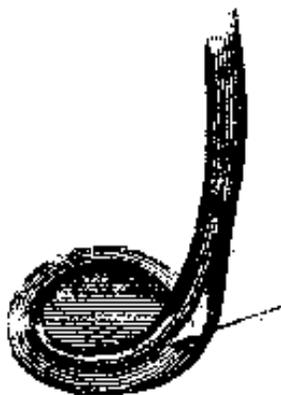


Fig. 3.



Fig. 4.

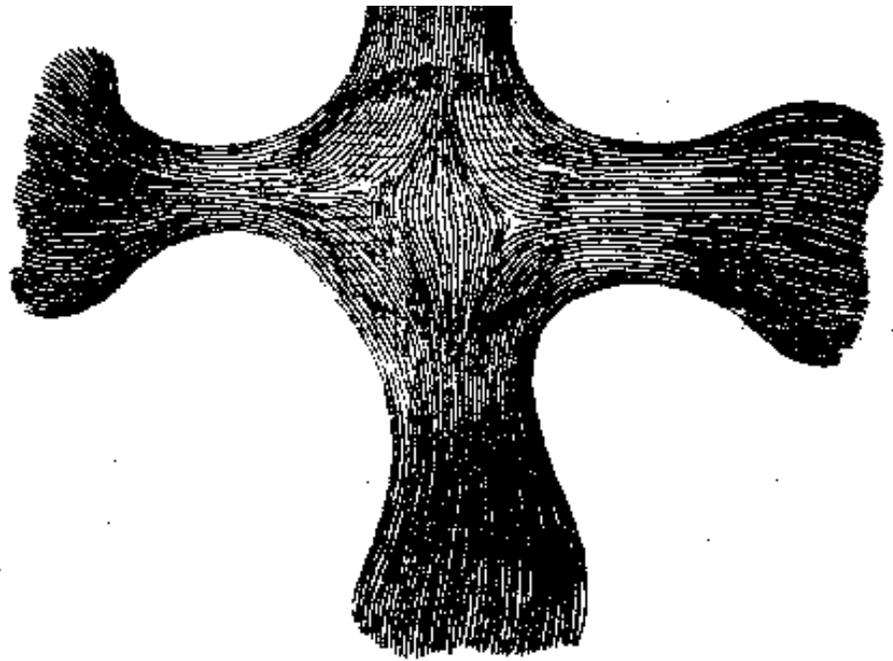
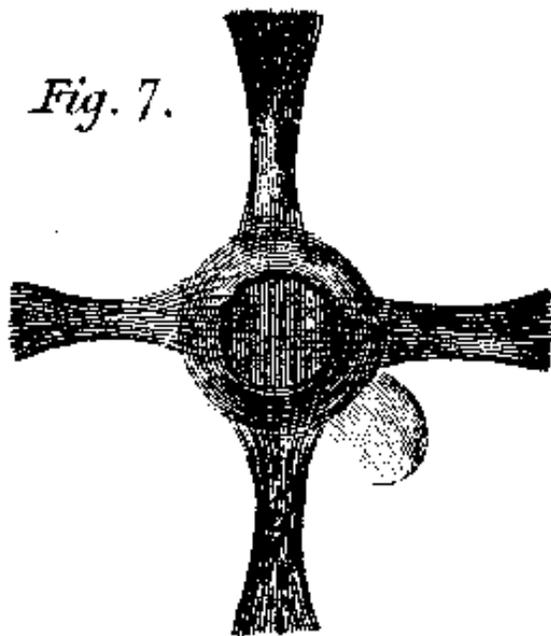


Fig. 5.



Fig. 6.





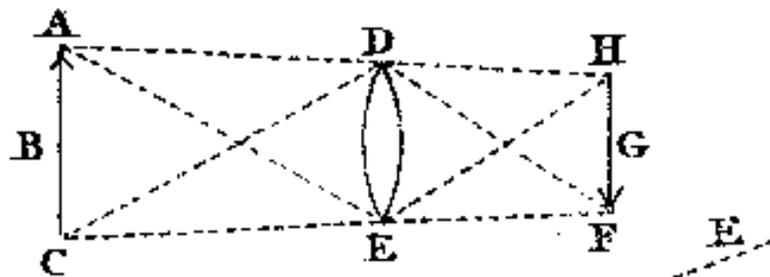
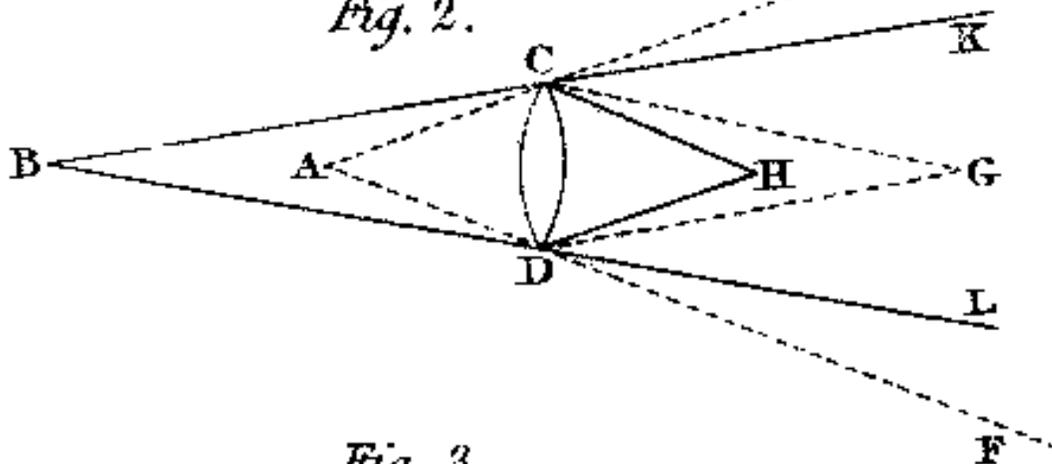
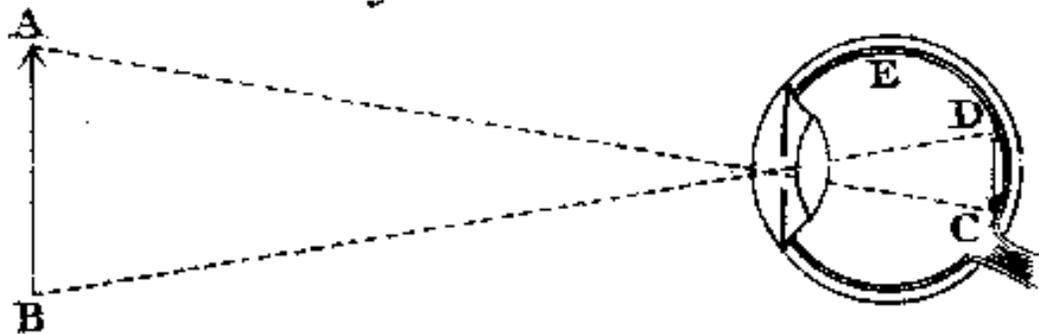
- Fig. 1, represents the eye of a buzzard, blown up and dried, the lesser circle of the cornea suddenly rising above the sclerotic coats.
- Fig. 2, one of the recti muscles, dissected in such a manner as to show that a part of it is inserted into, and the rest of the muscle going from, the outer coat of the cornea.
- Fig. 3, is a representation of the imbricated or loricated appearance of the scales which cover part of the sclerotic coat of the eye, divested of its muscles.
- Fig. 4, shows that the scaly appearance is weaker in some birds than in others, according to their different modes of life, more so in the turkey than in the buzzard, (see fig. 3) representing likewise one of the recti muscles attached to the scales.
- Fig. 5, the inside view of these scales in the eye of a turkey, the internal coat of the cornea being torn up or separated from the external.
- Fig. 6, the 4 recti muscles in the eye of the sheep, dissected so as to show their fibres inserted into and going to form the outer coat of the cornea.
- Fig. 7, the 4 recti muscles of the eye of the turkey, which are partly inserted into and running to form part of the outer coat of the cornea.

Observations on Vision

by David Hosack, M.D. From *Philosophical Transactions of the Royal Society of London*, vol. 84 (1794), pp. 196 ff.

By what power is the eye enabled to view objects distinctly at different distances? [...]

1st. Let ABC [fig 1] be an object placed before the double convex lens DE, at any distance greater than the radius of the sphere of which the lens is a segment: the rays which issue from the different points of the object, and fall on the lens, will be so bent by the refractive power of the glass, as to be made to convene as many other points behind the lens, and at the place of their concurrence they will form an image or picture of the object. The distance of the image behind the glass varies in proportion to the distance of the object before the glass; the image approaching as the object recedes, and receding as that approaches.

Fig. 1. Pa. 403.*Fig. 2.**Fig. 3.*

For if we suppose [fig 2] A and B two radiating points, from which the rays AC, AD, and BC, BD, fall on the lens CD, it is manifest that the rays from the nearest point A diverge more than those from the more distant point B, the angle at A being greater than that of B; consequently the rays from A, whose direction is AE and AF when they pass through the glass, most convene at some point, as G., more distant from the lens than the point H, where the less diverging rays BK and BL from the point B are made to convene; which may also be proved by experiment with the common convex glass. It will be necessary to have this proposition in view, as we shall afterwards have occasion to use it in showing, that by varying the distance between the retina and the anterior part of the eye, we are enabled to see objects at different distances.

2d. If an object, as AB (fig. 3) be placed at a proper distance before the eye, E, the rays which fall from the several point of the object falling on the cornea pass through the pupil, and will be brought together by the refractive power of the different parts of the eye on as many corresponding points of the retina, and

there paint the image of the object, in the same manner as the images of objects placed before a convex lens are painted on the spectrum, placed at a proper distance behind it: thus, the rays which flow from the point A are united on the retina at C, and those which proceed from B are collected at D, and the rays from all the intermediate points are convened at as many intermediate points of the retina: on this union of the rays at the retina depends distinct vision. But supposing the eye of a given form, should the point of union lie beyond the retina, as must be the case with those from the less distant object, agreeable to the preceding proposition; or should they be united before they arrive at the retina, as from the more distant object, it is evident that the picture at the retina must be extremely confused. Now as the rays which fall on the eye from radiating points at different distances, have different degrees of divergence, and the divergence of the rays increasing as the distance of the radiating point lessens, and vice versa, lessening as that increases; again, as those rays which have greater degrees of divergence, viz. from the nearer objects, require a stronger refractive power to bring them together at a given distance, than what is necessary to make those meet which diverge less, it is manifest, that to see objects distinctly at different distances, either the refractive power of the eye must be increased or diminished, or the distance between the iris and retina be varied, corresponding with the different distances of the objects; both of which probably take place, as will hereafter appear.

[Argument against the muscularity of the lens deleted]

That it is not from any changes of the lens, and that this is not the most essential organ in viewing objects at different distances, we may also infer from this undeniable fact, that we can in a great degree do without it; as after couching or extraction, by which operations all its parts must be destroyed, capsule, ciliary process, muscles, &c. Mr. Young asserts, from the authority of Dr. Porterfield, that patients, after the operation of couching, have not the power of accommodating the eye to the different distances of objects; at present I believe the contrary fact is almost universally asserted:

"Et lente ob cataractam extractam vel depositam oculum tamen ad varias distantias videre, ut in nobili viro video absque allo experimento que eam facultatem recuperaverit. Etsi enim tunc ob diminutas vires quae radios uniunt, aeger lente vitrea opus habet, eadem tamen lens in omni distantia sufficit." -- Haller, *El. Phys.*

"La lentille cristalline n'est cependant point de première nécessité pour la vision. Aujourd'hui, dans l'opération de la cataracte on l'enlève entièrement, et la vision n'en souffre point." *De la Méthode des Vues Physiologiques*. See also *De la Hire, Hamberger Physiolog.*

Besides, if the other powers of the eye are insufficient to compensate for the loss of this dense medium, the lens, a glass of the same shape answers the purpose, and which certainly does not act by changing its figure. I grant their vision is not so perfect; but we have other circumstances on which this can be more easily explained; which will be particularly noticed under the next head. It may not be improper also to observe, that the specific gravity of the crystalline compared with that of the vitreous humour, and of

consequence its density and power of refraction, is not so great as has been generally believed. Dr. Bryant Robinson, by the hydrostatic balance, found it to be nearly as 11 to 10. I have also examined them with the instrument of Mr. Schmeisser, lately presented to the R.S., and found the same result; of consequence the crystalline lens is not so essentially necessary for vision as has been represented, especially as it is also probable, that on removing it, the place which it occupied is again filled by the vitreous humour, whose power of refraction is nearly equal. At the same time we cannot suppose the lens an unnecessary organ in the eye, for nature produces nothing in vain; but that it is not of that indispensable importance writers on optics have taught us to believe. ...

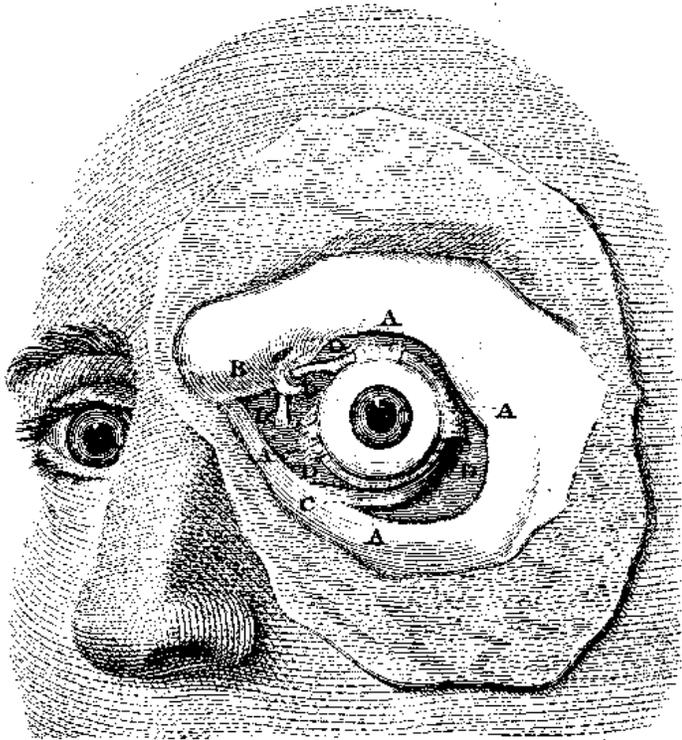
Another opinion has been sanctioned by many respectable writers, of the effects of the ciliary processes in changing the shape and situation of the lens; some supposed it to possess the power of changing the figure of the crystalline, rendering it more or less convex (Des Cartes, Scheinerus, Bidlous, Mollinettus, Sanctorius, Jurin); others, that it removed it nearer to the cornea (Kepler, Zinn, Porterfield); and thers, that it removed it nearer the retina (La Chariere, Perrault, Hartsoeker, Brisseau, and Derham). The advocates for these different opinions all agree in attributing these effects to a supposed muscularity of the ciliary processes. Of the structure of these processes Haller observes 'In omni certe animalium genere processus ciliares absque ulla muscosa sunt fabrica, mere vasculosi vasculis serpentinis percursi molli facti membrana.' Which structure I believe at present is universally admitted. But even supposing them muscular, such is their delicacy of structure, their attachment and direction, that we cannot possibly conceive them adequate to the effects ascribed to them. Besides ... they may be destroyed, as in couching or extraction, and yet the eye be capable of adapting itself to the different distances of objects. For a more full refutation of these opinions, see Haller's large work.

On the situation, Structure, and Action of the External Muscles.

For the accuracy of the representation I have annexed (in figs. 7, 8, 9,) I can vouch, having been at much pains in the dissection; from which I had the painting taken by a most accurate hand, Mr. S. Edwards, a gentleman well known for his abilities in the plates of that admirable work, the Flora Londinensis.

On carefully removing the eyelids, with their muscles, we are presented with the muscles of the eye itself, which are 6 in number; 4 called recti, or straight; and 2 oblique; so named from their direction (see fig. 7) AA AA, the tendons of the recti muscles, where they are inserted into the sclerotic coat, at the anterior part of the eye. B, the superior oblique, or trochlearis, as sometimes called, from its passing through the loop or pulley connected to the lower angle of the orbiter notch in the os frontis; it passes under the superior rectus muscle, and backwards to the posterior part of the eye, where it is inserted by a broad flat tendon into the sclerotic coat. C, the inferior oblique, arising tendinous from the edge of the orbiter process of the superior maxillary bone, passes strong and fleshy over the inferior rectus, and backwards under the abductor to the posterior part of the eye, where it is also inserted by a broad flat tendon into the sclerotic coat. DDD, the fat in which the eye is lodged.

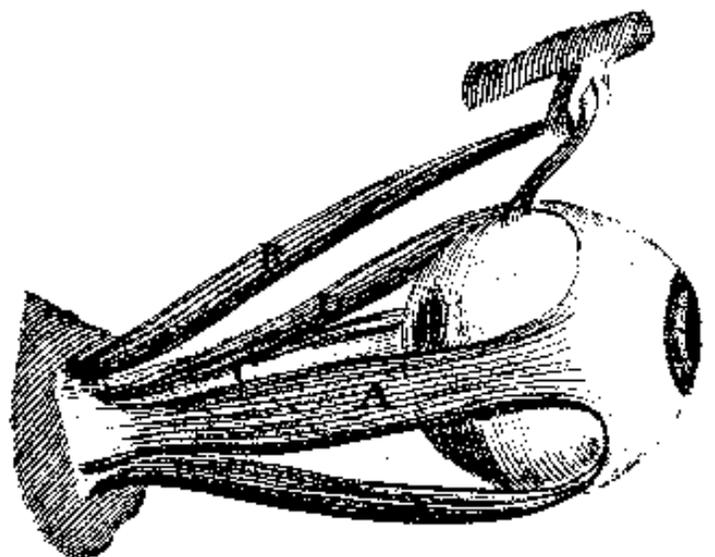
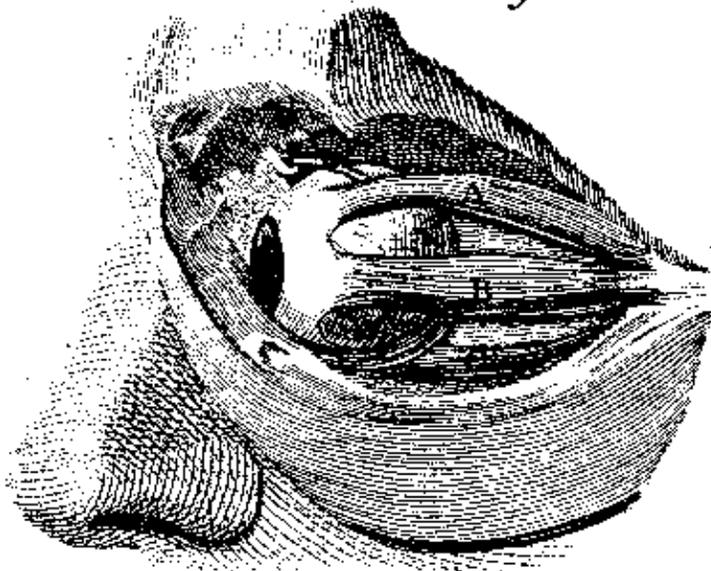
Fig. 7.



In Fig. 8, we have removed the bones forming the external side of the orbit, with a portion of the fat, by which we have a distinct view of the abductor. ABC, 3 of the recti muscles, arising from the back part of the orbit, passing strong, broad and fleshy over the ball of the eye, and inserted by flat, broad tendons into the sclerotic coat, at its anterior part. D, the tendon of the superior oblique muscle. E, the inferior oblique, fig. 9. A, the abductor of the eye. B, the fleshy belly of the superior oblique, arising strong, tendinous, and fleshy from the back part of the orbit. C, the optic nerve. D and E, the recti muscles.

Fig. 9.

Fig. 8.



The use ascribed to these different muscles, is that of changing the direction of the eye, to turn it upwards, downwards, laterally, or in any of the intermediate directions, accommodated either to the different situation of objects, or to express the different passions of the mind, for which they are peculiarly adapted. But is it inconsistent with the general laws of nature, or even with the animal economy, that from their combination they should have a different action, and thus an additional use? To illustrate this we need only witness the action of almost any set of muscles in the body; for example, in lifting a weight, the combined action of the muscles of the arm, shoulder, and chest, is different from the individual action of either set, or of any individual muscle; or an instance nearer our purpose may be adduced, viz. the actions of the muscles of the chest and belly, making a compression on the viscera, as in the discharge of urine, foeces, &c. But to question this fact would be to question the influence of the will in any one of the almost infinite variety of motions in the human body.

