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1. Introduction

Vision is the most precious of our senses. You see the splendor of a sunset, you see the smile on the face of someone you love and you see the innocence in the eyes of a child. Mother Nature has made certain that this sense is perfectly developed as we grow up. It may come as a surprise to you to hear that eyesight acuity is actually a skill we learn as we mature, and that the eyes of an infant are not fully developed. A baby begins to recognize colors at the age of about 4 months. Hand and eye co-ordination develop next and then co-ordination between eyes and body. At about 12 months of age babies begin to walk and from then on their vision continues to develop in the way that nature intended.

I am writing this book based on my own experience of wearing glasses for more than 25 years. Initially, like most people, I believed there was nothing that could be done about failing eyesight. It seemed that it was just a consequence of growing old – the only thing in question being whether hair or eyes would go first. At the time, 1991, my eyesight measured 5.5 diopters of near-sight. That means it was necessary for me to wear glasses for most things, including reading. In fact I needed two pairs of glasses, one for reading and another for distance.

A friend of mine had been working on improving his eyesight, but he had been trying for three years and was still wearing glasses. Long-term projects do not appeal to me. I like to feel that I am making progress in 20 minutes or less, otherwise I am not interested. I don't expect to have 20/20 vision after just one exercise, but I do want to sense that I am progressing and not just imagining that something is happening. So the approach I teach works fast.

In 1990 I became interested in something called neuro-linguistic programming (NLP). A seminal book in that field is *Trance-formations*, by Richard Bandler and John Grinder. The book is basically a transcript of a hypnosis seminar. On page 177 the authors describe a regression where they take a client back into their childhood. As we know, as children we generally have perfect eyesight. In a flash of inspiration,

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Grinder brought the client back to the present, but with the eyesight of his childhood. Suddenly the client was able, as in his childhood, to see without glasses.

I was very excited about this. Imagine what it would be like if you could visit a hypnotherapist and emerge, after a mere hour, with perfect eyesight. Unfortunately, the universe had other ideas, since I could not find anyone who could lead me through this process. However, my interest was aroused because I concluded that there must be a way of regaining one's eyesight naturally.

Initially I played around with visualization exercises and they helped to a degree. However, I wanted to be completely cured and altogether eliminate the need for lenses. So I continued my quest for a way to recover my innate natural vision.

One Friday night I was going through the books I had acquired and happened to pick up one about healing with energy. In this book there was an exercise that was supposed to be good for near-sight. So I tried it and immediately felt that my eyes were becoming stronger. I continued doing this exercise every two hours and, eureka, the next day, after lunch, I was able to read without glasses. I have never needed reading glasses since. Throughout the weekend I continued with the exercise and on Monday morning I decided to go to work without glasses. I took a train and, as far as I know, there were no accidents that day! I was determined to keep the glasses off until after lunch at least. By lunchtime my eyes were very tired. If you have a high degree of near-sight you will know that taking off your glasses makes your eyes feel weary very quickly. However, I continued practicing the energy exercise and was gradually able to keep the glasses off for longer and longer periods. By the end of the week I was able to manage without glasses for the whole day. From then on I kept the glasses in my pocket, only taking them out to use as a magnifying glass on the A-Z if I needed to pick up someone from the airport. I did not want my subconscious mind to get any ideas that I wasn't serious about this.

From then on my vision kept improving and after another two weeks I could recognize people on the other side of the street, so my social life picked up once again. I did nothing about my eyes for the next five years and more or less forgot that I had ever worn glasses. Then, in 1995, I attended a month-long NLP Master Practitioner training at the NLP University, Santa Cruz, California. During the program I mentioned to my friends that I used to wear glasses. They appeared to be very interested and urged me to tell them what I did to achieve this seemingly remarkable feat. So I planned an evening talk and no less than 60 people showed up. This was an eye-opener(!) for me. Until then I had not realized that so many people were interested in getting rid of their glasses.

Introduction

The following year, 1996, I was back at the NLP University for another course. This time we were required to have a “modeling project” – some area of excellence that we could explore and then develop a way of transferring this knowledge to others. At the time I did not know anyone who had regained their eyesight so there was nobody I could ask to help me with this. I decided that I would model myself and use my own experience as the basis for a new approach to curing near-sight. At this time I started buying books on how to recover your eyesight, such as William Bates’ *Seeing without Glasses* (1920) and Janet Goodrich’s *Natural Vision Improvement* (1986). From these I learned about the techniques of palming, sunning and so on.

