

# Natural Methods to Reverse Cataracts

I hope you find this collection of information about cataracts useful. I have collected it from books on the Bates method and some top natural health websites.

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## Use Your Own Eyes

Physician W.B. MacCracken adopted the Bates method and wrote a book in 1937 about his experiences applying it to cases of cataracts.

A. P., 15 years old, suffered an attack from poison oak which swelled his face so that both eyes were closed for some days. When the swelling disappeared, and his eyes opened, there was a dense, white opacity filling entirely the lens of the right eye. Four months later his parents brought him to me. His family physician had treated him for several weeks, and then referred him to an eye specialist. Four months of treatment, with drops in the eye and a bandage over it, had made no apparent improvement in the condition.

I was asked to remove the bandage and look at the eye, and say if I could cure it. Having explained that I could not do that while the patient was under the care of another physician, I suggested that they might have some special ophthalmologist give them an expert opinion on the unusual case, and then, if they were not encouraged by his conclusions, they might return and let me endeavor to relieve the condition by treatment with the Bates method. They did consult two eye specialists in San Francisco. Both doctors reported that no treatment would help the lens; and their only suggestion was to have it removed by operation.

Thereupon, we began at once to treat the cataract. It was October, and Arthur had not returned to school, so he had the entire day to practice. He was encouraged into an active mental campaign of his own, instead of a helpless, passive state of mind. He was given a Snellen Letter Test Chart with instructions to spend time every day blinking softly at the different letters in accordance with the practice described. He was to lie quietly with the strong sun shining directly on his closed eyelids. He was told how to swing softly in a hammock; how to lie with closed eyes and listen to soft music. He was urged to have always in his mind a confidence that his eye would return to normal, but not to think of his eye. He was to occupy his mind with the techniques he was practicing, and forget himself, just as a violinist loses thought of himself when he gives his mind to his practice. No doubt his own work had much to do with his success. But it was obvious that the greatest help in his case was the sun. The first day he could look directly into the sun and did not even see light. I began at once to use a convex sun glass on the white of his eye. He learned quickly how to protect the lens by covering it with the lower lid. I focused the glass so it showed a small round spot on the white of the eye, and passed it rapidly back and forth for perhaps half a minute at a time. He then closed that eye while I used the same technique on his normal eye. This treatment with the glass I continued for several minutes each day. In a very few days he could not look into

the sun at all because the opacity was rapidly becoming less dense. It not only lost the dense appearance, but also began to show spots on the margins of the lens where the opacity had disappeared entirely and the normal lens was plainly seen.

In three weeks, three-quarters of the lens was clear. The quarter which then remained became quite a study. It varied in density, it had a ragged edge, and it would always disappear entirely when treated with the sun glass—that never failed. It might return in five minutes, or it might not return for a much longer period. But there was another phenomenon which, to me, was even more remarkable. His family knew that often, when he awakened, there was no remnant of the cataract visible. It might be absent for half an hour or longer. But any unusual incident, or least excitement—for instance, the refusal of a permission, an undesirable errand, teasing by his younger sister—would flash it back. We had begun treatment in October. Arthur returned to school in January. There was only a small trace of the cataract left then, which could not be seen without a close inspection. For weeks he had been able to see as well with that eye as with the other. The remnant gradually disappeared entirely. Over six years have passed, now, and the lens is normal.

When I asked a friend of mine, who is an ophthalmologist, for a personal comment on this case, he replied that cataracts do clear up, without treatment, and more especially in children. Because such is an established fact, it seems to me quite reasonable, also, to expect cataracts to clear up under some method of suitable treatment. There can be no reasonable doubt that the use of the sun glass cured the cataract in Arthur's eye.

After four months under treatment without any change, the opacity in Arthur's eye began immediately to show an improvement under the method I used. It was not a mere coincidence. There was no bandage over his eye, as there had been before, and his family watched the progress daily. The consistent temporary disappearance of the lingering remnant of the opacity, whenever I used the concentrated sunlight, and its frequent temporary disappearance during the night, sustained the claim of Dr. Bates that cataracts can be caused by a mental reaction upon the muscles of the eye. The ultimate and permanent disappearance of the opacity was consequent upon the complete relief of the mind from such an unconscious tension. The tension itself was produced by the toxemia developed during the invasion of the system by the poison oak.