I presume therefore it will be admitted that we have the same power over these muscles of the eye as of others, and I believe we are no less sensible of their combined action; for example, after viewing an object at the distance of half a mile, if we direct our attention to an object but 10 feet distance, every person must be sensible of some exertion; and if our attention be continued but for a short time, a degree of uneasiness and even pain in the ball of the eye is experienced; if again we view an object within the focal distance, i.e. within 6 or 7 inches, such is the intensity of the pain that the exertion can be continued but a very short time, and we again relieve it by looking at the more distant objects; this I believe must be the experience of every person whose eyes are in the natural and healthy state, and accordingly has been observed by almost every writer on optics. But the power of this combination, even from analogy, appears too obvious to need further illustration. I shall therefore next endeavour to point out their precise action.

Supposing the eye in its horizontal natural position; I see an object distinctly at the distance of 6 feet, the picture of the object falls exactly on the retina; I now direct my attention to an object at the distance of 6 inches, as nearly as possible in the same line; though the rays from the first object still fall on my eye, while viewing the 2d, it does not form a distinct picture on the retina, though at the same distance as before, which shows that the eye has undergone some change; for while I was viewing the first object I did not see the 2d distinctly, though in the same line: and now, vice versa, I see the 2d distinctly, and not the first; the rays from the first therefore, as they still fall on the eye, must either meet before or behind the retina; but we have shown that the rays from the more distant object convene sooner than those from the less distant object, therefore the picture of the object at 6 feet falls before, while the other forms a distinct image on the retina; but as my eye is still in the same place as at first, the retina has by some means or other been removed to a greater distance from the fore part of the eye to receive the picture of the nearer object, agreeable to the principle before-mentioned. From which it is evident, that to see the less distant object, either the retina should be removed to a greater distance or the refracting power of the media should be increased: but I hope we have shown that the lens, which is the greatest refracting medium, has no power of changing itself.

Let us next inquire, if the external muscles, the only remaining power the eye possesses, are capable of producing those changes. With respect to the anterior part of the eye, we have seen the situation of those muscles; the recti strong, broad and flat, arising from the back part of the orbit, passing over the ball as

over a pulley, and inserted by broad flat tendons at the anterior part of the eye; the oblique inserted toward the posterior part, also by broad flat tendons; when they act jointly, the eye being in its horizontal position, it is obvious, as every muscle in action contracts itself, the 4 recti by their combination must necessarily make a compression on the different parts of the eye, and thus elongate its axis, while the oblique muscles serve to keep the eye in its proper direction and situation. For my own part, I have no more difficulty in conceiving of this combination of those muscles, than I have at present of the different flexors of my fingers in holding my pen. But other corresponding effects are also produced by this action; not only the distance between the anterior and posterior parts of the eye is increased, but of consequence the convexity of the cornea, from its great elasticity, is also increased, and that in proportion to the degree of pressure by which the rays of light, passing through it, are thence necessarily more converged. But another effect, and one not inconsiderable, is that by this elongation of the eye, the media, viz. the aqueous, crystalline, and vitreous humours through which the rays pass, are also lengthened, of consequence their powers of refraction are proportionably increased; all which correspond with the general principle. It may however be said, that as the 4 recti muscles are larger and stronger than the 2 oblique, the action of the former would overcome that of the latter, and thus draw back the whole globe of the eye; but does not the fat at the posterior part of the orbit also afford a resistance to the too great action of the recti muscles, especially as it is of a firm consistence, and the eye rests immediately on it? Admitting then that this is the operation of the external muscles when in a state of contraction, it is also to be observed that we have the same power of relaxing them, in proportion to the greater distance of the object, till we arrive at the utmost extent of indolent vision.

But, as a further testimony of what has been advanced, I had recourse to the following experiment, which will show that the eye is easily compressible, and that the effects produced correspond with the principles I have endeavoured to illustrate. With the common speculum oculi I made a very moderate degree of pressure on my eye, while directing my attention to an object at the distance of about 20 yards; I saw it distinctly, as also the different intermediate objects; but endeavouring to look beyond it, every thing appeared confused. I then increased the pressure considerably, in consequence of which I was enabled to see objects distinctly at much nearer than the natural focal distance; for example, I held before my eye, at the distance of about 2 inches, a printed book; in the natural state of the eye I could neither distinguish the lines nor letters; but on making pressure with the speculum I was enabled to distinguish both lines and letters of the book with ease.

Such then I conceive to be the action and effects of the external muscles, and which I apprehend will also apply in explaining many other phaenomena of vision; some of those it will not be improper at present briefly to notice. First, may not the action of those muscles have more or less effect in producing the changes of vision which take place in the different periods of life? At the same time the original conformation of the eye, the diminution of its humours, and probably of the quantity of fat on which the eye is lodged, are also to be taken into the account. But the external muscles becoming irregular and debilitated by old age, in common with every other muscle of the body, are not only incapable of compensating for these losses, but cannot even perform their wonted action, and thus necessarily have considerable influence in impairing vision. Again, does not the habit of long sight so remarkable in sailors and sportsmen, who are as much accustomed to view objects at a great distance, and that of short sight, as of watchmakers, seal-cutters, &c. admit of an easy solution on this principle? as we know of no

part of the body so susceptible of an habitual action as the muscular fibre.

2dly, How are we to account for the weaker action of one eye in the case of squinting [cross-eye]? That this is the fact has been well ascertained; Dr. Reid (See his Inquiry into the Human Mind, page 322) on this subject observes, that he has examined over 20 persons that squinted, and found in all of them a defect in the sight of one eye. Porterfield and Jurin have made the same observation. The distorted position of the eye has I believe been generally attributed to the external muscles; but no satisfactory reason has ever been given why the eye, directed towards an object, does not see it distinctly at the same distance as with the other. The state of the iris here cannot explain it, as it contracts and dilates in common with the other, nor can we suppose any muscles the lens might possess could have any effect, as they are not at all connected with the nature of this disease.

But the action of the external muscles, I apprehend, will afford us a satisfactory explanation. When the eye is turned from its natural direction, for example, towards the inner canthus, it is obvious that the adductor muscle is shortened, and its antagonist, the abductor, lengthened; consequently, as the abductor has not the same power of contracting itself with the adductor, when the eye is directed towards an object, their power of action being different and irregular, the compression made on the eye and its humours must also be equally irregular, and therefore insufficient to produce the regular changes in the refraction and shape of the eye we have shown to be necessary in adapting it to the different distances of objects. The effects produced by making a partial pressure on the eye with the finger, or speculum oculi, before noticed, would also appear to favour this explanation.

3dly, May it not in part be owing to the loss of this combined action of the external muscles, and the difficulty of recovering it, that the operation of couching is sometimes unsuccessful, especially when the cataract has been of long standing? This cannot be attributed to the iris, for it perhaps dilates and contracts as before: nor to the muscles of the lens, for they are removed; nor to the state of the nerve, for it is still sensible to light; and yet the patient cannot see objects distinctly; and it is not an uncommon circumstance, even when the operation succeeds, that the sight is slowly and gradually recovered. Instances have occurred, Mr. Bell (see his System of Surgery) observes, of the sight becoming gradually better for several months after the operation. When we have been long out of the habit of combining our muscles in almost any one action of life, as walking, dancing, or playing on a musical instrument, we in a great measure lose the combination, and find a difficulty in recovering it, in proportion to the length of time we had been deprived of it; but the individual action of each muscle remains as before. Thus probably with the muscles of the eye. A variety of facts of a similar nature must present themselves to every person conversant in the science of optics, which may admit of a similar explanation.

I have thus endeavoured first, to point out the limited action of the iris, and of consequence the insufficiency of this action for explaining vision. 2dly, to prove that the lens possesses no power of changing its form to the different distances of objects. 3dly, that to see objects at different distances, corresponding changes of distance should be produced between the retina and the anterior part of the eye, as also in the refracting powers of the media through which the rays of light are to pass. And 4thly, that the combined action of the external muscles is not only capable of producing these effects, but that from their situation and structure they are also peculiarly adapted to produce them. Is it not then consistent

with every principle in the economy of nature and philosophy, seeing the imperfections of the principles which have hitherto been employed in explaining the phenomena in question, to adopt the one before us, till, agreeable to one of the established rules in philosophizing, other phenomena occur, by which it may be rendered either more general, or liable to objections?

I have now finished what was proposed. I have declined entering into an extensive view of the structure of the eye, or any of the general principles of optics, as those subjects have been more ably treated in the works already cited, and thus would certainly have destroyed every claim to attention, which these few pages in their present form may possibly possess; and if I should be so fortunate as to succeed in establishing the principle I have proposed, for explaining the phenomena dependent on this more important organ of our body, if any part possesses a pre-eminence in nature, I also hope it may, in abler hands, admit of some practical application, in alleviating the diseases to which its delicate organization so particularly exposes it.

Since the above pages have been written, I have found, on consulting some of the earliest writers, that the effects of the external muscles did not altogether escape their attention; at the same time they had no distinct idea of their action: I must therefore disclaim the originality of the thought, though I had never met with it before the circumstances already noticed, of the insufficiency of the iris, had suggested it. If however, I have succeeded in pointing out the precise action of those muscles, and its application to the general principles of vision, in which I believe I have never been anticipated, it will be the height of my wishes.

The (1794) Croonian Lecture on Muscular Motion.

By Everard Home, Esq. F.R.S. From *Philosophical Transactions of the Royal Society of London*, vol. 85 (1795), pp. 1ff.

When I had the honour last year of presenting an apology for the unfinished state in which Mr. Hunter left the Croonian lecture, I laid before the R.S. the plan on which he meant to proceed; but my mind was at that time unfitted to prosecute so arduous an inquiry. The progress Mr. Hunter had made in this investigation enabled him to prove the crystalline humour of the eye to be laminated, and the laminae to be composed of fibres; but the use to which these fibres are applied in the economy of the eye he had not ascertained, though several experiments were instituted with that view: his opinion was certainly in favour of their being muscular, for the purpose of adjusting the eye to different distances by their contraction and relaxation.

Being unwilling that a subject on which Mr. Hunter had so publicly given his opinion should remain in an unfinished state, I requested the President's permission to be allowed to give the Croonian lecture for the present year, as it would afford me an opportunity of weighing with impartiality the facts already ascertained, and of endeavouring by my own labours to add to their number. In prosecuting this inquiry, I consider myself to have been particularly fortunate in having had the assistance of Mr. Ramsden. It was a subject connected with his own pursuits, and one which had always engaged his attention; he was therefore peculiarly fitted, both by his own ingenuity and knowledge in optics, for such an investigation. In conversing on the different uses of the crystalline humour, he made the following observations.

He said, that as the crystalline humour consists of a substance of different densities, the central parts being the most compact, and from thence diminishing in density gradually in every direction, approaching the vitreous humour on one side, and the aqueous humor on the other, its refractive power becomes nearly the same with that of the 2 contiguous substances. That some philosophers have stated the use of the crystalline humour to be, for accommodating the eye to see objects at different distances; but the firmness of the central part, and the very small difference between its refractive power near the circumference and that of the vitreous, or the aqueous humour, seemed to render it unfit for that purpose; its principal use rather appearing to be for correcting the aberration arising from the spherical figure of the cornea, where the principal part of the refraction takes place, producing the same effect that in an achromatic object glass we obtain in a less perfect manner, by proportioning the radii of curvature of the different lenses. In the eye, the correction seems perfect, which in the object glass can only be an approximation, the contrary aberrations of the lenses not having the same ratio; so that if this aberration

be perfectly corrected at any given distance from the centre, in every other it must be in some degree imperfect.

Pursuing the same comparison: in the achromatic object glass, we may conceive how much an object must appear fainter from the great quantity of light lost by reflection at the surfaces of the different lenses, there being as many primary reflections as there are surfaces; and it would be fortunate if this reflected light was totally lost. Part of it is again reflected towards the eye by the interior surfaces of the lenses, which by diluting the image formed in the focus of the object glass, makes that image appear far less bright than it would otherwise have done, producing that milky appearance so often complained of in viewing lucid objects through this sort of telescope. In the eye, the same properties that obviate this defect, serve also to correct the errors from the spherical figure, by a regular diminution of density from the centre of the crystalline outward. Every appearance shows the crystalline to consist of laminae of different densities; and if we examine the junction of different media, having a very small difference of refraction, we shall find that we may have a sensible refraction without reflection: now if the difference between the contiguous media in the eye, or the laminae in the crystalline, be very small, we shall have refraction without having reflection, and this appears to be the state of the eye; for though we have 2 surfaces of the aqueous, 2 of the crystalline, and 2 of the vitreous humour, yet we have only 1 reflected image, and that being from the anterior surface of the cornea, there can be no surface to reflect it back, and dilute an image on the retina.

This hypothesis may be put to the test, whenever accident shall furnish us with a subject having the crystalline extracted from one eye, the other remaining perfect in its natural state; at the same time we may ascertain whether the crystalline be that part of the organ which serves for viewing objects at different distances distinctly. Seeing no reflection at the surface of the crystalline might lead some persons to infer that its refractive power is very inconsiderable, but many circumstances show the contrary; yet what it really is may be readily ascertained, by having the focal length and distance of a lens from the operated eye, that enables it to see objects the most distinctly; also the focal length of a lens, and its distance from the perfect eye that enables it to see objects at the same distance as the imperfect eye: these data will be sufficient for calculating the refractive power of the crystalline with considerable precision. Again, having the spherical aberration of the different humours of the eye, and having ascertained the refractive power of the crystalline, we have data from which to determine the proportional increase of its density as it approaches the central part, on a supposition that this property corrects the aberration.

These observations of Mr. Ramsden respecting the use of the crystalline lens, I was very desirous of bringing to the proof; and while my mind was strongly impressed by them, a favourable opportunity occurred. A young man came into St. George's hospital with a cataract in the right eye: this proved to be a fair case for an operation, to which the man very cheerfully submitted, and was put under my care for that purpose. In performing the operation, the crystalline lens was very readily extracted, and the union of the wound in the cornea took place unattended by inflammation, so that the eye suffered the smallest degree of injury that can attend so severe an operation; these circumstances it is proper to mention, as they contributed to render the patient a more favourable subject for experiment. The man's name was Benjamin Clerk; he was a seafaring man, 21 years of age, and in perfect health. Both his eyes were free

from complaint till about April 11, 1793, at which time he was on a voyage home from the East Indies, a sudden mist or dimness appeared before his right eye; this increased very rapidly, and on the 18th of the same month the sight was entirely obscured. The crystalline humour was extracted on the 25th of Nov.; and 27 days after the operation the eye was so far recovered as to admit of the following observations and experiments being made on it.

In this man we had all the circumstances combined, which seemed to be required to determine how far the crystalline lens was the principal agent in adjusting the eye. The man himself was in health, young, intelligent, and his left eye perfect; the other had been an uncommonly short time in a diseased state, and appeared to be free from every other defect but the loss of the crystalline lens. He very willingly allowed me to make the following experiments on him; and remained in town, though inconvenient to himself, till they were completed; the greater part of them were instituted by Mr. Ramsden, and all of them carried through under his direction. The experiments were begun on Dec. 22, 1793, at which time the following observations were made on the imperfect eye. The eye ore the light of the day very well; but was fatigued by strong sunshine, or the glare of candle-light. In weak lights objects were not seen at all by the imperfect eye, but in strong lights they presented a faint image, which appeared at the same distance with that seen by the perfect eye, and close to it, or nearly so, but always to the left. The imperfect eye, unassisted by glasses, could see objects, but it was with a degree of indistinctness; and this indistinct vision only took place at a distance between 6 and 9 inches. With a double convex glass, the radius of one surface 1 and 1/2 inch, of the other 6 inches, the flat side towards the eye, having a focus of 2-1/4 inches, objects appeared most distinct at 4-1/2 inches, and the extremes were 2-1/4 inches, and 5-1/2 inches. The different distances were ascertained by placing one end of a foot rule against the man's forehead, and giving him the book in his own hand, desiring him to carry it to the distance at which he saw best, and afterwards to the 2 extremes of distant vision, the upper end of the book being always in contact with the rule; so that the moment he adjusted the book, the distance was read off from the scale. The accuracy with which he brought it to the same point in repeating the experiments, proved his eye to be uncommonly correct; for as he did not himself see the scale, there could be nor source of fallacy.

Making these experiments fatigued the eye considerably, and repeating them after very short intervals made the eye water, and gave a slight degree of pain; this however soon went off. In looking at objects through this glass, the image was free from any tinge of colour, unless he directed his eye towards the circumference of the glass, and then it had a considerable tinge, which evidently arose from the prismatic figure of that part of the glass. A comparative experiment was made on the perfect eye, with a glass of 15 inches focus. Objects were found in one experiment to appear most distant at 8-1/2 inches, the extremes 3 inches and 11 inches; in another; most distinct at 7 inches, the extremes as before, 3 and 11 inches.

On Dec. 29, 34 days after the operation, the following experiments were made by candle-light, about 6 o'clock in the evening. The experiment with the double convex glass was repeated, the aperture being diminished to 3/20 of an inch; objects appeared most distinct at 5 inches, the extremes 3 inches and 7-3/4 inches. The aperture was diminished to 3/40 of an inch, and vision appeared most distinct at 5 inches, the extremes at 3-1/2 inches and 7 inches. When the aperture was reduced to 1/20 of an inch, the inflexion of the rays produced the appearance of a speck, which obscured his vision. By diminishing the aperture,

spherical aberration was in a great measure corrected, and vision rendered more distinct.

A plano-convex glass of 2-7/8 inches focus, with the plane towards the eye, was now applied, and the objects were most distinct at 6 inches, but by no means well defined: the aperture was now reduced to 3/40 of an inch, and objects appeared much more distinct at 5-1/2 inches; when the glass was brought within 1/2 an inch of the eye, objects were still more distinct, and were seen at 5 inches. The eye was less affected by these than the former experiments, nor was it fatigued by the light of a candle. In strong lights a faint image was seen by the imperfect eye, and always to the left of the other. The perfect eye, with a glass of 15 inches focus, saw objects most distinctly at 8-1/2 inches, the extremes 3-1/4 inches and 11-1/4 inches. As these experiments were made with a view to determine whether the eye, when deprived of its crystalline humour, had a power of adjusting itself to different distances; that being ascertained, they were not prosecuted further, on account of the tender state of the man's eye, who went into the country as soon as they were completed.

On Nov. 4, 1794, the man returned to London, and submitted himself to be the subject of further experiments. This afforded us an opportunity of ascertaining the comparative adjustment of the 2 eyes, when by means of different glasses they were brought to see distinctly at nearly the same focal distance: an experiment we had been unable to make before for want of proper glasses. Sir Henry Englefield, who will be found to have given us his assistance in the subsequent part of his investigation, was present at this experiment, and was much astonished, as we had been in the former ones, at the accuracy with which the man's eye was adjusted to the same distance in the repeated trials that were made with it.

The perfect eye, with a glass of 6-1/2 inches focus, had distinct vision at 3 inches; the near limit was 1-7/8 inch, the distant one less than 7 inches. The imperfect eye, with a glass of 2-2/10 inches focus, with an aperture of 3/40 of an inch, had distinct vision at 2-7/8 inches, the near limit 1-7/8 inch, the distant one 7 inches. From the result of this experiment we find that the range of adjustment of the imperfect eye, when the 2 eyes were made to see at nearly the same focal distance, exceeded that of the perfect eye. These experiments were made by Mr. Ramsden, who took particular care to avoid everything that might be productive of error or deception; and repeated them several times before any conclusions were drawn from them. Several others were made on the same subject, all tending to confirm those already mentioned. It may be proper to mention a reason which suggested itself to Mr. Ramsden, why the point of distinct vision in the imperfect eye appeared to the man himself nearer than it was in reality; it arose from his judging distinctness by the legibility of the letters, which were easier to read when they subtended a greater angle, from the imperfection of his eye, than at his real point of distinct vision.

The result of these experiments convinced us that the internal power of the eye, by which it is adjusted to see at different distances, does not reside in the crystalline lens; we were also satisfied by the facts and arguments adduced in Mr. Hunter's letter on this subject, published in the last vol. of the *Phil. Trans.* that it does not arise from a change in the general form of the globe of the eye; we therefore abandoned both of these theories. It suggested itself that any change in the curve of the cornea, could it be produced, would vary the refraction of the rays, so as considerably to alter the focus of the eye; and on considering this subject, Mr. Ramsden made a rough calculation, from which it appeared, that a very small alteration in that part would vary the adjustment of the eye from parallel rays to its shortest distance of distinct

vision. This opened to us a new field of inquiry, and I endeavoured to ascertain how far the cornea admitted of such a change, and if it did, how far that change operated in producing this particular effect.