By this point, I had come to the conclusion that it was prudent to have an understanding of any underlying beliefs that could be getting in the way of having clear eyesight. This was probably because, by then, I had learned effective ways of regressing people back in time. I uncovered a lot of interesting information about the kinds of life experiences that could have an impact on one’s eyesight. Mostly it boiled down to innocent conclusions made by the mind of a child. For example, one little boy was moved from one school to another as an 8-year-old and as a consequence he lost all his friends. Another child uncovered a memory about taking a dislike to a teacher. Some of the experiences involved people seeing things they were not supposed to see. Others concerned events happening in their lives that they did not like but were powerless to do anything about. When I first started putting workshops together, I was convinced that about half of those attending would need subsequent personal one-on-one sessions in order to help them to see their beliefs for what they are and become free of these limitations.

In the process of creating the workshops I started learning about other kinds of common vision problems. For example, at the time I had no idea what astigmatism was, much less what to do about it. In the process of learning about different conditions, I started figuring out what exercises could be of help.

Before the lunch break on the first workshop, one myopic participant found that he could read the 20/20 line on the eye-chart, as well as the small print. This was a great pat on the back and I realized that most of the participants could benefit from my program. Coincidences and small miracles kept occurring and I was invited to more and more places to present the workshop. Since 1996 I have presented about 25 workshops per year in cities around the world. For example, I have given the workshop more than 25 times in London. Often I meet people who tell me they had wanted to come to my workshop for years before an opportunity presented itself.

I prefer the workshop approach to one-on-one sessions. This is because in 14 hours you will experience and learn more about your eyesight than I can possibly teach in

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an hour. Group dynamics are helpful in encouraging and motivating people to go away and actually do the exercises. It is not only a matter of getting the information, but also about realizing that you have more power than you think over your own eyesight and that there are steps you can take to improve it. The intended outcome of the workshop is that participants will discover the fact that they have control over their own eyesight and will get to know exactly what exercises they have to do and what results to expect.

I do not intend to play down the amount of work that is needed, which in some cases will mean doing eye exercises for years. What I do promise is that you will experience progress – your eyes will show you that they can improve and change. Scientific research shows that your eyesight has improved if you can see and identify five letters one line lower than previously on the eye-chart. In my workshop many people report seeing three or even four lines lower at the end of the session. Incidentally, as you descend the eye-chart, each line that you drop represents a 5 percent improvement in visual acuity. Experiencing a 10 to 20 percent observable and measurable improvement in just two days is a considerable achievement. On one occasion, in Berlin, we had an optometrist measuring people's eyesight before and after the workshop. One woman's eyesight measured 2 diopters less on Sunday evening before she went home. What is remarkable about this lady is that she was 92 years old!

Children respond even more rapidly. I have often seen children regain their “magic eyes” in less than an hour of Vision Training. One such example was 8-year-old Max, who at the beginning had a prescription of 20/40 near-sight. After 20 minutes of exercises he came back to me and told me that he could now see the 20/16 line on the eye-chart. For a child under 10 years it is normal to be able to see the last line on the eye-chart. The following year I met Max again and checked his eyesight. He could still see the 20/16 line, so either he had an incredible memory or his eyesight had truly improved.

I am writing this book because I want people to know that it really is possible to regain one's eyesight. Another reason is that I would like to share my learning with the world so many more people can benefit. This message is especially important for children. There is no reason why children should be condemned to a life wearing glasses when, in most cases, they can easily regain natural clear sight using the methods of Vision Training. Introduced early on, this approach is highly effective and has the added advantage of being natural and showing permanent results.



2. How to Benefit From This Book

I am sure that you will want to go right to the chapter dealing with your vision problem. Go ahead and read the chapter and do the tests provided to determine your visual acuity. Then I suggest that you read the first part of the book, which outlines the background and the general principles of the method. If you are interested in the scientific basis for the efficacy of this approach then read the appendix at the back of the book, where I have summarized some of the most important research for each eye condition.

After familiarizing yourself with my approach, I then suggest you start experimenting with the exercises in the sections most applicable to you. You should start experiencing results quite quickly. It is of primary importance to monitor your progress. Positive feedback is very important in keeping you self-motivated. There are of course limitations to the information that can be conveyed in print. Eventually you may want to attend a workshop where you will benefit from the live interaction and discover exactly what your prescription is and what to do about it.