Dr. Bates described a demonstration, which he suggested could be carried out as well by any other research worker. He explained that if the eye of a freshly killed steer is held softly between the fingers the clearness of the lens can be seen at a distance of twenty feet. If the eyeball is compressed firmly between the fingers, an opacity will be plainly apparent. The lens will be clear, or opaque, accordingly as the pressure is released or applied.

Personally, I have had the same success in enabling other patients to secure great improvement in vision when their sight has been very much impaired by cataracts. But this case of a young boy was quite unique. It was obviously caused by an attack of poison oak. It showed an immediate change. The remnant would disappear completely, and stay away for half an hour or for a few minutes, and finally stayed away—for over six years now. It must not be forgotten, however, that there are authentic records of cataracts which have disappeared spontaneously.

(Use Your Own Eyes, Chapter 7)

He continues in an entire chapter on cataracts:

Cataract is the name given to an abnormal condition of the eye in which there is some opacity in the lens. This happens so frequently in later life that many are familiar with the story of the affliction. Very few however, have any knowledge of the many diverse manifestations of changes in the lens which produce different kinds and degrees of opacities, in young as well as in old. There are so many different types of cataracts that one ophthalmologist jokingly remarked that he thought there were fifty-seven varieties.

The opacity may be found in the capsule covering the lens, as well as in the lens itself. It may consist of a hard, dense tissue, or be of a softer and less opaque consistency. It is found in widely different shapes and sizes, The spots may be sharply defined, or diffused over a large area of the lens. A small, hard spot, in the middle of the lens impairs vision much less than does a soft and thin opacity which is spread through the width of the lens. Some spots on the margins of the lens are hardly discernible, and do not interfere with vision. The various types are subject to a difference in the nature of the changes which take place in the character of the tissues. Some are described as partial-stationary, because they are permanently limited to the same dimensions. Others are called progressive, because they spread progressively over a larger area of the lens.

Cataracts are spoken of as congenital when they are found at birth, or discovered later when they attract attention. Those are supposed to be due to some fault in the development during foetal life. The form which is acquired generally appears in later life, but may appear at any age. A cataract may develop so quickly that the lens may be completely opaque in a few hours. It may develop so slowly that its progress continues during many years. The opacity may develop in most irregular stages—increasing for a time, remaining stationary for a variable period, and then increasing for another period only, or progressing continuously until the lens is completely occupied. That is one reason why, sometimes, it is not possible to estimate the probable outcome and the time the process will take. Cataracts may be hard or soft. They may fill the lens with an

excess of fluid until it swells. This excess of fluid ultimately is lost. The lens is then spoken of as being "ripe". Often it is difficult to estimate when a cataract is going to become ripe.

In the text books many conditions are given as possible causes of the development of cataracts. General diseases is a term that is used, and diabetes is mentioned specifically, and toxic conditions, and epilepsy, and hysterical convulsions, poison and injuries.

The treatment described in text books includes the correction of any apparent abnormal condition when it is possible. It is explained, for instance, that when the system is relieved of the excess of sugar present in diabetes, there may be a relief from the cataract. Therefore disturbed chemistry, or the presence in the system of a poison, or some toxic condition, may cause a cataract. Also cataract may be caused by whatever abnormal conditions may be developed by hysterical convulsions. But in many cases where cataracts are present it is not possible to find any indications of the presence of any of these conditions.

There are many facts relating to cataracts which I have not been able to find in text books. A patient of mine who had been treated for developing cataracts during several years, by a well known ophthalmologist, came to me finally with the hope that the Sates method would relieve the condition. She had been taking medicine and visiting her eye specialist regularly until some months before she came to me. She stopped the medicine and all treatment because the cataracts were growing steadily, and she was afraid she would lose all her vision. The ophthalmologist had found no indications of any abnormal condition of the system; and as her family physician, during some years, I had never found any abnormal condition, except a mental tension which showed itself only in her conversation. Heart and blood pressure were always normal, and every examination and analysis indicated was carefully carried out to assure her there was no apparent underlying abnormal condition of organs or chemistry. Although she knew of my work with the Bates method, and discussed it with me and with the eye specialist, she never considered trying it until the increasingly serious difficulty with her vision made her determine to try it as a last resort. Her ophthalmologist had told her the cataracts were not in a condition to be operated upon.