For the first of these purposes I made the following experiments in the presence of Mr. Ramsden. A portion of the cornea $\frac{1}{4}$ of an inch broad, and $\frac{11}{20}$ of an inch long, was removed from the eye of a person 40 years of age, 2 days after death, with a part of the sclerotic coat on each side attached to it. This was laid on a piece of glass immersed in water, under which was a scale divided into very minute parts, these divisions being very readily seen through the glass. One end of the cornea was made fast by fixing the sclerotic coat, and a force was applied to the other; this power was found capable of elongating the cornea $\frac{1}{20}$ part of an inch; and on removing it, the cornea recovered itself to its original length. In different trials it varied in the quantity of elongation, but in all of them it was fully $\frac{1}{11}$ part of the whole length, or diameter of the cornea.

The elasticity of the cornea being thus ascertained, encouraged me to proceed in the anatomical investigation; and I was desirous of determining more exactly than had hitherto been done, the precise insertion of the tendons of the 4 straight muscles of the eye, so as to know whether their action could be extended to the cornea or not. In dissecting these muscles to their termination, I found that they approached within $\frac{1}{8}$ of an inch of the cornea, before their tendons became attached to the sclerotic coat on which they lay; it was evident that they did not terminate at this part, but were so united as to be difficultly separated by dissection; I therefore endeavoured by gentle force to pull them asunder, as in that way the parts would separate in the direction of their fibres. In doing this, they not only admitted of separation to the edge of the cornea, but brought away a lamina of the cornea with them. I thought this would be better seen in an eye after putrefaction had begun to take place, but found that in that state it could scarcely be demonstrated; while in the recent eye the whole of the external lamina of the cornea could be brought away along with the 4 straight muscles, leaving the surface underneath uniform, but without polish, and on the same plane with the sclerotic coat, of which it was a continuation. As this was a new fact, and a very important one, showing a connection between these muscles and the cornea, I have dried the parts, and preserved them in that state, to show the mode in which the tendons of the straight muscles are lost in the cornea, giving it the appearance of a central tendon. The cornea from this investigation is proved to be composed of two laminae, the external a continuation of the tendons, or the 4 straight muscles, the other a continuation of the sclerotic coat, and the uniting medium between them is not unlike very fine cellular membrane.

When the cornea is examined at its attachment to the sclerotic coat and tendons of the straight muscles it appears to be of exactly the same thickness with those parts, but grows thicker towards the centre; this increase of thickness is principally in the external lamina; for when that is removed, the other appears equally so through its whole extent. To ascertain that the cornea is really thickest in the middle, I made a transverse section of it, and Mr. Ramsden, with several other gentlemen, examined the cut edge through a magnifying glass, and all of them were satisfied with the fact of the central part being evidently thicker than that which was nearer to the circumference. In stretching the cornea, the central part yields most readily to the power applied; this is so much the case, that if the cut edge of the cornea be examined while it is several times drawn out and allowed to contract again, the change in the centre will be found the most distinct; the principal elasticity appearing to reside in that part.

Before these experiments were made on the cornea, Mr. Ramsden had promised that he would contrive an instrument by which the cornea might be examined, while the eye was adapting itself to different distances; so as to enable us to decide whether any change took place at these times in its external figure. When I state to the R.S. that 7 months elapsed before the apparatus for this experiment was completed, they will not attribute it to a want of solicitude on my part, or a want of attention in Mr. Ramsden; but to delays which must necessarily occur to an artist so extensively employed in business, and at the same time so ready to engage both from inclination, and the urgent requests of his friends, in promoting philosophical inquiries.

On July 31, 1794, we were enabled to begin our experiments, for which the following apparatus was constructed. A thick board was fixed to a strong upright support, directly opposite to the window of Mr. Ramsden's front room on the first floor, which looks up Sackville-street, at the distance of 1 foot from the window. In this board was a square hole, large enough to admit a person's face, the forehead and chin resting against the upper and lower bars, and the cheek against either of the sides, so that when the face was protruded, the head was steadily fixed by resting on 3 sides, and in this position the left eye projected beyond the outer surface of the board. On the outside of the board, or that next to the window, on the square hole was fixed a microscope, so placed as to take into its field the lateral part of the front of the cornea, which projects beyond the eyelids. The microscope had not only a movement directly forwards, but by means of endless screws, had also a vertical and horizontal motion, without which the experiments could not have been made with any degree of precision. From the upper part of the square hole a horizontal brass beam projected towards the window, with joints, by which it could be lengthened or shortened; and at the end of this a brass plate was suspended, which admitted of being raised or depressed, so as to bring a small hole that had been drilled through it directly opposite to the eye.

With this apparatus we began our experiments; and I consider it as a fortunate circumstance that Sir Henry Englefield arrived in town the night before they were made; he very cheerfully gave his assistance the moment I made the request. Sir Henry, from his practical knowledge of mathematical instruments, and the habit of making observations with them, rendered us very material assistance in the course of our experiments, and I feel myself obliged to him for remaining in town till they were completed. To Mr. Ramsden and myself it was a particular satisfaction to have an evidence who had no presupposed opinion, therefore impartial; whose knowledge of the subject enabled him to form a judgement of the results, and to correct any error we might fall into in conducting the experiments. This circumstance will also give to the experiments an additional claim on the notice of the R. S.

The first experiment was made at 3 o'clock, at which were present Sir Henry Englefield, Mr. Ramsden, and myself. It required some time, and considerable ability, in which I claim no part, to adjust the microscope, and bring the cornea into its field: when this was done, the appearances were so different from what were expected, that we had a difficulty in recognizing the object, all that could be seen was 4 curved lines, but even these were rendered confused by reflections from the cross bars of the sash of the window. On throwing up the sash, the curved lines became very distinct, and that which appeared the inner one in the microscope, was ascertained to be the convex projecting surface of the cornea. This being determined, the person whose eye was the object of the experiment was desired to look at the

corner of a chimney at the upper end of Sackville-street, a distance of 235 yards, through the hole in the brass plate, and afterwards to look at the edge of the small hole itself, which was only 6 inches from the eye. In doing this several times, the curved lines were seen to separate from each other; and the microscope required being withdrawn from the object whenever the person's eye was adjusted to the near distance; but the very reverse took place when it was fixed on the distant one.

In making these experiments, the least motion of the head carried the cornea out of the field of the microscope; it was therefore necessary that the 2 objects should be exactly in the same line respecting the eye, and that the person should remain silent. When he complied with any request which had been made, he signified by touching the knee of the observer with his hand, that he had done so. This experiment was made on the eyes of all present, and the same appearances were uniformly observed; and after several trials we became so familiar with the appearances, that the observer only required information of the adjustment having been changed, to enable him to tell which of the objects the eye was fixed on.

August the 1st, about 4 o'clock, these experiments were repeated, and after several attempts were made, without success, to explain the cause of the curved lines, we found it necessary to shade a part of the window, to take off the glare of light which fatigued the eye, and rendered it unsteady; this made the curved lines less distinct; and when the whole window was shaded they disappeared altogether, leaving a very distinct view of the whole thickness of the cornea, with a well defined line formed by its anterior projecting surface. This discovery proved the curved lines to be reflections from the sides of the window on the cornea, but as it was not made till 6 o'clock, we were obliged to postpone any further observations on it.

August the 3d at 7 o'clock in the morning, Mr. Ramsden and myself resumed our experiments, Sir Henry Englefield being unable to attend at that hour. The eye of the person under observation was shaded from the light by shutting the half of the window-shutter directly before it, and to direct the sight to pass through it, a hole was bored in the shutter; the other half of the shutter was turned back, so as to take off the side light, only letting in enough to illuminate the cornea; in this state the cornea was very distinctly seen, and the former experiments were repeated on it, with a micrometer wire in the focus of the eye-glass, so placed as accurately to oppose the anterior edge of the cornea. The motion of the cornea became now perfectly distinct; its surface remained in a line with the wire when the eye was adjusted to the distant object, but projected considerably beyond it when adapted to the near one; and the space through which it moved was so great as readily to be measured by magnifying the divisions on a scale, and comparing them; in this way we estimated it at the 800 part of an inch, a space distinctly seen in a microscope magnifying 30 times. It may not be improper, for the sake of accuracy, to mention that the hole made in the window-shutter did not admit of seeing up Sackville-street, so that the distant object was now only at 90 feet, which is rather less than is necessary for parallel rays; a circumstance, so far as it can be considered, in favour of the experiment, as a more distant object must have increased the effect on the cornea. Having satisfied ourselves fully respecting the result of this experiment, we desisted from further trials.

At 12 o'clock of the same day, we prevailed on Sir Henry Englefield to make the experiment on my eye, without giving him any information on the observations that had been made in the morning. He was very

much struck with the distinctness of the cornea; and told me without difficulty the different objects to which my eye was adjusted, and was as fully satisfied as either Mr. Ramsden or myself with the result of the experiment. Mr. Ramsden now made the same experiment on Sir Henry's eye, but was unable to retain it in the field of the microscope; the motion of the cornea was always in one direction, and very irregular; after repeated trials, equally unsatisfactory, the eye became so fatigued that he was obliged to desist.

August th 4th, Mr. Ramsden repeated the experiment on Sir Henry's eye, to ascertain if possible the cause of his former want of success, and found the same circumstances again take place; the curve of the cornea moved always in the same direction, never returning to the wire. This could not be accounted for, till it was accidentally discovered to arise from the motion of his hand in touching the kneww of the observer, for when that was omitted, the experiment was followed by the same results as those made by the rest of the company. I have been more particular in mentioning this circumstance, as it shows that the most trifling things may interfere with the result of the experiment, and that it required a considerable degree of nicety and management in adjusting the instrument, without which the experiment could not have been made.

August the 28th, the former experiments were repeated by Sir Henry Englefield, Mr. Ramsden, and myself, on the eye of a young lad, and the result was similar to the others, the motion of the cornea was uncommonly distinct. Sir Henry now became the subject of the experiment, and changed the adjustment of his eye from one distance to another in a very irregular manner, without giving the smallest information, with a view to embarrass Mr. Ramsden who was the observer, but without effect, for Mr. Ramsden was able to tell every change in distance he had made, without a single mistake; this exceeded our expectation, and appeared to us so satisfactory that we required no further proofs of the truth of our former observations. Before we concluded our experiments, every mode that could be devised was put in practice to see how far there might be any deception; the eye was moved on its axis, and in different directions, but these motions did not give at all similar appearances to those seen in the adjusting of the eye to different distances.

From the different experiments which I have had the honour to lay before the R. S., I shall consider the following facts to have been ascertained. 1st, That the eye has a power of adjusting itself to different distances when deprived of the crystalline lens; and therefore the fibrous and laminated structure of that lens is not intended to alter its form, but to prevent reflections in the passage of the rays through the surfaces of media of different densities, and to correct spherical aberration. 2d, That the cornea is made up of laminae; that it is elastic, and when stretched, is capable of being elongated $\frac{1}{11}$ part of its diameter, contracting to its former length immediately on being left to itself. 3d, that the tendons of the 4 straight muscles of the eye are continued on to the edge of the cornea, and terminate, or are inserted, in its external lamina: their action will therefore extend to the edge of the cornea. 4th, That in changing the focus of the eye from seeing with parallel rays to a near distance, there is a visible alteration produced in the figure of the cornea, rendering it more convex; and when the eye is again adapted to parallel rays, the alteration by which the cornea is brought back to its former state is equally visible.

Having supported these facts by the evidence of anatomical structure, and absolute demonstration, I shall consider them to be established; and make some observations on the muscular and elastic power by which so very curious an effect as the adjustment of the eye is produced. The 4 straight muscles of the eye are attached to the bottom of the bony orbit near the foramen opticum; they become broader as they pass forward, and when arrived at the anterior part of the eye-ball, are insensibly changed for tendons; these adhere to the sclerotic coat, and terminate in the external lamina of the cornea, which appears to be a continuation of them.

When we consider the situation of these muscles, it is evident that their action will produce 3 very different effects on the eye, according to circumstances. When they act separately, they will move the eye in different directions; when together, with only a small quantity of contraction, they will steady the eyeball; and when this is increased they will compress the lateral and posterior parts of the eye. This compression of the eye will force the aqueous humour forwards against the centre of the cornea, while the circumference is steadied by the muscles, so that the radius of curvature of the cornea will be rendered shorter, and its distance from the retina increased. That the eye-ball cannot be made to recede in the orbit by any of these actions, is sufficiently proved by its not having done so in any of the experiments. These muscles are uncommonly large, and come much more forward than appears necessary for the purposes generally assigned to them; but when applied to so important an office as that we have just stated, their size, and anterior insertion, are easily explained.

It may be imagined that I have allotted to these muscles a greater variety of uses than is compatible with the simplicity of the general laws of the animal economy: but to prove this not to be the case, I shall only bring the biceps flexor cubiti as an instance of a similar kind. That muscle is attached to the scapula by both its heads, one of which passes through the joint of the shoulder, they afterwards unite, and their common tendon is inserted into the radius; when the muscle contracts, the first effect will be to steady the joint of the shoulder; if the contraction be increased, it will rotate the radius, and if still more increased, bend the fore-arm.

There are many instances in animal bodies of elasticity being substituted for muscular action, but this in the eye is by much the most beautiful of those applications. In the vascular system the arteries are composed of muscular fibres, and an elastic substance; in the natural easy state of the circulation, the reaction in the larger vessels is principally the effect of elasticity; but when increased, it is the effect of muscular contraction. The claws of the lion are drawn up, and supported from the ground, by means of elastic ligaments; but they are brought down for use, which is an action not so often required, by muscles. In the adjustment of the eye it is the same; the state fitted for parallel rays is the effect of elasticity, but that for nearer distances, which is less frequently wanted, is the effect of muscular action. In these different instances, the intention is uniformly to avoid the expence of muscular action whenever the effect can be produced in any other way, as muscular actions consume a considerable quantity of blood, which is the nourishment of the body. That the adjusting the eye to near distances is the effect of an action, or exertion, was very evident to every gentleman concerned in these experiments. In changing the focus of our eyes, we were much astonished, particularly Sir Henry Englefield, at the exertion required to adjust the eye to the near distances, and the facility with which it was adapted to distant ones; the first was a strain on the eye, the 2d appeared a relief to it. When the eye was intent on the near object,

it required the attention to be constantly kept up, or the object became indistinct, and if we looked at it beyond a certain time, the eye was so much fatigued as to use it at intervals. This corresponds with other muscular actions, for whenever muscles are kept long in one state they begin to vibrate involuntarily.

These circumstances explain what may be called a coup d'oeil, or the distinctness with which an object is seen when the eye is first fixed on it. This arises from the nice adjustment produced by the muscles when first thrown into action, which they cannot keep up, being unable to remain long in the same state; nor can they, after having been used for any time, return to this adjustment with the same exactness.

The change that takes place in the eye at an advanced period of life, by which it loses its adjustment to very near, and at very distant objects, does not arise from any defect in the muscles, as might at first be imagined, since that would not account for the eye being unable to see with parallel rays; nor is there any obvious reason why these muscles should lose their powers, while others, which are not apparently so strong, if we may judge by their effects, retain their full action long after the eye has undergone this change. This defect in the eye, I am led to believe, is brought on by the cornea losing its elasticity as we advance in life, neither contracting nor being elongated to its usual extent, but remaining in a middle state. That elastic substances in the body do undergo such a change, may be well illustrated in the vascular system. The aorta is composed almost entirely of elastic substance, and there is probably no part of the body, at an advanced age, which is so often found to have lost its natural action; it appears to undergo change from age alone, becoming inelastic, and then taking on diseases of different kinds, as being ossified, or becoming aneurismal; but in neither of these diseases is it found to be contracted, though often the reverse, and when disease has not supervened, the artery more commonly remains in the middle state.

The cornea, having similar properties must be liable to a similar change; but its action being less constant, and the power which to resist being weaker, the change will be probably more gradual and less in degree, but sufficient to account for the alteration we find in the focus of the eyes of old people. There are many other circumstances respecting vision, and many which occur in disease, that may be explained by a knowledge of these facts; but as this lecture is only intended to establish the facts themselves, in doing which I have already taken up too much of the time of the R. S., I shall at some future period consider their application to the phenomena of vision in health and disease.

Fig. 10, p. 5, shows portions of the four straight muscles of the eye, with their tendons insensibly lost in the external lamina of the cornea, stretched out and dried. The tendons become broader as they approach the cornea, and form a circle of which the cornea appears to be a continuation. 

The (1795) Croonian Lecture on Muscular Motion.

By Everard Home, Esq. F. R. S. From *Philosophical Transactions of the Royal Society of London* vol. 86 (1796), pp. 1ff.

In the Croonian Lecture which I had the honour of laying before the R. S. last year, I endeavored to prove, that the adjustment of the eye to different distances could take place independent of the crystalline lens; and that when this was the case, it appeared to arise from a change in the curvature of the cornea. I propose in the present lecture to prosecute the inquiry; and it will be found in this, as well as in the former, that I have received the most essential assistance from Mr. Ramsden, who continues to interest himself in the investigation, and has made all the optical experiments. As this was a new mode of explaining the adjustment of the eye, and differed from the theories that have been previously formed on the subject, it was thought right to consider it with caution, to pay attention to all the objections that could be made to it, and to put it to the test of such experiments as appeared likely to refute or confirm our former observations.

It readily suggested itself, that if the convexity of the cornea was increased to a certain degree, it could be measured by means of an image reflected from its surface, and viewed in an achromatic microscope, with a divided eye-glass micrometer. To ascertain whether the quantity of increase of the convexity of the cornea, in the adjustment of the eye, could in this way be ascertained, the following experiments were contrived, and made by Mr. Ramsden. Our former experiments had sufficiently proved the unsteadiness of the human eye; the first trials on the present occasion were therefore made on convex mirrors, as these artificial corneas could be more readily managed, and such previous experiments would enable us to apply the same instruments with more facility to the eye itself.

Two convex mirrors, one $\frac{4}{10}$ of an inch focus [98.43 D], the other $\frac{5}{10}$ [78.74 D], had their flat surfaces made rough, and blacked, to prevent an image being seen from both surfaces, which was found to be the case when this precaution was omitted. One of these mirrors was struck on a piece of wood directly opposite to a window, at 12 feet distance from it; a board 3 feet long, and 6 inches broad, was placed perpendicularly against the sash of the window, and its image reflected from the mirror on the object-glass of an achromatic microscope, with a divided eye-glass micrometer. The 2 images were separated by means of the divided eye-glass, till their surface of contact, which appears like a black line, was rendered as small as possible. When this effect was produced on the images from the mirror of $\frac{4}{10}$ of an inch focus [98.43 D], that mirror was removed, and the other put into its place; the contact of the 2 images, which before appeared like a line, had now acquired considerable breadth; corresponding exactly to the

difference between the convexities of the mirrors.

Having in this way made trial of the instruments, and arranged all the necessary circumstances, the head of a person was so placed as to bring the eye into the same situation as the mirror, and made steady by the apparatus described in our former experiments. Under these circumstances the image reflected from the cornea was measured by the micrometer. Mr. Ramsden made an experiment with this instrument on my eye. In the first trials, when the eye was fresh, there was a perceptible change in the micrometer, but extremely small; this was not however seen afterwards, and the eye very soon became so much fatigued that it was necessary to desist. He found that every time the eye adapted itself to different distances, it was necessary to move the object-glass of the microscope farther from, or nearer to, the cornea.

This experiment was repeated on 4 different days; and in each experiment, on the first trial, the result was a change in the micrometer, but in all the subsequent trials it could not be detected. We were induced to conclude, that the effect on the micrometer might arise from the head being moved forwards, as we found, in making experiments with the mirror, that this effect could be produced by such motion; but had it arisen from that cause, it should more frequently have occurred, and rather after the head and eye were tired, than on the first trials. It was supposed to arise from the action of the muscles of the head, but that should have produced a contrary appearance. The effect produced on the micrometer therefore did not seem to depend on external circumstances, but to arise from a change in the cornea; it was however too small to admit of any conclusions being drawn from it. The same experiment was made on several young persons; but we found it necessary, that whoever was the subject of the experiment should understand perfectly what was meant to be done, otherwise the conclusions could not be depended on; for if the eye does not see the near object with a very defined outline, it is not accurately adjusted to it; and the length of time they keep their eye on the near object without making any complaint of being fatigued, was greater, we knew from our own observation, than it was possible to do it, had the object been seen with the necessary degree of distinctness.