My approach is not only about transmitting the information contained in this book, but also about influencing and motivating you to succeed. Ultimately it is down to you and I am just providing you with the *how*.

The website www.vision-training.com contains additional information, as well as more detailed research that is only just referred to in this book.

You may find it difficult to accomplish all this just by reading about it. At some point I recommend that you attend a workshop so that you can find out about your eyesight through live experience.

What is Vision Training?

Vision Training is based on the simple fact that exercise has a beneficial effect on your health. It is common knowledge that if you exercise regularly your wellbeing will improve. Your doctor will tell you that walking for as little as 30 minutes every day will significantly improve both health and fitness.

The American Optometric Association (1988) notes that, “The efficacy of Vision Training in remediating oculomotor, accommodative, and binocular disorders has been substantiated in many studies.” Yet many eye-care professionals are either directly opposed to or very skeptical about Vision Training, Vision Therapy or orthoptics. They simply do not see any alternative to glasses or refractive surgery.

In general, eye-care professionals are most comfortable with the medical model of immediate treatment of symptoms. This is done very effectively by fitting glasses or by laser surgery. However, wearing glasses does absolutely nothing for your myopia. The lenses correct the refractive error, but you will still have myopia and the associated risks (i.e., 60 percent higher risk of retinal detachment, glaucoma and macular degeneration).

Laser surgery is the latest development in the mechanical approach to vision problems. What happens is that the lens is carved onto your cornea. Since the cornea is only half a millimeter thick any surgery significantly weakens the tissue. This is an inevitable consequence of surgery. Subsequent complications may impair your vision. Furthermore, your night vision is likely to be severely diminished, so you may not be able to drive when it is dark. Legislation is under way in the United States and Canada that may prohibit people who have undergone laser surgery from driving at night. In Germany special contrast tests are one of the requirements for a driver's license. Many people who have undergone LASIK (laser assisted in situ keratomileusis) laser surgery fail that test and consequently cannot get a driver's license. Some people also discover that they need to wear reading glasses after laser surgery. So they are, in effect, switching from one pair of glasses to another.

Vision Training is process orientated and aims to make you aware of internal changes taking place. The success of a Vision Training program depends on developing optimum vision strategies and making them second nature. My approach is to empower you and motivate you to do brief periods of exercises that last for about five minutes, but very frequently – perhaps ten times a day. Frequent repetition seems to be necessary for permanent changes to take place. Just doing eye exercises once a week is not enough to develop any meaningful change in myopia.

For Vision Training to be effective there has to be a clearly defined method of measuring progress. Most people quickly lose interest if they don't perceive any improvement. Therefore it is important to make certain that progress is constantly noted and celebrated. A meaningful change in myopia would be a consistent decrease in measurement over a period of time.



The grandfather of Vision Training

Dr. William Bates graduated from the College of Physicians and Surgeons, Columbia University in 1885.

From 1886 to 1896 Dr. Bates was Assistant Surgeon at the New York Eye and Ear Infirmary, North-Western Dispensary and Harlem Hospital. Bates was also an instructor in ophthalmology at the New York Post-Graduate Medical School and Hospital. He was a successful and well-respected eye surgeon. However, he taught medical students how to improve

their near-sightedness and as a consequence was expelled from the faculty in 1891.

Dr. Bates published many papers in the *New York Medical Journal* about his discovery that eyesight problems are learned and functional. As a result he believed that the eyes are responsive to exercises that involve relaxation.

Bates developed a series of simple exercises designed for various vision problems. He published his work in a *New York Medical Journal* article, "The Cure of Defective Eyesight by Treatment without Glasses" in 1915. The work was later re-edited and published as *Better Eyesight without Glasses* (1940). The book is still available today.

William Bates is considered by many to be the grandfather of Vision Training.

A brief history of Vision Training

The idea that one can train the eyes with exercise originates with New York ophthalmologist William H. Bates, M.D. (1860–1931). Dr. Bates examined thousands of eyes every year as part of his work at the New York Eye and Ear Infirmary. Over the years he began to question the wisdom of the theories put forward by the founding fathers of ophthalmology.