Finding from these experiments, that the change in the convexity of the cornea was not to be seen distinctly in the micrometer, it became an object to ascertain the degree of change which could in this way be distinctly determined. For this purpose 2 mirrors were ground, and prepared in the same way as those used in the preceding experiment; their radii were exactly ascertained by measuring the tools in which they were finished off; the one was $\frac{4}{10}$ of an inch focus [98.43 D], the other $\frac{408}{1000}$ [96.50 D], the difference between the size of the images reflected from their surface was just visible in the micrometer; and from their remaining fixed, the experiment could be made with every advantage; but it did not appear probable that the same difference would have been visible had the mirror not been perfectly at rest. A smaller change could not therefore be detected in the eye; and when we consider the disadvantages under which an experiment of this nature must be made on the human eye, from the unsteadiness of that organ, the short time it remains adjusted (a part of which is lost in bringing it within the focus of the microscope), and also from the motions of the head; it is not unreasonable to suppose that a change might take place in the cornea, to the same extent, without being distinctly seen.

To give an idea of the short time that a part can remain nicely adjusted by muscular action, I shall point out an experiment which any one may make on himself: let him take a glass spirit level, and rest one end

of it on a table, supporting the other with his hand, and endeavour to keep the air bubble in the middle; if the hand is very steady the bubble may be kept nearly in its place, but not exactly so; it will undulate, its motion corresponding with the actions of the muscles; making up for want of steadiness by short motions in contrary directions.

From these experiments the change in the curvature of the cornea could not be more than $1/125$ part of an inch [0.20 mm], as any greater quantity would probably have been distinctly seen in the micrometer; this however is still more than was ascertained by our former experiments, which made it to exceed $1/800$ part of an inch [0.03 mm]. This change in the cornea, on the first view of the subject, appeared sufficient to account for the adjustment of the eye; and when the lens is removed it probably may be sufficient; but the refractions at the cornea are so much changed by those at the lens, as considerably to lessen their effect in fitting the eye for seeing near objects, and make this small increase of convexity inadequate to such an effect. Finding this to be the case, it became necessary to examine the eye with attention, to see in what way the full effect was most likely to be produced. For this purpose the following experiments were made on the human eye, to determine whether the axis of vision could be elongated by any uniform pressure applied to its coats.

The experiments were made in the following manner: an eye of a dead subject was carefully removed from the socket, before any change could be produced in consequence of death, and its different diameters were measured by a pair of caliper compasses. As soon as these were determined, a hole was made in the centre of the optic nerve, and a pipe fixed into it, through which air could be thrown into the cavity of the eye, so as to distend its coats. While distended in a moderate degree, by compressing with the hand a small bladder, containing air and quicksilver, attached to the pipe, the same diameters were measured again, and compared with those which were taken while in the natural state. These experiments were made by Mr. Muttletbury and Mr. Williams, two very intelligent and dilligent students in surgery, who were filling situations that gave opportunity of making such experiments. They measured the diameters in these 2 states, and marked them on paper, without ascertaining their difference, so that there could be no fallacy in the measurement from any pre-conceived opinion; and I have every reason to believe there was none from inattention.

A = The eye of a boy 6 years old, 45 minutes after death

B = The eye of a man 25 years old, 1 hour after death

B = The eye of a man 50 years old, 20 minutes after death

Measurements given in 20th parts of an inch.

	Transverse diameter	Axis from optic nerve	Axis of vision
A Natural state	$17-1/2$	$17-1/2$	$17-1/2$
Distended state	$17-1/4+$	$17-1/4+$	18
B Natural state	$17-3/4$	$17-3/4$	17

	Distended state	17-1/2	17-1/2	17-1/2
C	Natural state	19	19	18-1/2
	Distended state	19	19	18-1/2

Measurements converted into mm.

		Transverse diameter	Axis from optic nerve	Axis of vision
A	Natural state	22.23	22.23	22.23
	Distended state	21.90+	21.90+	22.86
B	Natural state	22.02	22.02	21.59
	Distended state	22.23	22.23	22.23
C	Natural state	24.13	24.13	23.49
	Distended state	24.13	24.13	23.49

From these experiments it appears, that the diameters of the eye do not always bear the same proportion; sometimes the transverse diameter is the longest, in other eyes it is of the same length as the axis of vision; but when the coats are distended, the transverse diameter is diminished, and the axis of vision is lengthened. This change, however, does not take place at all ages, for at 50 it was not met with.

In those experiments the pressure was made in the most unfavourable way for producing the greatest degree of elongation in the axis of vision; it was however the least exceptionable mode for ascertaining that such an effect could take place; when the pressure is made laterally and from without, the elongation must be still greater; and the action of the straight muscles is the most advantageous that could be imagined for that purpose. This lateral pressure will not only elongate the eye, and increase the convexity of the cornea, but it will produce an effect on the crystalline lens and ciliary processes, pushing them forward in the same proportion as the cornea is stretched. This is necessary for two reasons; viz. to preserve the cavity containing the aqueous humour always of the same size, and to keep the cornea and lens at the same distance from each other. The ciliary processes, as they form a complete septum between the vitreous and aqueous humours, must be moved forward, together with the lens, when the cornea is rendered more convex, and when the cornea recovers itself they are thrown back into their former situation. In order to effect this with the nicety that is required, the ciliary processes are probably possessed of a muscular power.

That the ciliary processes are muscular is a very generally received opinion, and in the course of this lecture I shall adduce some facts in favour of it; they will also tend to confirm the opinion of these processes being a sling, in which the lens is suspended, and rendered capable of a small degree of motion. The result of this inquiry, which has not been confined to the support of any particular theory,

but carried on with the sole view of discovering the truth, appears to be, that the adjustment of the eye is produce by 3 different changes in that organ; an increase of curvature in the cornea, an elongation of the axis of vision, and a motion of the crystalline lens. These changes in a great measure depend on the contraction of the 4 straight muscles of the eye. Mr. Ramsden has made a computation, by which the degree of adjustment produced by each of these changes may be ascertained. This he has promised to render more correct; and also to institute a series of experiments by which the effects of the motion of the lens may be more accurately determined. From Mr. Ramsden's computation, the increase of curvature of the cornea appears capable of producing $1/3$ of the effect; and the change of place of the lens, and elongation of the axis of vision, sufficiently account for the other $2/3$ of the quantity of adjustment necessary to make up the whole.

Having explained the mode by which the axis of vision can be elongated, and the convexity of the cornea increased, in the human eye, for the purpose of its adjustment, I was desirous of applying these observations to the eyes of other animals, that I might see whether their different structures would admit of the necessary changes, for producing an adjustment to different distances in the same way. As many animals are known to have their vision distinct at very different distances, it appeared that much information might be gained by examining the structure of the eyes of those whose range of vision varies most from that of the human eye. Quadrupeds in general must have their eyes fitted to see very near objects, as many of them collect their food with their mouths, in which action the objects are brought very close to the eye. Birds are under the same circumstances in a still greater degree with respect to their food; but from their mode of life, they also require the power of seeing objects at a great distance. Fishes, from the nature of the medium in which they live, must have some other mode of adjusting the eye, than that of a change in the cornea, as that substance is possessed of the same refractive power with the surrounding fluid.

To avoid confusion in so extensive a field of inquiry, I shall separately consider the peculiarities in the eyes of these different classes of animals, so far as they appear to be concerned in producing the adjustment to different distances. Quadrupeds have 3 modes of procuring their food; one by their fore-paws only, which they use like hands, as all the monkey tribe; the 2d, by their fore-paws and mouths, as the lion, and cat tribe; the 3d, by the mouth only, as all ruminating animals. These 3 different modes require the food being brought to different distances from the eye; and it is curious, that the muscles of the eye are different in all the 3 tribes. In the monkey tribe, the muscles of the eye are exactly the same as in the human. In the lion tribe, they are double in number, and the 4 intermediate muscles are lost in the sclerotic coat, at a greater distance from the cornea than the others. In the ruminating tribe, they are double in number, and the 4 intermediate muscles are lost in the sclerotic coat, at a greater distance from the cornea than the others. In the ruminating tribe, there are 4 muscles, as in the human eye; but there is also a muscle surrounding the eye-ball, attached to the bottom of the orbit, round the hole through which the optic nerve passes, and lost on the sclerotic coat immediately before the broadest diameter of the globe of the eye; the upper portion of this muscle is rather the longest, but not to the axis of the eye from the entrance of the optic nerve.

In quadrupeds in general, the ball of the eye is broader in proportion to its depth, than in the human subject; in the bull the proportion is $1-5/8$ inch to $1-3/8$. The cornea is larger and more prominent; its real

thickness is hardly to be determined, since, as well as that of the human eye, it readily imbibes moisture immediately after death. When dried, it is thinner than the sclerotic coat in the same state. In ruminating animals, it appears externally of an oval form; it is not however really so, the cornea itself being circular, as in other animals; but a portion of it is rendered opaque, by a membrane which covers its external surface, and produces an oval appearance. This circular form of cornea is necessary, that when it is stretched it may form a regular curve. The ciliary processes, as in the human eye, are connected with the choroide coat; but they are larger, and are united at their origin with the iris. This structure of the eye in quadrupeds, so far as it differs from that of the human eye, appears calculated to increase the power of adjusting it to see near objects, and from the mode of life which these animals pursue, such additional powers appear necessary to enable them with ease to procure their food.

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Structure of Birds' Eyes. p. 673.

Fig. 21.



Fig. 22.

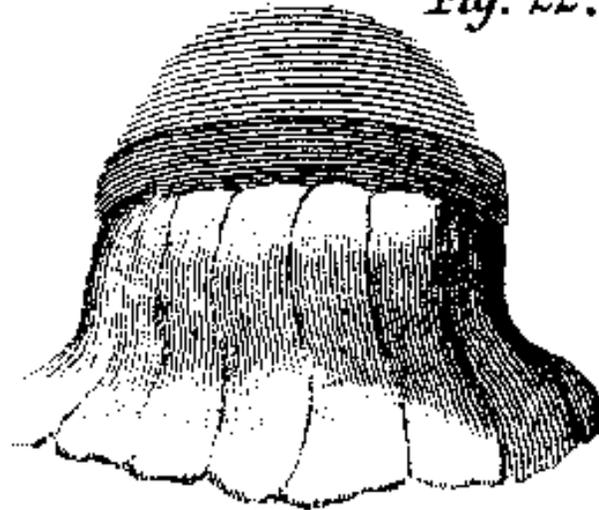


Fig. 23.

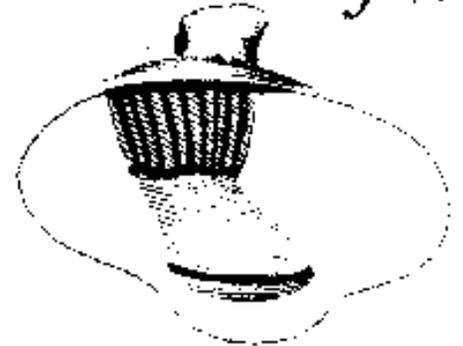


Fig. 24.

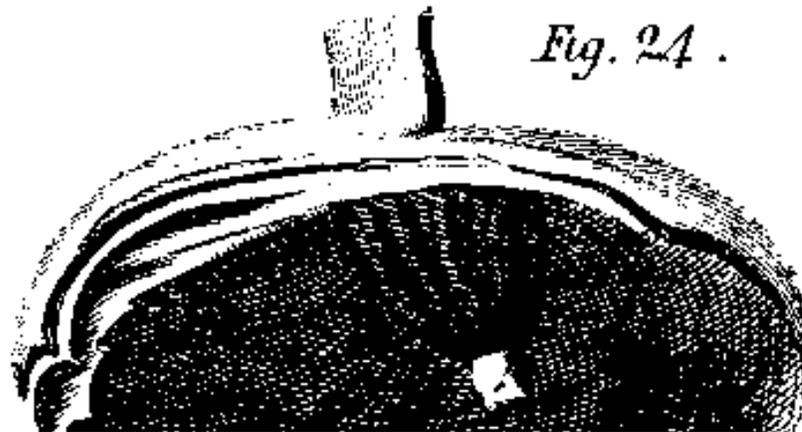


Fig. 25.



Fig. 26.



- Fig. 21 is a side view of the cornea of the great horned owl, to show the difference of structure; taken from a dried preparation in Mr. Hunter's collection.
- Fig. 23, the marsupium in the eye of the turkey, attached to the bottom of the eye, and connected by a transparent membranous union with the crystalline lens; made visible by coagulation in rectified spirits.
- Fig. 24, the marsupium in the eye of the emeu, from New South Wales, with a portion of the membrane that connects it to the lens; the marsupium is drawn together at that end next the lens, giving it the appearance of a purse, from which it probably got the name marsupium.
- Fig. 25 and 26, two views of the crystalline lens of the eye of a goose, to show the attachment of the marsupium and the lens.

The (1801) Croonian Lecture. On the Power of the Eye to adjust itself to different Distances, when deprived of the Crystalline Lens.

By Everard Home, Esq. F. R. S., Read November 5, 1801 to the Royal Society of London. From *Philosophical Transactions of the Royal Society of London*, vol. 92 (1802), pp. 1-11.

It is intended, on the present occasion, to state some facts and observations, in support of an opinion advanced in a former lecture, that the adjustment of the eye to see objects at different distances, does not depend upon any internal changes in the crystalline lens.

The first of the experiments which will be stated, was made with the assistance of the late Mr. Ramsden; and, had not the death of that valuable member of this Society deprived me of his further aid, the following observations would undoubtedly have been more deserving the attention of my learned audience.

It is impossible for me to mention Mr. Ramsden, from whom I have received so much assistance in every pursuit connected with optics and mathematics, in which I have been engaged, without availing myself of this opportunity of paying that tribute of gratitude to his memory, which feelings of delicacy prevented me from offering to him while alive. It is unnecessary ere to mention his genius, his merits, or his exertions for the promotion of science; these are equally well known to every member present, as to myself. It is only my individual obligations, in the prosecution of inquiries connected with the objects of this learned Society, that are meant to be taken notice of.

To his friendly and zealous assistance I am indebted for the information which was necessary to enable me to prosecute investigations upon the subject of vision; and, without such assistance, I should have shrunk from the enquiry. It is also to his early friendship, and his readiness to communicate to me his knowledge, that I look back, as among the sources of my early exertions, and love of philosophical pursuits.

In the year 1794, I laid before this learned Society some experiments, suggested and made by Mr. Ramsden, upon the comparative powers of adjustment of the eye, when in a perfect state, and when

deprived of the crystalline lens. From the result of these experiments it appeared, that the removal of the lens did not deprive the eye of the power of seeing distinctly at different distances. As the person upon whom the experiments were tried did not see very distinctly, without a substitute for the lens, in making them, a double convex glass, of 2-1/4 inches focus, was placed before his eye; and, to render the image distinct, by correcting the spherical aberrations, the aperture was diminished to 3/20ths of an inch; a less degree of diminution not answering that purpose.

The subject of these experiments was Benjamin Clerk, twenty-one years of age; one of his eyes was in a very perfect state, and the other without defect, except what arose from the removal of the lens: and the results appeared to be satisfactory in deciding, that the eye, when deprived of the crystalline lens, retains a power of adjustment.

Opportunities of instituting experiments of this kind very rarely occur; the patients who have had their lenses extracted, either not seeing sufficiently well, or being too much advanced in life to be fit subjects for that purpose; but, in the year 1798, the following case came under my care, which enabled me to make some further observations, in confirmation of the former experiments.

Henry Miles, a carpenter, at Westborough Green in Sussex, fifty years of age, applied, in the month of August, 1798, at St. George's Hospital, to be admitted as a patient, on account of blindness, from having a cataract in each eye; and was received under my care. Both the cataracts were extracted; and the eyes recovered from the effects of the operation, without suffering from inflammation. The right eye had the power of seeing objects with unusual distinctness; but the left was less perfect, the iris having been slightly torn, by the lens being too big to pass through the aperture, without injuring the membrane.

As soon as this man's eyes had recovered, I requested Mr. Ramsden to repeat some of the former experiments, on his right eye; which he readily agreed to do. Before the experiments were made, upon trying what was his power of vision with the naked eye, we were agreeably surprised to find that he saw so distinctly, as to admit of our ascertaining, without the aid of glasses, what were the ranges of his eye's adjustment.

A piece of pasteboard, with a letter of a moderate size, as an object upon it, was put into his hands; as he could not read, the page of a book might have confused him: he was directed to vary the distance of the pasteboard from his eye, till he had ascertained the nearest and most distant situations, in which the object appeared distinct; these distances, by measurement, were 7 inches, and 18 inches. In repeating this experiment several different times, he brought the object very correctly to the same situations.

This result convinced Mr. Ramsden, that the eye possessed the power of varying its adjustment; and he did not think any more complex experiments would be nearly so satisfactory; consequently, no others were made, and the man was allowed to go into the country.

It was intended to make him a present of a pair of spectacles, allowing him to choose those best adapted to his eye; but his sight was so very good, that we entirely forgot it, till some time after he was gone.

These experiments confirmed the former ones so very strongly, and from their simplicity were so much less liable to error, that Mr. Ramsden and myself considered the object of our inquiry completely attained; the reason for not, at the time, laying them before this learned Society was, that they established no new fact, and the former ones did not appear to require their support.

This inquiry, always regarded as highly important by physiologists, has continued to engage their attention; and, in the Bakerian Lecture for last year, Dr. Young has advanced some experiments to prove, that the adjustment of the eye to different distances, depends upon the crystalline lens: he considers the results of the experiments made by Mr. Ramsden, upon Benjamin Clerk's eyes, as inconclusive; and the phenomena met with, as arising from the smallness of the aperture, and not from any power of adjustment in the eye. Dr. Young, therefore, with a view to obviate all possibility of deception in future, constructed an optometer, upon the principle of that of Dr. Porterfield. In this instrument, when applied to presbyopic eyes, the eye, by looking along a line through a small convex lens, before which is placed a card with two narrow slits in it, near enough to each other to be within the limits of the pupil, will see the line as two lines, crossing each other at the point of perfect vision; and every eye that has the power of adjustment, will make the lines cross in different places, when adjusted to different distances.

With this instrument, Dr. Young made experiments upon several eyes which had been deprived of the crystalline lens; and with all of them found, that the crossing of the lines was seen only at one point; he therefore concludes, that the power of adjustment was lost.

These experiments of Dr. Young led me to reconsider the subject; and it was matter of regret that Benjamin Clerk was not in this country, as making a trial with the optometer on his eye, would have determined, in the most satisfactory manner, whether there had been a fallacy in the former experiments.

This not being in my power, I made inquiry after Henry Miles, upon whom the second experiments were tried; and I had the pleasure to hear, that he was in good health, and that his eyes continued to have very distinct vision, so much so, that he never had occasion to make use of any glasses, from the time the operation had been performed.

With the view of making some experiments on this man's eyes, with Dr. Young's optometer, I procured that instrument from Mr. Cary, the optician, made exactly in the same manner as that which had been executed under Dr. Young's direction. I first, however, tried the experiments upon my own eye; but had the mortification to find myself unable to make the lines cross in two different situations. This led me to try the eyes of several of my friends; who were equally unable to make the lines cross any where, except at one point. Young people, indeed all those under thirty years of age, were capable of varying the place of intersection; but none who were above forty, could produce any change in it.

As I could not doubt of my own eye having the power of varying its adjustment, I was led to believe that the instrument required some address in the management, which I had not acquired; and therefore despaired of making Henry Miles sufficiently master of it, to do justice to my views.

To obviate these difficulties, I adapted the optometer, without the lens, to presbyopic eyes, by making a line 4 feet long, upon strong paper, divided into inches, and having the same slits to look through as in the other. This instrument, and Dr. Young's, I put into the hands of my friend Sir Henry Englefield, with a request that he would examine them, and, when he had become perfectly master of them, and of the best mode of using them, that he would assist me in making experiments with them; for, as he was more in the habit of changing the focus of his eye, in using optical instruments, he would more readily detect the circumstance which prevented me from succeeding in the experiment.

After several trials with this optometer, and seeing its defects, Sir Henry Englefield improved it, by having the paper pasted upon a strong board, 4 feet long, which rendered the surface free from the slightest inequalities; and, instead of a line marked with ink, a thread of black silk was stretched along the middle of the board. With this instrument, he found that his eye could make the lines cross at two different points, at several inches distance from each other. The readiest mode of making the experiment succeed, was first fixing his eye upon some near object, held above and a little on one side of the silk thread, and, when the focus of his eye was adapted to that distance, then to look at the thread; afterwards to look at some distant object, and when that had become very distinct, again to look at the thread. Upon trying the instrument with my own eye, in this way, I found the crossing of the lines changed in its situation, with every change of adjustment; and, after being accustomed to make this experiment, I was enabled to produce a similar change in the optometer with the lens, but by no means in so satisfactory a manner, nor did it last more than an instant; my eye probably not being so well fitted as many others, for experiments of this kind.

The optometer without the lens was hence admitted to be the most easily managed, by the eye of a person unaccustomed to such experiments, and therefore it was determined to make use of it in the trials upon Henry Miles's eye; which we were enabled to do, as his vision was sufficiently distinct without the aid of glasses, and as, from never having used them, he saw much better with his naked eye.

The following experiments were made with the optometer without the lens, on the 27th of August, 1801.

The first trials were upon Sir Henry Englefield's eye; which, being most familiar with the use of the instrument, became a standard with which the others might be compared.

Sir Henry Englefield's eye made the lines to intersect each other at 12-1/4 inches, as the near distance; and at 28-1/2 inches, as the furthest distance. The experiment was repeated several different times, and the results were very nearly the same.

My own eye made the lines intersect at 12-1/2 inches, as the near distance; and at 29-1/2 inches, as the furthest distance.

A man servant of Sir Henry Englefield's, twenty-five years of age, made the lines intersect at 12 inches, and at 31-1/2 inches.

Henry Miles, fifty years of age, whose eye had been deprived of the crystalline lens for three years, made the lines intersect at 8-3/10 inches, as the near distance; and at 13-3/10, as the furthest distance.

This experiment was repeated two different times in the forenoon, with the same result, and again in the afternoon, without there being any considerable variation; but, upon trying it again, after the eye had been fatigued, he was unable to make the lines cross nearer than 11-2/8 inches, although he could make them cross at 13-3/10 inches; so that adjusting the eye to a near distance, was more difficult after it had been much used, than before.

Henry Miles was unable, in the optometer with the lens, to produce any change in the crossing of the lines, nor did he see them cross with sufficient distinctness to make us consider it a fair experiment.

The following experiment was made upon Miles's eye, at the suggestion of Sir Henry Englefield, with a view to ascertain in another though less decisive way, whether any change took place in it, when directed from a near object to a more distant one.

A piece of pasteboard in which a black circle, about 1/4 of an inch in diameter, with a dot in the centre, had been described near to its edge, was placed perpendicularly to the horizon, at 5 inches distance from the eye; another piece of pasteboard, with a circle and dot in it, was placed at the distance of 18 inches; the farthest circle was made a little larger than the other, that it might appear equally distinct at the greater distance. When the eye was directed towards these two objects, they appeared upon the same level; and the circumference of the circles, had they been projected on the same perpendicular plane, would have been nearly in contact.

Miles was placed opposite these objects, with his head made steady, and prevented him from moving: he was then told to look at one, till it became very distinct; and, when he had done so, this was removed, and he was directed to look at the other, which did not immediately appear to him with the same distinctness. This was equally the case, whether he looked from the near one to the distant one, or the reverse: the eye did not see the object to which it was so suddenly directed, with the same defined outline as that from which it had been withdrawn.

This man sees best in a strong light; and it was in that light all the experiments were made: he can see very well in any degree of daylight; but his eyes are much fatigued by candlelight. Upon examining the eye attentively, the pupil was rather larger than in perfect eyes; the iris was in a very perfect state; and the cicatrix of the wound, in the inferior part of the cornea, was scarcely visible.

The sight being so good, without the aid of glasses, is not common; and, had not the lenses been extracted in a public hospital, before a number of spectators, some doubts might be entertained whether they had been removed.

From the experiments which have been stated, it appeared to Sir Henry Englefield, that Miles's eye was not deprived of its power of adjustment; and, by whatever circumstances my own judgment might be

deceived, or rendered partial, there was nothing by which his could be biassed, as he could have no object in view, but the promotion of science. His knowledge of optics, and his habit of making experiments, are the best pledges of these having been as accurately performed as the nature of the subject admits of; for, certainly, the sources of fallacy, in optical experiments, are numerous. Those that have been related, to be made with perfect accuracy, should be tried upon the eye of a person skilled in optics, and accustomed to such experiments; and whose eye had been deprived of the crystalline lens, without having received the slightest degree of injury in any of its other parts.

The experiments were instituted in the Isle of Wight, which prevented me from requesting several of my friends to be present at them, whose knowledge of the subject would have made me desirous of their assistance.

Haller mentions the case of a nobleman, from whose eye the crystalline lens had been extracted, who used glasses, and could see with them objects at different distances. As this was an observation made upon a particular friend of his own, and as he refers to Pemberton, who mentions a case of depressed crystalline lens, in which no such effect took place, it is natural to suppose, that he had given considerable attention to the subject; and that, although the experiments he instituted are not mentioned, the opinion was not advanced, without what appeared to him sufficient authority.

Changes in Corneal Astigmatism

The following is an excerpt from "Changes in Corneal Astigmatism" by J.W. Paker, Optical Journal and Review, April 11, 1931, p. 21-22:

The rudest awakening in Optometric science I ever experienced was in watching a radical change in the amount of astigmatism through the ophthalmometer. Patient was a lady, in the thirties, who had been operated on twice for convergent strabismus. Both the internal recti had been cut and indications were that both muscles were either detached or else attached so far back as to be useless.

The left eye, which was the poorer of the two, showed a minimum of 3.00D. of Ast. against the rule, and this amount would actually double for a few seconds and then return to the minimum. This change was evidently due to some action of the oblique muscles and occurred when the eye was directed toward the tube, while there was a slight turning of the head.

The case is of no practical interest except in showing the possibility of corneal astigmatism being functional rather than structural. Another case was that of a lady, also in the thirties, who came to me wearing plus .75 spheres. These were fitted by the assistant to one of the foremost oculists in Kansas. The chief symptom complained of was excessive lachrymation. In this case the ophthalmometer showed .75D. Ast. plus, axis approximately 90, subjectively, plus spheres unacceptable. Also, please note, in the subjective testing, the axis varied markedly and .50D. plus cylinders were preferable to .75D.

After six or seven vigorous muscle treatments, the ophthalmometer showed a decrease in Ast. Subjectively, there was no hesitation in finding the axes 75 and 105. The cylinders were cut to .37 and, to my surprise, patient also accepted a 1.25D sphere for each eye. The excessive lachrymation which has been usually attributed to Ast. began to lessen immediately after the second muscle treatment. This seemed significant.

The first case mentioned above belongs to the freak class, and a similar one might not be met with again in years. The second case, however, is typical of several met with in the last few years, and should furnish food for serious thought. More and more, I am convinced that much suffering and many mistakes in refracting are due to failure to give the external muscular system proper attention.

[...apparent digression...]

Excuse the apparent digression, but the point I want to bring out is: That corneal astigmatism does change and often lessens and sometimes disappears after thorough

muscle treatments.

Likewise, the symptoms attributed to refractive errors often vanish after muscular treatments, even though the refractive error remains. In other words, the symptoms may be due to wrong muscular condition and not to the refraction. This will account for some of the "miraculous" cures made by the kind of doctors whose slogan is "throw away your spex."

The following reports and experiments show that the cornea has the capacity to dramatically change its shape over short periods of time. I have included some work on bird corneas, for what it's worth. For the birds studied, corneal change is a regular part of accommodation (focusing). Certainly, in the human eye, the change the cornea during accommodation, if it exists, is very slight. However, the effects may indeed be very significant over time. A better understanding of how the muscles of the human eye affect the cornea could bring us far towards finding cures and determining preventive measures for myopia and astigmatism.

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ACCOMMODATION IN THE LENSLESS EYE-TO WHAT IS IT DUE?

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My attention was first called to this very interesting physiological question by a remarkable case of this kind which occurred in my private practice. On looking over the literature of the subject, I find the question of "accommodation in the lensless eye" still an unsettled one. Leading authorities - Helmholtz, Donders, Mannhardt - on the one hand, asserting that the lensless eye is devoid of accommodation, Donders* declaring that his "*investigations had led him to the conviction, that in aphakia not the slightest degree of accommodative power remains.*" On the other hand, eminent authorities - Förster, Woinow, von Graefe, Loring - contend that accommodation does exist in aphakial eyes, Loring** affirming "that occasionally a considerable, if not a large degree of accommodation may exist, even in a lensless eye."

*Donders, *Accom. and Refrac. of the Eye*, 1864, p. 320.

**Flint, *Physiology of Man*, 1875, vol. v., pp. 110, 111.

Not only have these eminent authorities disagreed on the abstract point "of accommodation, or no accommodation in the lensless eye," but, unfortunately, those who have agreed on one side or the other, do not agree as to how, if present, it is brought about; or how, if not present, it still appears to be present. Undoubtedly the absence of the same or uniform tests accounts for a great deal of this difference of opinion. That some lensless eyes possess the power of adjusting themselves to seeing objects at different distances (call it accommodation, or what you will), with one and the same glass, and that glass held at one distance from the eye, there is no question in my mind whatever. *How* this adjustment or accommodation is brought about is quite a different question.

Besides my own case, I am able, through the courtesy of Dr. Webster, to report a similar case which occurred in his private practice.

CASE 1. Mr. E. C., aged 42, chef. On January 27, 1894, I removed a sclerosed or "black" cataract from his right eye, doing an iridectomy upward at the same time. His vision at time of operation was: R. E. 20/70, L. E. 20/40. Jaeger No. 12 at ten inches R. E., and Jaeger No. 9 at ten inches L. E. Though his vision was this good he could not recognize members of his family or friends on the street, had not worked for five years, and insisted on the operation being done. February 21st, about three and one half weeks after the operation, the ophthalmometer showed astigmatism with the rule 4.50 D, axis 90 + 180 -. April 20th, less than three months after the operation, the ophthalmometer showed absolutely no

astigmatism. V. R. E. 20/10 (Snellen) With + 11.50 D_s. He read Jaeger No. 1 at ten inches with + 15.50 D_s. These glasses were accordingly ordered, + 11.50 D_s for distance, and + 15.50 D. for reading. I saw nothing more of the patient till six months later, October, 1894. The reason for his visit to me at this time was, not because the eyes were not doing well but because he thought he might be "straining" them; as he informed me he had been using his distance glasses all the time, both for distance and reading, having discarded his reading glasses after a few weeks' use. I doubted the truth of his statement at first, never having seen such a case before. On testing his vision I found he could, with + 11.50 D., his distance glass, which I took the precaution to measure and verify, read 20/10 (Snellen); and with the same glass, held at the same distance on nose, he read Jaeger No. 1 from fourteen to eighteen inches. October 8, 1894, I presented the case in person before the New York Ophthalmological Society (before which he kindly consented to go). The members of the society were divided in their opinions as to how the patient was able to accommodate for the near point with his distance glasses on. February 4, 1895, I saw the patient again. He still read Snellen 20/10 -, and with same glass Jaeger No. 1 from eight to twenty-two and one half inches. This was such a remarkable increase in his relative range of accommodation for the near point, that I decided to make a thorough examination of his eye in every respect, accurate measurements of his cornea, and to ascertain, if possible, how such a result could be brought about. I accordingly subjected him to the following tests :

Subjective tests:- 1 (a) Acuteness of vision for distance and near, point, with the distance glasses; (b) same with tipper lid held up ; (c) same with a few drops of cocaine instilled and speculum to hold lids open; (d) adding weak plus or minus glasses to his distant glasses and noting changes in acuteness of vision; (e) to repeat the above tests with the opposing eye uncovered, and with the visual lines converging. 2. Tested his acuteness of vision for a distant point of light (after Donders' method), under the five conditions imposed it) test No. 1.

Objective tests. - 1 (a) Measurement, with the ophthalmometer, of the radius of curvature of the two chief meridians of the cornea at the point where the visual line intersects same; (b) the same measurement five degrees to the outer side of this point, which was close to the apex of the cornea in each of the cases here reported, as the angle alpha was positive and about five degrees in each. 2 (a) With the Placido disc* removed from the cylinder of the ophthalmometer, and with the patient looking five degrees to the inner or nasal side, to note if any changes were made in the relative position and size of the corneal images when the eye changed from looking in the distance to a near point,** *the eye not changing its direction*; (b) the same test with lids held open with a speculum ; (c) with the opposite eye uncovered both of the above tests were repeated. 3. Ophthalmoscopic measurements of the fundus Were made to see if any change in depth occurred when the eye changed from a state of rest to accommodative efforts. 4. The size and shape of the pupil, if clear, or partially filled with membrane, activity, etc., were noted.

* Meyrowitz replaced this with a smaller disc placed back of the arc with the correct numbering and an indicator, so that the axis could be ascertained.

** The distant object at which the patient looked at in this test was the window of a house reflected from a French-plate mirror, which I had fixed on a revolving stand just back of me and facing the patient and window at which the ophthalmometer was placed. The houses reflected by the mirror were about one hundred feet distant, the eye observed being

perfectly relaxed, therefore, when looking at them. The near point was a fine, black dot, 2 mm. in diameter, near the end of a narrow strip of white paper, which I pasted on the end of the tube, turning the strip of paper at a right angle to the tube and letting the end extend far enough to be five degrees from the centre of the tube. I pasted two of these slips on the tube, one to the side, one above. The distance from the end of tube to the observed eye was eight inches.

All of the above tests were repeated with the eye under the influence of a mydriatic.

The results of these tests in my case were: 1. V. R. E. = 20/10 (Snellen), with + 11.50 D_s (1 / 3-1/2). With the same glass, and without moving it on his nose, he read Jaeger No. 1 from eight to twenty-two and one-half inches, holding the type in the usual reading position, that is, slightly below the centre of the glass. he did not tilt his head or the glasses. When the type was held up higher, directly in front of glass, he could not read quite so well as when he held the print a little lower, as the print is held when reading naturally. I repeated this test time and again, and had Dr. M. L. Foster present on two occasions. Holding the lid up with the finger or with speculum made no change in his acuteness of vision whatever, either for distance or near. With the eye scopolamized (1/10 per cent. solution instilled every five minutes for thirty-five minutes, then a wait of one half hour), the distant vision was still 20/10 -, while the relative range for the near point, Jaeger No. 1, was nine to twenty-one inches; his relative range of accommodation for the near point was reduced but two and one half inches. When the left eye was covered in these tests, it was seen to turn in and the pupil to contract for the near point. Leaving the left eye uncovered made no change in any of the tests. A +.50 D. spherical glass added to his distant glass made him see worse for the distance ; with a -.50 D. spherical added he saw the same, while a -.75 D. spherical made him see worse. From this, it would seem that he had accommodative power to the extent .50 D., even for the distance. 2. Having the patient look at a point of light (a portion of lamp flame seen through a round hole, 3 mm. in diameter, in a piece of cardboard) twenty feet distant with his distance glasses on and adding a + 1/263 ((1/26 () - 1/32) made no change in the circle of light, neither did a + 1/160 (.25 D.). A +1/80(.50 D.) elongated the circle of light in the vertical meridian. It took a -1/80 to elongate the circle of light in the horizontal meridian. An effort of accommodation elongated the circle of light in the vertical meridian, just as the +1/80 spherical had done. When the lid was held up with finger, or with speculum, and when the eye was scopolamized, the test with the distant point of light was wholly unsatisfactory and contradictory. With the left eye uncovered and the right converging in the line of light, the tests were about the same as when the left eye was covered.

Objective tests. - 1. The ophthalmometer showed him to have absolutely no astigmatism. The radius of curvature at the point where the visual line intersected the cornea was 8.9 mm.; at the apex 9 mm. When the patient looked five degrees to the inner side of the tube (relative to the eye, the nasal side), just by the end of slip of paper I had pasted on the tube, into the distance; I approximated the images of the mires in the horizontal meridian so that they just touched. Then, without changing the direction of his eye, I had him focus on the black dot on the end of strip of paper. With his greatest effort at accommodation the images overlapped to the extent of one half diopter perhaps. The cornea moved forward a little, too, as was shown by the images getting out of focus, and the instrument had to be pulled slightly away from the eye in order to get them in perfect focus again. Or, if I had him focus on the black dot first and

approximated the images, then let him look in the distance, the images separated slightly and the instrument had to be pushed toward the eye to get it in perfect focus again. Letting the patient look still in the same direction, but turning the arc of the instrument in the vertical meridian, and repeating the above experiments, the results were just reversed; that is, if I approximated the images while he was looking in the distance, then had him focus on the near point, the images separated slightly; but, if the images were approximated while he focused on the near point, and then looked in the distance, they overlapped about one half diopter. The same changes took place when the lids were held open with a speculum, and even when the ciliary muscle was paralyzed with scopolamine. The changes produced in his cornea must, therefore, have been produced by the action of the external muscles of the eye.

2. It was impossible to detect any change in the depth of the fundus of the eye with the ophthalmoscope when the eye changed from a state of rest from looking in the distance with opposite eye to a state of accommodation. The fundus of the eye was normal, with the media perfectly clear. 3. The shape of the pupil is an irregular oval, from the iridectomy, and free from membrane, except a very narrow margin at the edge, though, when I reported him to the New York Ophthalmological Society, and before I had made a critical examination, I had thought there was more membrane present. The transverse diameter of his pupil is 3-1/2 mm., the vertical about 7 mm. (see Fig. 1, A). B., Fig. 1, shows pupil dilated and some remains of membrane at periphery.



FIG. 1.

Case 2. Master W. O. B.,* aged 13. School boy. Dr. Webster saw this patient first in Nov., 1891, when ten years of age, brought to him for double congenital cataract. The patient had already had eight discissions done on the left eye, the first one in Nov., 1890. When Dr. Webster saw him his vision was: R. V. = 20/70, no improvement with glasses. L. V. = 20/100, with + 10 D. November 28, 1891, Dr. Webster did a discission of the membrane in the left eye. January 19, 1892, L. V. = 20/70 with 13 D.

* This case, a private patient of Dr. Webster's, has been reported by him in a series of cases as: *A Case of Congenital Cataract, both Lenses Removed by Operation, Arch. Pediatrics*, New York, Nov., 1893, p. 432.

"As the patient saw with the right eye about as well without a glass as he saw with the left with one, I concluded that he might as well go about without glasses for distant vision, and I gave him for reading, Right, plain glass. Left, +16 D.

"March 14, 1893. - The patient returned for further advice, and I found he was wearing the glasses all the time, which I had prescribed for reading only. On testing him I was surprised to find that with his left eye, with his glass, +16 D. he had Vision 20/20, while with the same glass he read Jaeger No. 1, at fourteen

inches easily. This looked as though his aphakial eye still retained its power of accommodation."

Subsequently the right lens was removed by discission and *linear incision*, but no accommodation was observed, though his vision with a +13 D. was 20/50. I saw this patient first, March 16, 1895, and subjected him to the same tests as in my own case, with the following results: 1. V. R. E. - 20/300, with +13 D. V. L. E. 20/20 -, with +16 D. Jaeger No. 8, at ten inches, right; Jaeger No. 1, from ten to eighteen inches, left, with his distance glass, not moving it, and looking directly through its centre. His accommodation for the near point for the left eye had increased to ten inches from fourteen inches, since Dr. Webster saw him two years previously. His right eye, however, not only had no accommodative power for near point, but distant vision in it had decreased from 20/50 to 20/200, due to a membrane filling pupil. Holding the lid up with the finger, or with speculum, or even paralyzing the left eye with scopolamine did not change his vision for the distance or near point, he still seeing 20/20 - in distance, and Jaeger No. 1. ten to eighteen inches for the near point, but not quite so easily as before. With the right eye uncovered he could read more easily, but no better. Both + and - .50 D. spherical glasses added to his distant glass, made him see worse in the distance, especially the - .50 D. 2. Looking at a distant point of light and adding a +1/263 or -1/263 to his distance glass had no effect, neither was he positive of a change in the circle of light with a + or a - 1/160 (.25 D.). A + 1/80 (.50 D.) elongated the circle of light into a vertical oval. A - 1/80 (.50 D.) elongated the circle of light into a horizontal oval. An effort at accommodation elongated the circle of light slightly in the vertical meridian. Holding the upper lid up had but little effect in this test, but when the eye was under the mydriatic action of scopolamine, the tests for point of light were unsatisfactory.