Examining 30,000 pairs of eyes a year at the New York Eye and Ear Infirmary and other institutions, I observed 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 the orthodox explanations, even where such explanations were available. It seemed to me that if a statement is truth it must always be truth. There can be no exceptions. If errors of refraction are irreversible, they should not recover nor 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. (Bates, 1920: 12)

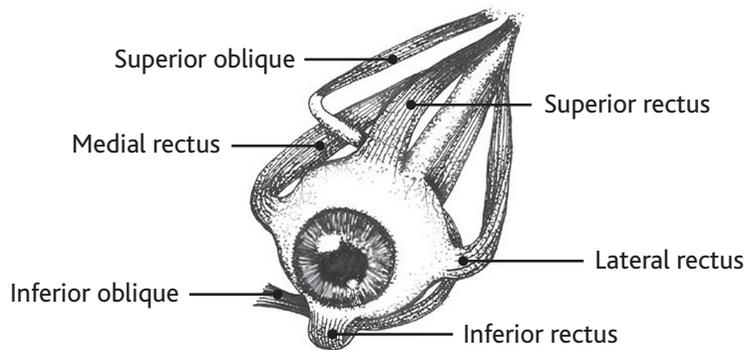
At the time a new instrument, the retinoscope invented by the eminent German scientist Hermann von Helmholtz (1821–1894), became available. The focusing ability of the eye can be determined by observing it through this instrument. Dr. Bates examined the eyes of his patients in all sorts of conditions and thus learned a great deal about the way they focus.

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 outside the instrument either – above and behind – the subject is arranged within it by means of an electric battery. On looking through the retinoscope one sees a larger or smaller part of the pupil filled with light. In normal human eyes this would be a reddish yellow, the color of the retina, but could be white if the retina is diseased. In a cat's eye it would be green. Unless the eye is exactly focussed at the point from which it is being observed, one would see a dark shadow at the edge of the pupil. It is the behaviour of this shadow, when the mirror is moved in various directions, which reveals the refractive condition of the eye ... This exceedingly useful instrument has possibilities which have not been generally realized by the medical profession ...

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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. I have used it in 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 eyes were 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 teachings about accommodation and refraction. (Bates, 1920: 17)

Eye muscles – left eye



One thing that became clear to Bates early on was that the eyes are in a constant state of change. If you were to measure them every hour each measurement would be slightly different. Dr. Bates' discoveries are almost directly opposite to conventional thinking about the way the eye focuses. Donders (1864) and later Helmholtz (1866) concluded that it was mainly the lens inside the eye that did the focusing. This theory still prevails today and greatly influences eye-care professionals. Again, in Bates' own words:

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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 on the change in 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 ... In my own experiments upon the extrinsic eye muscles of fish, rabbits, cats, dogs and other animals, the demonstration seemed to suggest 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 manipulation of these muscles I was able to produce or prevent accommodation at will, to 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 around 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.

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 of retinoscopy, was always produced by electrical stimulation either of the eyeball, or the nerves of accommodation near their origin in the brain. It was produced 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 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.

After one or both of the obliques had been cut across, or after they had been paralysed by the injection of atropine deep into the orbit, accommodation could never be produced by electrical stimulation; but after the effects of the atropine has passed away, or a divided muscle had been sewn together, accommodation followed electrical stimulation just as usual. Again, when one oblique muscle was absent, as

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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 muscles were strengthened by advancement, or the absent one was replaced by a suture, which supplied the necessary counter traction, accommodation could always be produced by electrical stimulation.

It should be emphasized that in order to paralyse 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 paralyse the accommodation when dropped into the eyes of human 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.

...

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 when they had been paralysed by the injection of atropine deep into the orbit, electrical stimulation had no effect on the refraction.

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 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 had a lens. 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.

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; both 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 always resulted in the normal eye. When the origin of either nerve was covered with a small wad of cotton soaked in a two percent solution of atropine sulphate in a normal salt solution, stimulation of that nerve produced no accommodation, while stimulation of the unparalysed nerve did produce accommodation. When the origin of both nerves was covered with cotton

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soaked in atropine, accommodation could not be produced by electrical stimulation of either or both nerves. When the cotton was removed and the nerves washed with normal salt solution, electrical stimulation of either or both produced accommodation just as before the atropine had been applied. This experiment, which was performed repeatedly for more 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 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. (Bates, 1920: 38–45)

Dr. Bates' discovery was not met with great enthusiasm by the scientific community. In fact he was unceremoniously dismissed from his teaching post at the New York Eye and Ear Infirmary. The internal power structure found his views too radical a departure from the then accepted scientific norm. However, Bates went on to develop his theory on his own and established a clinic where Vision Training was available. He also published a magazine called *Better Eyesight* and trained a number of people in the techniques he developed.