Objective tests. - 1. The ophthalmometer showed left eye to have astigmatism with the rule, 3 D. axis 65 + 155 -. The radius of curvature of the meridian at 155 was 8.5 mm., at 65 it was 7.9 mm. At the apex of the cornea the radius of curvature of the meridian at 155 was 8.5 mm., at 65 it was 7.85 mm. When this patient looked in the distance then focussed for the black dot on the end of paper, under the same conditions as in Case No. 1, there was absolutely no change in the relative positions or size of the corneal images. Furthermore, the images of the mires remained in perfect focus, showing that the cornea had not moved forward or backward. Leaving the right eye covered or uncovered made no difference in the tests. 2. The ophthalmoscopic examination was the same as in Case No. 1 - negative, except to show that the fundus of the eye was normal and media clear. 3. Pupil circular (perhaps slightly oblong in the vertical meridian), active, 3-1/2 mm. in diameter, but considerably incroached upon at the inner side by a crescentic band of membrane, giving it somewhat the character of a stenopæic slit. This slit was 2 mm. wide and 3-1/2 mm. long, and was crossed by two very fine threads of membrane, horizontally (see Fig. 2, A). When the pupil was widely dilated it was filled up entirely by a dense membrane, except the small central opening already described (see Fig. 2, A'.)

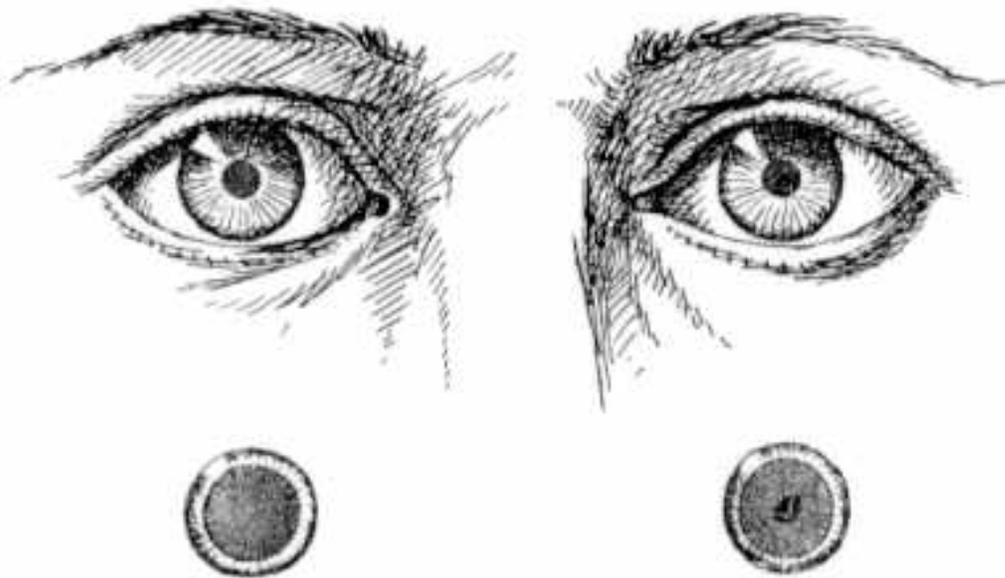


FIG. 2.

Such is the report of the two cases. The question, "*How* was the accommodation brought about in these cases?" presents itself for consideration. Before giving my own views, I wish, first, briefly, to present the views of some former writers on the subject. Ramsden and Horne* were among the first to examine aphakic eyes for accommodation. They were of the opinion that the accommodative power present in such cases was due to the cornea becoming more curved and moving forward at the same time. Thomas Young ** did not believe there was any accommodation left in the lensless eye, but was only tolerably well satisfied with his tests in proving its absence. Von Graefe *** was of the opinion that the aphakic eye retained some accommodative power. Helmholtz and Donders were quite positive that the lensless eye retained no accommodative power, and Donders **** declared himself very forcibly in his text-book on this subject, claiming that not trace of accommodative power remained in such cases. And later, in Graefe's Arch. of Ophthal., xix., p. 63, he still holds to this view. I do not consider Donders' tests, however, as conclusive, as the two which he based his conclusions on mainly were both subjective. To wit: 1. That an aphakic eye when accurately fitted for a distant point of light will see it as a circle, and where the patient makes the greatest accommodative efforts the shape of the light is not changed, but is only made smaller concentrically, due to a contraction of the iris; on the other hand, when a weak plus or minus glass (1/300) is placed before the eye, with its proper correction on, the circle of light is converted into a vertical or a horizontal oval. 2. That the acuteness of vision, with the distant-glass on, should be the same in a certain or stated interval, *e.g.*, 1/2 for distance and 1/2 for some near point. By these two requirements of Donders, then, both of my cases had accommodative power left; for, as regards the first requirement, both, by accommodative effort, could convert the distant circle of light into a vertical oval. Furthermore, in each case it took as strong a glass as +1/80 to produce a like effect, and -1/80 to convert the circle into a horizontal oval (see test No. 2 above in each case). As to his second requirement: Case I. read with the same glass, + 11.50 D., Snellen X. at twenty feet, V. at ten feet, and Jaeger No. 1 at eight inches. Case II. read with the same glass, + 16. D., Snellen XX. at twenty feet, X. at ten feet, and Jaeger No. 1 at ten inches. Another case, reported by Dr. Silex, which will be referred to again, complied with both of Donders' requirements, so that it may be taken as proven that Donders' tests were wholly inadequate to decide the question at issue.

* Cited in *Graefe-Samisch Augenheilk., Path.Therap.*, vol. v., p. 443

** Cited in *Graefe-Samisch Augenheilk., Path.Therap.*, vol. v., p. 444

*** *Loc. cit.*, p. 444. Also original article, *Graefe's Arch. f. Ophthal.*, Bd. II., Abth. i., p. 188. **** *Donders' Accom. and Refrac. of the Eye*, p. 320.

In 1872 Professor Förster,* of Breslau, reported a series of twenty-two cases of apparent accommodation in aphakial eyes. They ranged in age from 11 to 74 years, the younger patients having more accommodative power than the older ones. His experiments were not decisive, however, as he did not leave the distance glasses on when he tested for the near point. Förster was of the opinion that the accommodative power present in these cases was due to the cornea becoming more curved. This was more or less of an assumption on his part, as he did not make the proper objective tests to prove his statement. However, that the curve of the cornea can be changed, by accommodative effort, to a slight extent at least, in the lensless eye, is shown by my case. In the normal eye the change in curvature of the cornea, by accommodative effort, is some cases very marked. The most marked case of this kind that I have seen occurred in the person of Dr. C. H. Johnson, a former House-surgeon at the Manhattan Eye and Ear Hospital. The ophthalmometer showed him to have ordinarily an astigmatism .50 D. ax. 90+ 180-, both eyes. He could, however, without in any way changing the direction of his eye, voluntarily, by efforts at accommodation, change this in the right eye to 2 D., and in the left to 1.50 D. he was able to do this while the upper lid was held up with the finger, showing that it was not due to lid-pressure. He did this many times, and the same change was observed by a number of the staff at the hospital. Desiring to know if this change was due to the action of the ciliary muscle or to that of the external muscles of the eye, I wrote to Dr. J. M. Ray of Louisville, where Dr. Johnson now resides, to put Dr. Johnson's eyes under the influence of a mydriatic (the doctor permitting), and in that way eliminate the question of the ciliary muscle. I give his report:

**Klin. Monatsbl. f. Augenheilk.*, Erlangen, 1872, B.X., p. 39 *et seq.*

V.R.E. = 20/20; V.L.E. = 20/20. Ophthalmometer shows astigmatism with the rule .50 D. ax. 70 + 160 - Rt. ; 90 + 180 - Lt. "When he made an effort at accommodation without changing the direction of his eye, the astigmatism can be seen to go up to 2 D. in Rt., and 1.50 D. in Lt. Scopolamine, four instillations of 1/2 per cent. solution, apparently paralyzed accommodation. Then with the ophthalmometer the astigmatism still seems to increase in the right eye to 1.50 D., and in the left to 1. D."

From this it appears that, in Dr. Johnson's case at least, the change in the curve of the cornea is brought about mainly by the external muscles of the eye, as the influence of the lids and ciliary muscle was eliminated. Again, in my case, the external muscles must have caused the slight change which took place in the cornea, as when his eye was under the influence of a mydriatic the change could still be observed.

Woinow* reported a series of eleven cases of accommodation in the lensless eye in 1873. The patients ranged in age from 12 to 60 years. The fault in the tests of Woinow's cases consisted in the fact that he took the relative range of accommodation for the near point only. This relative range was comparatively small, amounting in no case to more than six inches (see *loc. cit.*, p. 116), and averaged on the whole about 1/20. He failed also to make adequate objective tests, and in closing his paper acknowledges he can

give no positive answer as to the cause of accommodation in aphakial eyes, but believes it was due to three factors: 1. To the anterior surface of the vitreous becoming convex after the lens is removed, and in that way acting as a plus lens, 2. To the action of the ciliary muscle and a change in the depth of fundus from that action. 3. Action on the globe of the eye of the external muscles. He thought, also, that a change in the curvature of cornea [might be a factor, but finally eliminated that.

**Arch. f. Ophthalm.*, Berlin, 1873, Bd. xix, p. 107 *et seq.*

As to his first factor, that the anterior surface of the vitreous became more convex after the lens was removed (which he discovered in two cases by a weak image reflected from it in the upright position), and in that way acted as a plus lens to converge rays of light, I think he is mistaken. This simply from the fact that the index of refraction of the cornea, aqueous and vitreous, is the same for each, and, consequently, as pointed out by Donders,* "we have in the aphakial eye only one refracting surface to take into account, namely, the anterior surface of the cornea," As to his second factor, I believe the ciliary muscle has but little effect on the depth of the eye. I am brought to this conclusion because, when the ciliary muscle was paralyzed in the two cases that are reported by me, the accommodation remained exactly the same in one as before the mydriate was used, and was reduced but about two inches in the other. Furthermore, he states in his own paper that a quota of accommodation remains in such eyes after they have been atropinized, *e.g.*, where it was 1/28 before using atropine, after using it the accommodation was 1/40. As to the third factor, I believe the action of the external muscles do have some slight effect in changing the length of the eye in aphakia, but very little, if we can judge from my first case. In the normal eye they may have more effect, as shown in Dr. Johnson's case.

*Donders, *Accom. and Refrac. of the Eye*, p. 310.

Loring reported a remarkable case of accommodation in the lensless eye to the New York Ophthalmological Society, April, 1879, and the same case to the American Ophthalmological Society in 1870. He later reported the same case at length for Flint's *Physiology of Man*, p: 110 *et seq.* Roosa quotes the case in full in his text-book, *A Clinical Manual of Diseases of the Eye*, p. 57.

Loring's case occurred in the person of a young woman, 18 years of age, who had had both lenses removed by discission five years previous to his seeing her. "The pupils were round, free from membrane and active. With + 1 / 3 1/2, the patient read with either eye fluently Snellen XXX. and was able, with both eyes, to pick out most of the letters of XX. at twenty feet. She could read No. X. at ten feet, and No. V. at five feet. With the same glass, and with no change of position on the nose, she read No. 1 1/2 Snellen fluently, holding the book naturally at twelve inches, which was about the distance at which she usually read. The book was then gradually withdrawn, the patient reading aloud while this was done. It was found that twenty-one and a half inches was the greatest distance at which No. 1 1/2 Snellen could be read. She read No. 1 Jaeger at twenty inches. The book was then advanced inch by inch, the patient reading aloud, till the book was within five inches of the eye. Inside of this reading was impossible. These experinients were tried over and over again by myself, and were finally repeated in the presence of a brother oculist. This would give the patient an adaptability of the eye for different distances from twenty feet (or parallel rays) to five inches; or, in other words, an accommodation of 1/5 (A=1/5), and a relative

accommodation for the very finest print from twenty inches to five ($A = 1 / 6 - 1/2$)."

Loring also cites the papers of Förster, and Woinow, already quoted in this paper; also a paper by Arlt* in which is reported the case of a young man who had after cataract extraction a marked amount of accommodation left. "With convex $1 / 3 - 1/2$, could read both at six and at twenty-four inches, and could recognize the hands of a steeple-clock, at a distance of more than five hundred paces, with the same glasses: but, as neither the size of the print nor that of the clock is given, no accurate calculations can be drawn from the case." Commenting on his own case Loring says: "The case observed by me would then appear to be the first - as it is certainly the most remarkable - subjected to the recognized standard test of vision."

Die Krankheiten des Auges, Prag., 1858, bd. ii., S. 348.

Unfortunately even with the report of so remarkable a case, Loring, like all before him, failed to make adequate objective tests, and so left the question of accommodation in the lensless eye unsettled. His patient promised to return to have these further tests made, but failed to do so. Loring's remark (through no fault of his own, however,) on Woinow's and Förster's failure to make the proper objective tests applies with equal force to himself, e.g., "It is to be regretted, and it certainly appears a little strange, that in neither Förster's nor Woinow's cases, was either the optometer or ophthalmoscope used in the elucidation of this problem." Withal, however, he was of the opinion, "that occasionally a considerable, if not a large degree of accommodation may exist, even in the lensless eye."

Dr. Paul Silex's* paper "On the Question of Accommodation in the Aphakial Eye," in 1889, is the latest contribution on this subject with which I am acquainted. Some cases observed in the Berlin eye clinic induced him to make a careful examination into the subject.

*Knapp's *Arch. Ophthalm.*, vol xviii., p. 274: translated by H. Knapp.

The most marked case occurred in a boy, aged 14, who had had a cataract removed five years previously by repeated dissections. This patient complied with both of Donder's requirements, that is, his acuteness of vision was the same in a given interval, e.g., distant vision was $6/12 = 1/2$, and his near vision was $25/50 = 1/2$. And as to the slight point test Silex observes that it was just the reverse in this case. When he had glasses of slight value added to his distance glass the patient gave contradictory answers, but efforts at accommodation on the intersection of two fine threads near at hand, and in the line of vision of the observed eye for the distant point of light, changed the light into a vertical oval. Silex did not depend on these two requirements, but made objective tests with the ophthalmometer. I must confess, however, that I do not understand his method of testing with that instrument. He says: "The patient left his glasses on, as without them his fixation would have been unsteady. He had to look alternately at the tube of the instrument and at small printed pieces of paper held at reading distance from his eye a little down and in. In spite of the eighteen reflected images of the lamps, it was easy to distinguish those belonging to the cornea. The pupil contracted on convergence, the boy alleged to recognize the letters clearly, but the relative position of the images did not change."

First, I do not understand how the cornea was measured when the patient "kept his spectacles on." I have never seen it done, but perhaps I am unfortunate in that respect. It seems to me, too, that eighteen reflected images would be a little confusing, and make it anything but easy to distinguish those belonging to the cornea. Second, he says, "the relative position of the images did not change," and this, though the patient first looked at the tube then a little down and in at printed pieces of paper. This is wholly contrary to my experience with the use of the instrument. My experience has been that the least change in the direction of the eye changes the relative position of the corneal images. In fact, one of the chief precautions laid down as a guide in the use of the instrument, is that the observed eye shall look *steadily* at the centre of the tube; the least change from this, as a rule, causes a change in the relative position of the corneal images. By a change of direction of the eye of five degrees from the centre of the tube, I have a change of as much as one diopter in the amount of astigmatism; and for ten degrees, as much as two diopters. How far the doctor means by "a little down and in," I do not know, but, if as much as ten degrees, he certainly measured different points on the cornea, and his test would not hold. His conclusions from the tests were, "that the aphakial eye was devoid of accommodation," and the ability to read at near point in these cases was due in the main, "to the unusual faculty of certain ametropes to overcome dispersion circles."

My own conclusion, from studying the history of the subject, and from the careful and complete tests made in the two cases here reported, is, *That the accommodation present in the lensless eye is due chiefly if not solely to the ability of the patient in such cases, to interpret dispersion circles.* The slight change in curvature of the cornea, and its slight advancement observed in some cases, may, in those cases account for some of the accommodative power present, but it is such a small factor that it may be eliminated entirely, especially since in some of the most marked cases of accommodation in aphakial eyes no such changes have been observed. How the change in the curvature of the cornea and its advancement are brought about, have been discussed in this paper already.

Although, as Loring says, "It would seem impossible that the ability to read the finest print at five inches (which was done in his case), even taking into consideration the magnifying power of the glass, could be due to the overcoming of the circles of dispersion," yet I believe such to be the case, and for the following reasons: First, to the great increase in size of the retinal images by the removal of the crystalline lens and replacing it with a lens in front of the eye. By this procedure the united nodal point is removed forward, and this, with the magnifying power of the glass in front of the eye, greatly increases in size the retinal images. Donders* has shown by calculation, that a convex lens of three inch focus, placed one half inch (usual distance) in front of the eye increases the retinal images in size one and one third times. By this one factor alone, then, the images of Jaeger No. 1. would be increased in size until they equalled (for the unoperated eye) Jaeger No. 2 or a little larger. Second, to the narrowing of the pupil. Where no iridectomy is done, this is due to the contraction of the iris as the result of convergence and an effort at accommodation; where an iridectomy is done to a partial filling up of the pupil by membrane, except a central opening. It is a well known fact that if the pupil is narrowed from any cause such narrowing acts as a diaphragm to cut off the peripheral rays of light entering the eye, and serves in this way to lessen the dispersion circles. Third, to the extraordinary acuteness of vision sometimes present after cataract extractions, *e.g.*, as happened in my case, where it was 20/10, double the ordinary acuteness of vision. I believe this fact contributed largely to the power of interpretation present in this case; for he had an

iridectomy and a clear pupil. Fourth, in some cases, to the patient not looking directly through the centre of the glass, but slightly outside of the centre, either by tilting the glasses, tilting his head, or not holding the reading matter directly in front of him. In my opinion, this fourth factor - in effect, a slight tilting of the strong plus glasses - assists the individual in interpreting dispersion circles chiefly by neutralizing the monochromatic aberration present in such cases. This is a point which no writer has hitherto called attention to in discussing this subject. Wm. Harkness* has shown that, "with a pupil four millimetres in diameter, the normal cornea produces monochromatic aberration to the extent of 1/33: and as there is no confusion of images in the normal eye, it seems probable that the crystalline lens exerts some compensating action. This suspicion is strengthened by the well-known fact that in aphakia, the acuteness of vision is nearly always improved by giving a certain inclination to the powerful convex glasses which are then necessary." Furthermore, this very fact of monochromatic aberration in the lensless eye, to my mind renders Donders' Light-point test more or less unreliable.

In conclusion, I might say that I believe this question of accommodation in the lensless eye would have been settled long ago had the proper objective tests been made. From one cause or another, not a single observer made all the tests necessary to settle the question, except for himself, and some did not succeed even in doing that. In fact, all of them together failed to make the requisite number of tests. Dr. Silex came nearer to it than any who had gone before, but he failed in one most essential feature, and that was to atropinize his subjects. Besides his one objective test was open to serious objections in its *technique*. Most of the observers were content to rest the case on mere assumptions and subjective tests. Even that most careful of observers, Donders, fell into this error; so that, the quotation he once applied to Wharton Jones and Wilde, in regard to their assertion, "that the radius of curvature of the cornea was shorter in the vertical meridian than in the horizontal," before they had proved it (even questioning if they should receive credit for their observation), can be equally as well applied to himself, and others along with him who had the same opinion in regard to accommodation in the lensless eye. The quotation was, "We see that in science also the quotation is sometimes applicable, that '*audaces fortuna juvat*.'"

They were right, I believe in their assumption, but failing to bring *sufficient* evidence to prove it, still left the question of accommodation in the lensless eye and its cause *sub judice*.

* Knapp's *Arch. Ophthalm.*, vol. xii., p. 18.

** Donders, *Accommodation and Refraction of the Eye*, p. 543.

A Cybernetic Model of Accommodation



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ABSTRACT

Over the past fifteen years we have evaluated numerous models of accommodation. Our task is to clarify these models by designing an automatically focused camera, with major emphasis of the capability of the retina to sense blur and feed this information back to the eye's lens for accurate focal adjustment.

Depth-of-field, or dead-band, poses a significant obstacle for the designer of an automatically focused camera. Our approach is to use noise to provide a scanning, or dither motion so that the lens will spend 80 percent of its time in sharp focus. Retina detection of blur can be simulated by a Charge Coupled Device (CCD), designed to produce a null when sharpest focus is achieved. The nature of blank-field accommodation is judged, and a prediction made about its long-term behavior.

INTRODUCTION

This paper's objective is to clarify the predictions that are implied in earlier block diagrams of the accommodation system. The diagrams do not provide active outputs which can be compared directly with the experimental data. The actual building of a working model from a block-diagram concept is challenging and will define, after review, the behavior of the normal system.

Thus, for instance, the noise that is seen in the system is not a defect, but rather is an essential design

requirement of a system that has dead-band. A scanning signal must be present if the system is to maintain accurate focal control. Other capabilities of this system, such as blank-field accommodation are part of the design, and are included in this model. The available measurements confirm most of the analog computer's predictions for the eye's dynamic focal control.

THE EYE AS A FOCAL CONTROL SYSTEM

Light rays from objects travel through the cornea, lens and ultimately arrive at the retina. At the retina they form a blur-circle which varies in size. The lens control system must act to drive the lens-plant towards the null (or in-focus) condition.

THE ORIGIN OF DEAD-BAND, OR DEPTH-OF-FOCUS

Optically, all eyes have dead-band. Dead-band varies, and is inversely proportional to the size of the aperture. The eye's dead-band in day-light is approximately ± 0.6 diopters, and at night, ± 0.3 diopters. Dead-band occurs because the lens of the eye can be varied in power without any detectable change in the sharpness of the image at the surface of the retina. [1]

A source point of light will produce a blur-circle on the retina. When this circle is larger than the retina cones, several cones "fire" producing multiple outputs. As the blur circle is focused to a point of light, only one cone will fire, producing a null. This null will exist throughout the dead-band. Because of this physical characteristic of the eye, a design-around of the control-system must be accomplished to deal with it, if the system is to maintain continuous sharp focus on the retina. Dead-band is schematically shown in Figure 1 and 2.

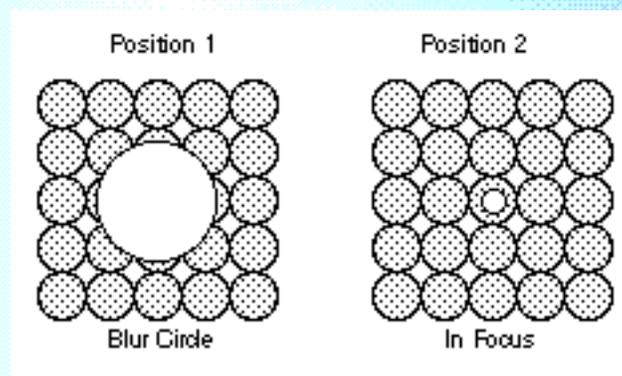


Figure 1: Shows how an expanding "disk of light" or blur circle falls on a wider area of neurons when the lens is moved towards and away from the retina. When the disk is smaller than the diameter of a neuron, only one neuron is triggered. This depth-of-field is approximately ± 0.6 diopters.

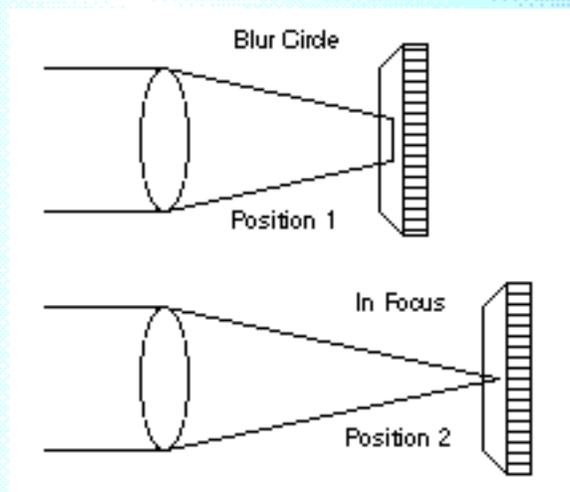


Figure 2: Demonstrates how lens motion relative to the retina creates variously a "disk-of-light", or blur circle. For a certain range of motion, no blur is produced on the surface of the retina.

A FOCUS NETWORK

The basic concept of a null-seeking network and system is that a cone/neuron will turn-on when struck by a photon of light. The output of the network depends only on the presence of light or no-light, and not on its intensity. A Charge Coupled Device (CCD) could be developed as an analog of this retina characteristic. [2] (A comparator amplifier, following the cone can be used to accomplish this conversion of an analog signal to a on-off level.) Figure 3.

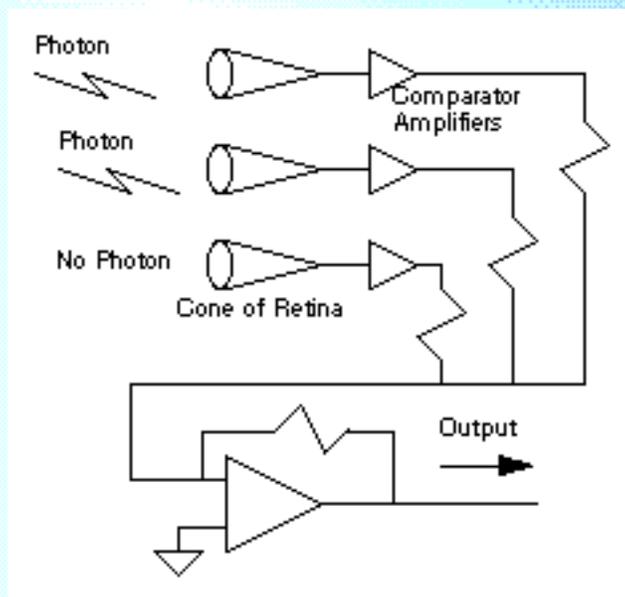


Figure 3: Demonstrates how an "artificial retina" can be designed to sense blur. While the retina probably uses a more sophisticated method of determining blur, an auto-focus camera could be designed and would work using this basic blur detection strategy.

THE SUMMATION OF NEURONS

When the signal blooms from being out-of-focus (positive or negative), more cones will detect photons, and the summations of neuron firing increases. This action produces an increase in output voltage, as the image goes out-of-focus. Figure 4. Lens control can occur only after the blur-circle strikes additional cones.

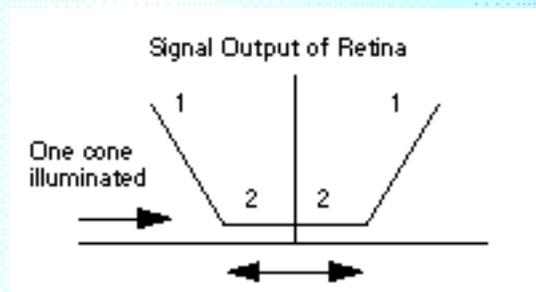


Figure 4: This figure demonstrates the nature of the signal produced by the artificial retina. Through the area of dead-band, the signal is constant. When the blur-circle begins to exceed the edge of the dead-band, a rising signal is produced.

THE OUTPUT OF THE OPERATIONAL AMPLIFIER

The retina senses the increasing voltage which is used by the control system (in combination with a dither signal) to produce a null-seeking action. The dither, or noise will -- on the average -- center the lens in the middle of the dead-band. This system will produce sharp focus for perhaps 80 percent of this time when the eye is viewing an object. Obviously, we are not objectively aware of the short excursions that occur when the lens exceeds the edge of the dead-band as the system scans the range of sharpest focus. Figure 5.

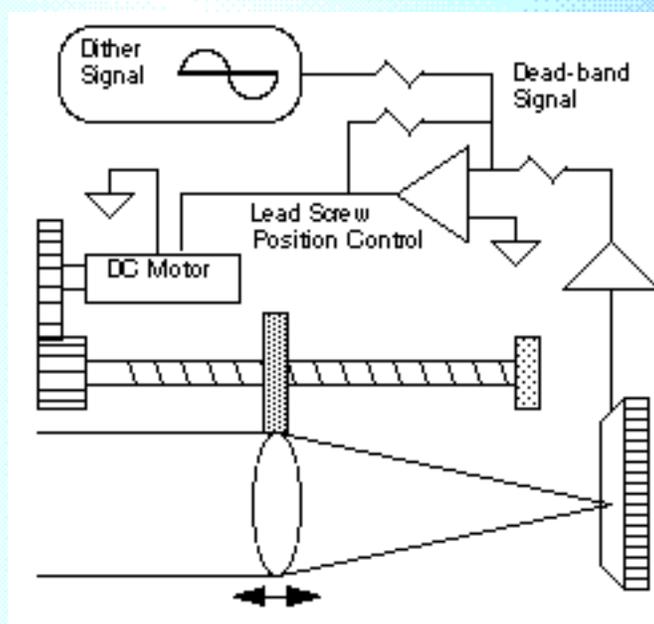


Figure 5: This diagram shows how the accommodation system behaves in actual operation. Since blur cannot be detected when the lens is inside the dead-band the focal state of the lens will "drift" until it exceed the edge of the dead-band. The system must use negative feedback to "kick" the lens towards and

into the dead-band. This type of motion is seen with an infrared optometer.

CONSTANT DITHER IN THE LENS SIGNAL

To center the lens, continual lens motion must be induced in the system. This can be accomplished by a sine-sweep, dither, or some other noise-type of signal. In the case of the eye, random motion (noise - from 0.25 to 4 hertz) is seen in lens motion -- as measured by an infrared optometer. [3,4] The need for this type of signal should be obvious to most control-system designers, where static friction or dead-band exist in the control system.

IMPLEMENTATION OF A RETINA-LENS AUTOMATIC CONTROL SYSTEM

The full implementation of the control system requires some mechanical changes in the "plant" to simulate the eye's behavior. The manner in which the muscles support the eye's lens has been discussed in many other texts and dissertations. [5]

Because of a need for high focal accuracy we cannot build a sphincter-muscle-lens system. We can, however, build a "plant" that will accomplish the same result. For this model, we show a lead-screw that is driven by a Direct Current (DC) motor. Thus by high-gain amplification of the output of the retina, and by lead-screw adjustment of the lens, we can insure that the lens is always servoed to the output of the retina for continuous focal adjustment. Figure 6.

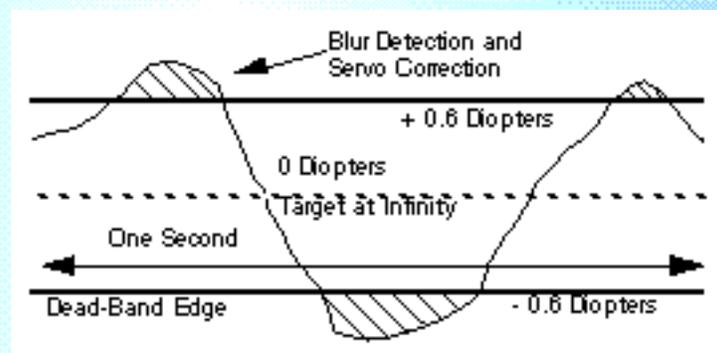


Figure 6: This model of an auto-focus camera shows how the signal derived from the surface of the retina is used to control the positioning of the lens relative to the retina. While more difficult to design, the lens power could be changed by using the lead-screw to change the power of the lens -- rather than the position of the lens. The control-system would behave in the same manner in either case.

The lead-screw will constantly change the focal position of the lens and the sharpness of focus on the retina. This type of signal is seen in the human eye, and is a normal condition. The continual motion of the lens will cause the retina to provide a changing signal. Proper use of this signal insures that the lens is within the dead- band most of the time. The net result of this control-action is a signal almost identical to

the neurological signal seen when the output of an infrared optometer is recorded on a strip-chart recorder. [4] A graphic sketch is shown in Figure 5.

A BLOCK DIAGRAM OF THE SYSTEM

The complete block diagram of the retina-lens system that captures the basic accommodation characteristic has been previously published. See Figure 7 [6] The action of the model is such that when the eye is looking at infinity (zero diopters) visual environment, the lens will oscillate between ± 0.6 diopters, as long as the individual looks at infinity.

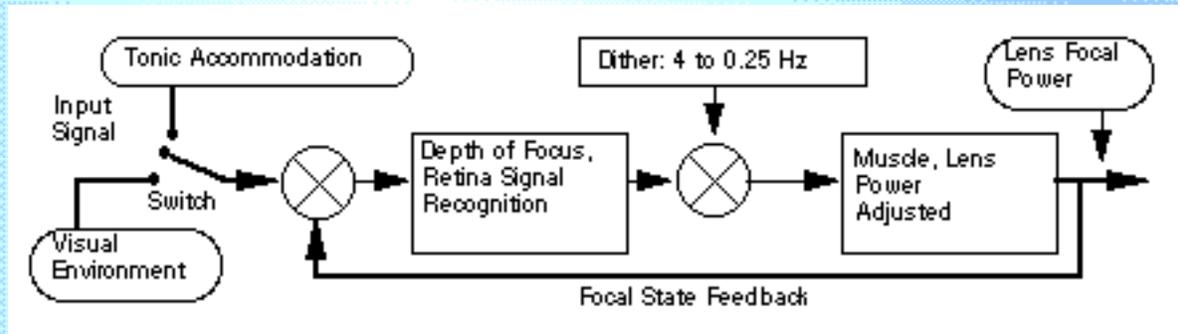


Figure 7: This diagram shows the basic building signal processing blocks of the accommodation system. The model produces an output (lens power) that is almost identical to the measurements made with an infrared optometer.

When the object is moved closer, say to -3.0 diopters, the lens of the eye will change by $+3.0$ and then oscillate by ± 0.6 diopters. Thus we have designed a visual control system that continuously monitors and tracks its visual environment. This model is consistent with other proposed dynamic models for the eye.

ANALOG COMPUTER IMPLEMENTATION OF THE BLOCK DIAGRAM

Our next step is to convert the block diagram into an analog computer and to compare the output with the response as seen by an infrared optometer. A major feature of the model is the requirement that the system must have a stand-by, or reference position when blur cannot be detected. A control system will typically drift into the stops, unless a reference signal is supplied. This simulation is accomplished by a switch which selects a -1.0 volt level when the eye is in "conscious darkness", or if blur cannot be detected. A typical value for the dark focus of the normal eye is -1.0 Diopters. [3] Figure 8.

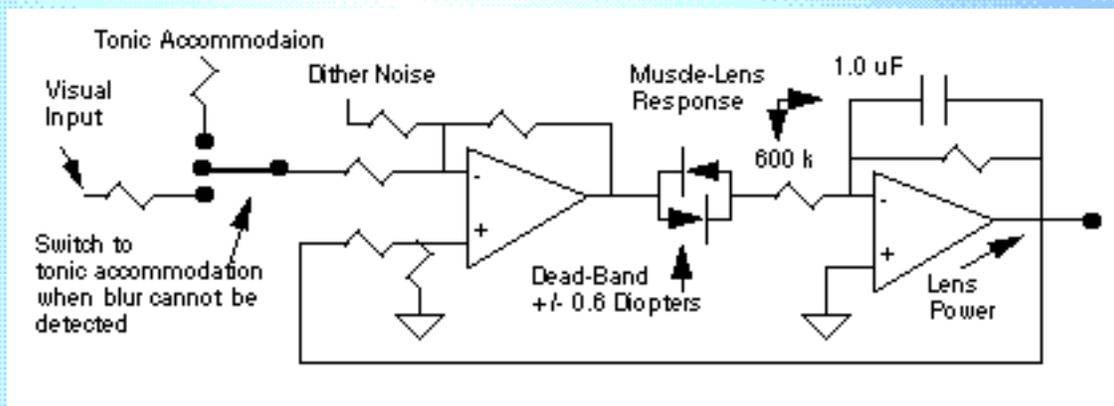


Figure 8: This diagram shows the implementation of the various accommodation blocks into a design that will work to effectively control the lens power of the eye.

FUTURE ENHANCEMENTS

The above presentation is a simplified version of accommodation. In future model enhancements, we will incorporate a tonic accommodation amplifier which will show that tonic accommodation will track the average value of accommodation. This response has been suggested in a previous study. [3] We can also expect that the tonic accommodation system will show a time-constant response of approximately 100 days. [7]

CONCLUSIONS

Previous models of accommodation have restricted their attention to the muscles that surround the lens of the eye. This model concentrates on the image processing and feedback control that must occur at the surface of the retina.

ACKNOWLEDGMENT

We acknowledge the long-term assistance of Dr. Karel Montor, The United States Naval Academy, and Dr. David Guyton, Professor of Ophthalmology, The Wilmer Institute. Their commitment to the development of new concepts, and their concern for the welfare of others, has been an inspiration to all of us. The development of this paper would have been impossible without their dedicated support.

CYBERNETICS: [From Gr, kybernetes, steersman, governor.] Comparative study of the control system formed by the nervous system and brain and mechanical-electrical communication systems, such as computing machines.

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Strabismus surgery -- what are the alternatives

This was taken from sci.med.vision. Each post is basically unedited, except for some deletions of quoted material which would have been redundant. Some remarks of mine are added, too. I offer this as an example of the kind of runaround you get when you try to get honest answers about treatment for vision. --Alex

From sci.med.vision Tue Oct 10 20:29:41 1995

Path:

usenet.ucs.indiana.edu!vixen.cso.uiuc.edu!howland.reston.ans.net!news.sprintlink.net!news.seanet.com!andercoe.seanet.com!andercoe

From: andercoe@andercoe.seanet.com (John M. Anderson)

Newsgroups: sci.med.vision

Subject: Advice needed on strabismus surgery

Date: Sun, 1 Oct 1995 00:02:46 GMT

Our 2 year old daughter has strabismus. Two pediatric ophthalmologists have recommended eye surgery to straighten her eyes. They have also told us that if we wait too long to have the problem corrected, her eyes may never fuse.

Does anyone have any information on how often this surgery is successful, what problems can occur, and what alternatives there are. Are eye exercises or other non-surgical techniques successful? Is the surgery likely to help her eyes fuse or is more cosmetic? Is waiting longer a waste of time? Does it reduce the chances that her eyes will ever fuse?

In general, I trust the ophthalmologists, but there are so many surgical procedures (hysterectomies, heart bypasses, etc.) that are now viewed as being performed too frequently, that I'm concerned surgery for strabismus might someday be viewed the same way.

Some more background on our daughter's case.

Our daughter did not have any obvious eye problems until March of this year. In March she developed a minor cold. Shortly after the cold, her left eye would not turn out past center. After consulting with a neurologist and an ophthalmologist and having an MRI to rule out any more serious cause, her condition was diagnosed as 6th nerve palsy. Even though the palsy effected her left eye, her right eye started wandering and often crossed in. She clearly favored her left eye. Over the course of two months, the palsy disappeared and she could turn her left eye all the way out. Nonetheless, her tendency to cross her right eye continued. The ophthalmologist said she was probably far sighted and the palsy had caused her to stop fusing. We tried patching the left eye, but she still favored the left eye and wouldn't fuse. She was given glasses, which helped but she still favored the left eye and rarely fused. Then they tried a 15 degree prism on the left lense to blur her vision in her left eye so she would use the right one. This helped quite a bit. With the prism on, she would frequently use both eyes together. When they reduced the prism to 10 degrees, hoping to slowly wean her from the prism, her eyes stop fusing.

Now it has been roughly 6 months since the problem began and there hasn't been any improvement for the last month. Her ophthalmologist feels the time

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has come for surgery. We got a second opinion from another pediatric ophthalmologist who agreed with the first one.

We appreciate any advice anyone has.

John Anderson
Judy Coe
andercoe@seanet.com

Run immediately for a second opinion of a behavioral optometrist! We have twice to three times the success rates without surgery!!!!

Please E-mail me where you are in the country and I will give you a name of someone to get a second (sounds like a third actually) opinion.

Surgery should be the final option after you have exhausted all others!

Paul Harris O.D., F.C.O.V.D., F.A.C.B.O.
Director, Baltimore Academy for Behavioral Optometry

Paul-

Please post the citations that your success in the 2 year and younger age group is 2-3 times that of surgery. Congenital esotropia surgery has roughly an 80% success rate. Its hard for me to fathom a 160% to 240% success rate.

David Granet, MD

Bottom line here seems to depend totally on the definition of "success" that you use! I would highly doubt your 80% success rate unless you are using a definition of within about 10-15 degrees of straight. It cannot be a functional definition. The 80% you state is the highest I have ever seen in the ophthalmological literature for cosmesis only, not for function!

We in optometry deal much more with assessing functional cures and do not consider a cosmetic cure only (meaning looks straight but does not have binocularity) a success. Help me here understand your criteria.

For the most part what we have seen from your literature is in the 30-35% functional cure rates and 60-65% cosmesis following one surgery.

Granted, your techniques are better now than when these studies were

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done but I don't see how the functional cure rate has gotten up in the 80% range at all!

The articles that I could site off the top of my head are written by Ludlum and Flax and Etting and appear in the Journal of the American Optometric Association or the American Academy of Optometry. I'll look em up while off line and put up another message later with the articles.

Paul:

>> Run immediately for a second opinion of a behavioral optometrist! We
>> have twice to three times the success rates without surgery!!!!

David Granet:

>Please post the citations that your success in the 2 year and younger age
>group is 2-3 times that of surgery. Congenital esotropia surgery has
>roughly an 80% success rate. Its hard for me to fathom a 160% to 240%
>success rate.