Today we know Bates' work as the "Bates Method," which he outlined in his book *Better Eyesight without Glasses*. The interest in Vision Training has endured to this day and Bates' book is still in print more than 80 years after its original publication.

Since then the scientific community, with only a few exceptions, has completely ignored Bates' findings. The proponents of the Bates Method have been people who were helped by the technique.

One such person was Margaret D. Corbett whose husband was greatly helped by the Bates Method in the 1930s. Mrs. Corbett went on to establish the School of Eye Education in Los Angeles and trained many people in the Bates Method. In her book *Help Yourself to Better Sight* (1949) she describes many incidents where her work had great impact on the careers of military men. One such story concerns a young man who had been rejected several times by the Air Force because of deficient vision. He normalized his eyes by using the Bates exercises, passed all tests and joined the Flying Tigers in Burma where he became a flight leader. He returned with ten Japanese planes to his credit. After that, his score continued to mount, as did his rank, and he eventually became a lieutenant colonel.

In 1955 Clara Hackett published *Relax and See: A Daily Guide to Better Vision*. The book is designed around a 12-week exercise program for various vision problems.

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These include the common problems like myopia and hyperopia, plus exercises for bifocal wearers, crossed eyes, color-blindness and cataracts as well as glaucoma and serious vision problems. She also included step-by-step exercises for the blind.

Miss Hackett, who herself wore glasses for more than 19 years, taught eye training in Seattle for five years and trained teachers under the G.I. Bill of Rights. She was on the visiting faculty of Seattle University in 1949 and 1950, giving courses in Vision Training. After moving to New York, she was arrested in 1950 on the charge of practicing optometry without a license and appeared before a grand jury in 1951. The jury deliberated only for few minutes – Vision Training is not a crime.

Janet Goodrich, Ph.D., in discussing possible reasons why so few people have heard of the Bates Method, writes:

[T]he professional, technically trained eye practitioners ... were taught that the Bates method was ineffective, to be derided and disdained ...

Margaret Corbett admonished the hundreds of teachers she trained in the 1940s and 1950s never to advertise, lecture, or publish articles. More understanding is generated by the knowledge that she was arrested (and acquitted) twice for practicing optometry without a license ...

In 1974, my colleague in San Francisco, Mrs. Anna Kaye, who'd been quietly transmitting Bates Method principles for several decades, was visited by undercover agents. She was told she was breaking the law on sixteen counts ...

You may now realize why substantiated objective proof is scarce. (1986: 184–185)

Goodrich contributed greatly to the field of Vision Training through her two books *Natural Vision Improvement* (1986) and *Perfect Sight the Natural Way* (1996), as well as her lectures and workshops around the world.

In 1997 Thomas R. Quackenbush published *Relearning to See*, which is perhaps the most comprehensive book on the Bates Method to date. The book adheres very closely to Bates' original work and Quackenbush often quotes Bates' publications extensively. Thomas Quackenbush is based in Holland.

Indian ophthalmologist Dr. R. S. Agarwal became interested in Bates' work in 1930 and has since been actively teaching the Bates Method in Pondicherry in India. Over the years Agarwal published many articles in *Mother India*, a monthly journal of the Sri Aurobindo Ashram, as well as developing a synthesis of traditional ophthalmology and the Bates Method which was published in *Mind and Vision and Secrets of Indian Medicine*. A popular book called *Yoga of Perfect Eyesight* was published in 1971.

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This book is still in print and contains many wonderful stories of how Dr. Agarwal helped people regain their eyesight.

In the U.K. the Bates Method has taken root and is represented by the Bates Association of Great Britain. The method is described in *The Bates Method* by Peter Mansfield (1997).

During the 1990s there was a marked movement towards complementary approaches in dealing with health problems. For example, acupuncture was accepted as a valid treatment method and is now taught in several medical schools.

However, the economic advantages of prescribing drugs or devices is financially much more lucrative than simply training the eyes to regain their normal state of clear vision. Even more lucrative is recommending refractive surgery, which costs thousands of dollars per eye.

From the consumer's point of view, the most effective way to treat the problem is not necessarily the most expensive way. Hopefully the new millennium will see an increased interest in effective, non-invasive methods by people in general and by science in particular. Currently the percentage of people wearing glasses is almost 60 percent of the general population. In Asia this figure is fast approaching 80 percent of the population. Something needs to be done to put it right.

Vision Training, started early on, is the simple answer to maintaining good eyesight.