David, the original poster was concerned with a case of ACQUIRED, not congenital esotropia. Nor was Paul talking about congenital esotropia. Why do you bring up the success rate for congenital esotropia surgery?

John M. Anderson :

>Our daughter did not have any obvious eye problems until March of this
>year. In March she developed a minor cold. Shortly after the cold, her
>left eye would not turn out past center.

What is the surgical success rate for this kind of esotropia, David?
Please post citations.

--Alex

>
> David, the original poster was concerned with a case of ACQUIRED, not
> congenital esotropia. Nor was Paul talking about congenital esotropia.

Alex you have always wanted to see discussions amongst eye care specialists on-line yet you insist on jumping in to the discussion to speak for Paul Harris. He strikes me as being able to reply for himself.

I guess its just anothe "Look at me, look at me now !" call from you.

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David Granet, MD

> We in optometry deal much more with assessing functional cures and do
> not consider a cosmetic cure only (meaning looks straight but does not
> have binocularity) a success. Help me here understand your criteria.

What do you mean by functional ? Are you using a specific test of
binocularity ? Grade of fusion, degree of stereo ? I am not aware of any
level of binocularity in congenital esotropes using non-surgical methods.

^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

(I guess one could use 45 prism diopter glasses on a 6 month old but I've
never seen it)

David Granet, MD

[Emphasis on congenital esotropes mine --A.E]

We tend to use Flom's criteria. Are you familiar with them???

Paul Harris, O.D., F.C.O.V.D., F.A.C.B.O.
Director, Baltimore Academy for Behavioral Optometry

David:
>Alex you have always wanted to see discussions amongst eye care
>specialists on-line yet you insist on jumping in to the discussion to
>speak for Paul Harris. He strikes me as being able to reply for himself.

I am the Alex. I speak for myself. I caught you making some very sloppy
reasoning, and will not let it slide. Shouldn't I expect high-quality
reasoning from you?

Now then.

Paul was telling John Anderson to take his son[*] to a behavioral
optometrist, because, Paul claims, behavioral optometry's methods are 2-3
times more successful than surgery at treating esotropia. You then said
that the success rate for surgery on CONGENITAL esotropia is 80%, as if
that was a contradiction to Paul's statement about the success rate
for esotropia treatment IN GENERAL. You then proceeded to ridicule Dr.
Harris, asking for the studies showing a 240% congenital strabismus

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success rate.

But John's son's strabismus was ACQUIRED...

John M. Anderson :

>Our daughter did not have any obvious eye problems until March of this
>year. In March she developed a minor cold. Shortly after the cold, her
>left eye would not turn out past center.

For the second time, David, what is the surgical success rate for this
kind of esotropia? And don't forget to give us the references to the
double-blind-cross-eyed studies that support the statistic.

--Alex

[*] Acutally it was his daughter! (See quote!) I admit I screwed up on
this post! Funny David didn't catch me on this one!

> I am the Alex. I speak for myself. I caught you making some very sloppy
> reasoning, and will not let it slide.

"I am the Alex". Is this using the third person ? Are you that full of
yourself to address yourself in this way ? This is like saying, "I am the
King". Earn something, anything, and then take pride.

As to your expertise, in this field, everyone on-line here already knows
it is non-existent.

David

As an expert in semantics, I felt it is my duty to point out your
misleading conflation of "acquired" and "congenital".

John Anderson wanted to know if surgery was the best thing for his child,
who had acquired esotropia at the age of 2 after having a cold.

Paul said behavioral optometrists' therapy is 2-3 times more successful than
surgery for esotropia.

You said, no, that can't be true because surgery for acquired esotropia
is 80%.

As I have pointed out several times, you simply cannot contradict a

Strabismus surgery -- what are the alternatives

statement about the relative success rate of esotropia treatments with a statistic on the success rate for ONE TYPE of esotropia. All the more so, when it is precisely NOT THAT TYPE of estotropia that is in question. If a man wants to know how much vitamin C apples have, do you quote statistics on oranges? Of course not. If a man wants to know if surgery will help his child with acquired esotropia, do you reassure him with a statistic on congenital esotropia?

Well, I guess the laws of logic don't apply when doctors are trying to talk people into surgery.

As a citizen with an interest in eyecare issues, I would like to know the statistic you are taking such pains to avoid discussing.

What is the success rate for surgery on acquired esotropia?

--Alex

I am the Alex. I speak for myself. I don't need a thneed.
(Apologies to Dr. Seuss)

> What is the success rate for surgery on acquired esotropia?

Alex, you have given advice to many different folks on-line previously. I am shocked that you ask the above question without recognizing its inherent catch-22.

While I am more than willing to discuss eye care issues on-line I have not and (as you know) will not tutor you on-line. Your chotzpah in giving advice in a field you continually demonstrate that you are exceedingly unfamiliar with is mind boggling.

I advise once again that your *extended and tedious* education take place at your university.

Best of luck in your education. Stop back in after it has actually begun.



Organizations Involved in Vision Improvement

The following organizations all provide products and services for the purpose of improving naked-eye vision. They are not affiliated with **I SEE**, nor is their listing here intended as an endorsement of the services and products provided.

Behavioral Optometrists

These organizations can refer you to a licensed Doctor of Optometry who prescribes behavioral therapy for the eyes. As optometrists, they are licensed to prescribe lenses as well. They vary considerably in philosophy. Some are doctors who use exercises to treat cross eye, but still only prescribe glasses for nearsightedness. Others do contact-lens therapy (Ortho-K, PCM) and market it as a "natural" alternative to glasses. Very few of them are actively involved in the cause of better eyesight without glasses, but most of them are sympathetic, and will be more likely than other eye doctors to be helpful when you come saying you want specially underprescribed "training glasses".

- Optometric Extension Program
2912 S. Daimler St.
Santa Ana, CA 92705
(714) 250 8070
 - College of Optometrists in Vision Development
P.O. Box 285
Chula Vista, CA 92012
(629) 425-6191
-

Non-Optometric (or not exclusively optometric) vision improvement

The following organizations provide services, workshops, and products that deal with improving vision primarily by means other than with glasses.

- Beyond 20/20 Vision (Robert-Michael Kaplan, OD)
RR#5 Site 26, Comp. 39
Gibsons, British Columbia.
V0N 1V0 Canada
Voice: (604) 885-7118
Fax: (604) 885-0608
Email: Beyond_20/20@Sunshine.net
WWW: <http://www.sunshine.net/www/0/sn0011/>
- Buena Vista / Art of Vision (Maurizio Cagnoli)
via Palica Tiburzi 32
02040 S. Polo Sabino (Ri)
ITALY
Voice: 0039 0765 608283
Email: buonavista@metodobates.it
WWW: <http://www.geocities.com/buena-vista/>
- Cambridge Institute for Better Vision (Martin Sussman)
65 Wenham Road
Topsfield MA 01983
Voice: (508) 887 3883
Fax: (508) 887 3885
Orders: (800) 372 3937
WWW: <http://www.BetterVision.com/>
- Mind and Sight Resources (Paul Anderson)
PO Box 182
Talent, OR 97540
Voice: (541) 535-9068
WWW: <http://www.MindandSight.com/>
- Natural Vision Center (Tom Quackenbush)
P.O. Box 16403
San Francisco, CA 94116
Voice: (415) 665-2010
Email: RELRN2SEE@NVCSF.com
WWW: <http://www.NVCSF.com/> (Distributes 500+ page book, "Relearning to See")
- Natural Vision Improvement (Janet Goodrich)
12 Crystal Waters Net.1
MS16 Maleny 4552, Queensland, Australia.
Phone: (74) 94-4657

Fax: (74) 94-4673

WWW: <http://members.ozemail.com.au/~good4nvi/>

- Institute for Advanced Vision Technology (Joseph N. Trachtman, OD, PhD)
26 Schermerhorn St.
Brooklyn Heights, NY 11201
(Makers of Accommotrac and Intrac biofeedback devices)

WWW: <http://www.accommotrac.com/>

- Vision Freedom (Brian Severson)
1665 Red Crow Road
Victor, Montana 59875
USA toll free: (800) 422-7320
Voice: (406) 961-5570
Fax: (406) 961-5577

(Spectacle lens-based therapy for myopia, farsightedness, and astigmatism. Programs to improve or cure lazy eye, retinal conditions, cataracts, corneal problems, glaucoma, color blindness, dyslexia, and other eye conditions)

- The School for Perfect Eyesight
3, Rue Saint Louis (Upstairs)
Sri Aurobindo Ashram P.O.
Pondicherry 605002
INDIA
Tel: (91) 0413 37156

- Universal Vision Enlightenment (Peter Fairbanks)
PO Box 710
Ballarat 3353
AUSTRALIA
Ph: (053) 312122
Mobile: 0419 364124
Fax: (053) 317336
Email: ozvision@netconnect.com.au

(A wide range of holistic and optometric products and services for vision improvement, including educational materials and workshops, light and color therapy, and therapeutic prescription lenses)

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Bibliographies

- [Vision Improvement Self-Help Books](#)
- [Alternative Eye Science](#)
- [Research on Myopia Control](#)
- [The Incredible Changing Cornea](#)

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Vision Improvement Self-Help Books

Bates Method

Classic Bates Method

These books present methods that are entirely within the framework of Bates's original theory of refractive error, accommodation, and mental strain as the primary cause of eye problems. Some, however, add advice on nutrition and physical fitness that Bates never concerned himself with in his writings.

- Bates, William Horatio. *The Cure of Imperfect Sight by Treatment Without Glasses*. (On cover: "Perfect Sight Without Glasses".) New York: Central Fixation Publ., 1920. Posthumously abridged, revised, and republished as "*The Bates Method for Better Eyesight Without Glasses*". New York: Henry Holt, 1943.
- Benjamin, Harry. *Better sight without glasses*. 1929 (1st ed). 6th ed. "...or Contact Lenses". Wellingborough: Thorsons, 1992.
- Corbett, Margaret Darst. *A quick guide to better vision; how to have good eyesight without glasses*, 1957.
- Corbett, Margaret Darst. *Help yourself to better sight*. New York, Prentice-Hall, 1949.
- Hackett, Clara A. *Relax and see: A daily guide to better vision*. New York: Harper, 1955.
- McFadden, Bernarr. *Strengthening the Eyes: A System of Scientific Eye Training*. New York, McFadden Publ, 1925.
- MacFadyen, Ralph J. *See Without Glasses*. New York: Fawcett (Premier), 1958.
- Peppard, Harold M. *Sight Without Glasses*. New York: Garden City Books, 1940.
- Price, C. S. (Cecil Stanley). *The improvement of sight by natural methods: a complete treatise upon the newer methods of treating all conditions of imperfect sight by natural means, and obviating the necessity for glasses, drugs, or operations*. 3d ed., reprinted. Cleveland: Sherwood Press, 1946. (1st ed. London, 1934).

"Second Generation" Bates

The authors of the following books never knew Bates personally, but many of them knew his students (e.g. Margaret Darst Corbett). They have all worked as vision improvement consultants. They present various philosophies of vision improvement, using Bates's ideas as a starting point, but often incorporating ideas from the tradition of behavioral optometry.

- Chaney, Earlyne. The eyes have it: a self-help manual for better vision. New York: Instant Improvement, 1991.
- Goodrich, Janet. Natural vision improvement. Berkeley, Calif. Celestial Arts, 1986.
- Hoopes, Ann. Eye power: improved self-awareness, vitality, and mental efficiency through visual training. New York: Knopf, 1979.
- Hughes, Barbara. 12 weeks to better vision: a remarkable technique to restore your eyesight. New York : Pinnacle Books, 1981.
- Leviton, Richard. Seven Steps to Better Vision. Natural Health Books, 1992.
- Mansfield, Peter. The Bates Method. Revised ed. London: Optima, 1995.
- Quackenbush, Thomas R. Relearning to See. Berkeley, CA: North Atlantic Books, 1997.
- Scholl, Lisette. Visionetics: The Holistic Way to Better Eyesight. Garden City, N.Y.: Doubleday, 1978.
- Scholl, Lisette. HypnoVision: The New Natural Way to Vision Improvement: New York: Henry Holt, 1990.
- Selby, John, The Visual Handbook, Longmead, Shaftesbury, Dorsett, UK, Element Books Ltd, 1987.

Personal Approach

The following books are written by people who discovered the Bates method, improved their vision, did a little research, and wrote a book which draws from their personal experience as well as their research.

- Huxley, Aldous. The Art of Seeing. New York: Harper, 1942. (Original edition has 273 p; later editions from various publishers have 145-158 p.)
- Rosanes-Berret, Marilyn B. Do You Really Need Eyeglasses? New York: Station Hill Press. 1990.
- Windolph, Michael. Easy eye exercises for better vision : self-helps to sight improvement. Hicksville, N.Y. : Exposition Press, 1974.

Engineering Approach to Myopia Prevention

The following books are written by engineers who make the case, using scientific evidence and engineering concepts, that myopia is caused by too much focusing at the near point. "Plus lenses" as a way to prevent myopia, and to treat it in its early stages, are discussed. These books are addressed to technically-minded readers who would like to maintain or regain their own or their children's good distance vision.

- Brown, Otis S. [How to Avoid Nearsightedness: A Scientific Study of the Eye's Behavior](#). C & O Research: 1999.
- Rehm, Donald S. The Myopia Myth: The Truth About Nearsightedness and How to Prevent It. Ligonier, PA: [International Myopia Prevention Assn.](#), 1981.

"Enlightened" Optometrists

Robert-Michael Kaplan and Jacob Liberman hold doctorate degrees in optometry, and both used to have private practice in optometry. They now work outside the established institutions of optometry; they no longer prescribe lenses. Instead, they work as consultants to optometrists and other health care providers. Their books combine ideas from the Bates method, behavioral optometry, as well as insights they have gained as optometrists.

- Kaplan, Robert-Michael. Seeing without Glasses (1987 edition titled Seeing beyond 20/20). Hillsboro, OR: Beyond Words Pub., 1994.
- Kaplan, Robert-Michael. The Power Behind Your Eyes: Improving Your Eyesight with Integrated Vision Therapy. Rochester, Vt. Healing Arts Press, 1995.
- Liberman, Jacob. Take Off Your Glasses and See: How to Heal Your Eyesight and Expand Your Insight. London: Thorsons, 1995.

Behavioral Optometry

Behavioral optometry is usually considered to be a tradition completely unrelated to Bates's school of eye education. Where the principle behind the Bates method is to enable the eye to see well without glasses or other devices in a mind-over-matter sort of way, behavioral optometry relies on "therapeutic" and "stress-reducing" lenses, patches, and mechanistic games to achieve a goal of efficient vision. Naturally, "freedom from glasses" could never be promoted by any group of optometrists who wish to remain in good standing with their peers, but the promise is there, if muted.

- Kavner, Richard S. Your child's vision: a parent's guide to seeing, growing, and developing. New York: Simon and Schuster, 1985.
- Kavner, Richard S., and Lorraine Dusky. Total Vision. New York: A & W Publishers, 1978.
- Revien, Leon, and Mark Gabor. Sportsvision: Dr. Revien's Eye Exercises Program for Athletes. New York: Visual Skills, Inc., 1988.
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Revised 25 December 2001



Research on Myopia Control and Prevention

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Population Studies

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- Dunphy, Edwin B, MR Stoll, SH King. 1968. Myopia among American male graduate students. Am. J. Ophth. 65, 518-21.
- Morgan, R. W., Speakman J. S. & Grimshaw S. E. 1975. Inuit myopia: An environmentally-induced epidemic? Canadian Medical Association Journal.
- Young, Francis A. et al. 1969. The Transmission of Refractive Errors within Eskimo Families. American Journal of Optometry and Archives of the American Academy of Optometry 46.

Nutrition

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- Shotwell, A.J. 1981. Plus lenses, prisms and bifocal effects on myopia progression in military students. *Am. J. Optom. Physiol. Opt.* 58, 349-354.
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- Walkingshaw, R. 1964. Control of Progressive Myopia through Modification of Diet. In: [International Conference on Myopia 1964](#).

Plus-Lens therapy

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- Haberfield, Martin. 1936. The Preventive Treatment of Myopia Including the Use of the Teleopto Reading Lens. In: Lectures delivered at the Thirty-Eighth Annual Congress of the American Optometric Association, Incorporated, Miami, Florida, June 23 to July 30, 1935. Faribault, Minn.: The Journal of the American Optometric Association.
- Rakusen, C.P. 1937. My Technique in Myopic Cases in the "Land of Myopes". *Optical Journal-Review*, August 15, pp. 16-17.

Etiology

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Web-based Resources for Vision Improvement

- James Arthur's [Myopia Prevention Home Page](#)
- Otis Brown's [Vision Clearing: 20/70 to 20/20](#)
- Rachel Cooper's [3D Vision](#) Page
- Francine Eisner's [Vision Training Homepage](#)
- David Kiesling's [Imagination Blindness](#) page.
- Kåre Lohse's [Natural Vision Improvement for Nearsighted Pilots](#)
- Alan Winn's [Simply Vision](#)

Organizations for the Enhancement of Eyesight

- [ANU I-SEE Club](#), a student club/society at the Australian National University, Canberra
- Donald Rehm's [International Myopia Prevention Association](#)
- Steve Leung's [Chinese Myopia Prevention Net](#)
- [The Optometric Extension Program Foundation](#)
- [Association of Vision Educators](#) mission: "to increase public awareness of natural and integrated vision care and encourage education, communication and research in the field"
- [Buena Vista / Art of Vision](#), Italian organization with "a holistic approach to natural vision improvement". Web pages in English, Italian, German, and Portuguese.
- Kim Beckett's [Dolphin Hill Vision Improvement](#), home of the 2see discussion group.
- [Parents Active for Vision Education](#) -- Behavioral Optometry awareness group

Products and Services*

- [The Janet Goodrich Method](#) for Natural Vision Improvement
- Jacob Liberman's [Transformational Programs and Technology](#) light and color therapy
- Thomas Quackenbush's [Natural Vision Center](#)
- Former Professor of Optometry Roberto Kaplan's [Beyond 20/20 Vision](#) -- Books, vision fitness consultations, and teacher workshops

- Pilot Orlin G. Sorensen's [Vision For Life](#) -- "A 30-Day Program to Better Eyesight"
- The "[Improve Vision](#)" eye exercise kit -- follow-the-bouncing-ball software + pinhole glasses
- Paul Anderson's [Mind and Sight Resources](#) "Here is the first practical means of improving your own eyesight by fully natural methods using solely the mind."

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Vision Science

- [Vision Science Virtual Library](#)
- [Indiana U School of Optometry](#)
- [The Joy of Visual Perception](#) (A Web Book by Peter K. Kaiser)
- [Vision Concepts](#) -- James T. Fulton's Electrolytic Theory of the Visual Process

Optics

- [Optical Illusions](#) from the collection of Bob Ausbourne
- USENET's [sci.optics](#) newsgroup

Medical Criticism and Alternatives

- On Complications from Refractive Surgery
 - [Surgical Eyes](#)
 - [I Know Why Refractive Surgeons Wear Glasses](#)
- [Preventive Dental Health Association](#). A critical look at fluoridation and mercury fillings, as well as alternative approaches to dental care.
- [Mark Gold's Holistic Health Resource Page](#). Lots of links and documents on the widest variety of medicinal, spiritual, toxicological and ergonomic issues from a "holistic" perspective.
- [Aesclepius Public Awareness Page](#) by Costas Giannakenas MD -- an anthology of reports on common but dangerous food additives and drugs.
- [Vaccine Information and Awareness](#). Learn the facts about vaccines: how safe and effective are they?
- [Off the Pedestal](#). Michael Greenberg, M.D.'s site on humanistic medicine, removing 'big business' interests from health care, and the "healing of the healing professions."
- [Sumeria Alternative Health & Medicine](#) "Health *should* be lots of things that it isn't" A varied collection of articles and links countering the medical/pharmaceutical establishment.
- USENET's [misc.health.alternative](#) newsgroup
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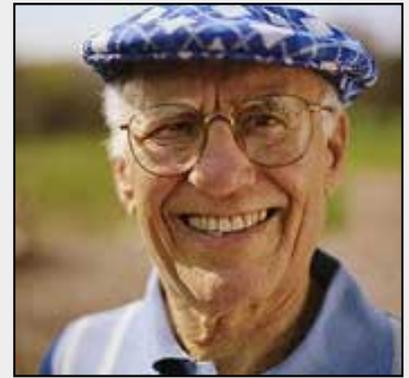
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