During two weeks of almost constant practice of the various techniques of the Bates method, she secured such an improvement that her eyes were almost normal for near and far vision, and were satisfactory for continued reading, and every other use of daily life. This case was under my care for several years. Her vision continued to be satisfactory, and was better than average for small print and sewing. It was quite variable, however, because her nerve tension became more apparent. Her blood pressure was an average normal when I last took it, at eighty-two years of age, and her heart was in good condition, and there was no evidence of any other organic or functional disorder. Sometimes she came with complaint about some dimness of vision,

or change in her power of vision from hour to hour; but even then she would demonstrate by reading fine print readily, and reading the ten-foot line on the Snellen Card at ten feet, that her vision was fine for a woman over eighty years old. She had no difficulty in seeing her way clearly in the midst of street traffic. Nevertheless there remained in her mind the memory of the very poor sight she once had, and these recollections would sometimes impress her mind so vividly that she would have spells of poor vision as a result.

Another case of my own, recorded in the chapter on children, illustrates just the opposite type of cataract, relieved by the same treatment. During an attack of poison oak, with both eyes closed by the swelling of the face, a boy of fifteen developed a cataract which filled his right eye, and was there when his eyes opened. The cataract must have been produced by the toxic condition. During four months of treatment by an ophthalmologist, no least improvement had been secured. Three weeks after I first treated him, three-quarters of the cataract had disappeared, and in a few months there remained no trace.

A different aspect of the subject is illustrated by the case of a woman over eighty, who had very poor vision due to cataracts in both eyes. She discarded her glasses at once, and for the remaining two years of her life she did not use them again, and she could read and write and had satisfactory vision for all purposes. The most significant thing about this case, was that there was very little difference in the appearance of the cataracts. It seemed that the change took place in her visual center. An improvement was apparent at once. Her eyes began almost immediately to respond differently to the same rays of light which before had not registered any conscious impression on her mind. This may seem strange to one who has never deliberated over the many explanations in standard text books on the eye, which point out that better impressions are made on the conscious mind, even with the same rays of light reflected from the same objects, when the visual center is aroused by the attention and desire of the will. This is true in every other field of the work of the mind, and we are all familiar with that fact. It is only because we are not accustomed to giving any attention to the ceaseless functioning of the marvelous mechanism of our eyes, that we are surprised when we are told that they, too, function poorly at times, because our mind is paying no attention to there, and they will respond with more power when we ask them to do so.

Dr. Bates reported a demonstration made by a professor of anatomy before a group of observers. When the professor held the eye of a dead cow loosely between his fingers, the observers could see that the pupil was perfectly clear. But whenever he compressed the eyeball so as to flatten it in the middle, the pupil became completely opaque, and it became clear again as soon as the pressure was released and the eyeball resumed its natural round shape. The opacity was a cataract. Dr. Bates suggested that this experiment can be demonstrated by anyone who is interested. Dr. Bates claimed that

patients have increased the density of a cataract by a voluntary effort to harden the eyeball. This was done through the compression of the external eye muscles by means of a tension produced deliberately.

Conversely Dr. Bates claimed, that by relieving an abnormal tension, through the practice of techniques which he described, patients have improved the condition of different forms of cataracts temporarily, and made the improvement permanent by continuing practicing. The various practices suitable for this relief from the tension causing cataracts are given in preceding chapters Palming, and Sunning, and Shifting the Central Fixation, et cetera.

(Use Your Own Eyes, Chapter 30)



## Stories From the Clinic

Here is the entire Chapter 8 from Emily Lierman's book, *Stories from the Clinic*. She was Dr. Bates's assistant throughout his experimental and clinical work, and later his wife.

### CATARACT – Cases Nos. 1 and 2

Many times I have been asked, "Is it really possible to cure cataract by Dr. Bates' method?" I can prove that it is. In the March, 1920, number of "Better Eyesight," I wrote about a case of cataract under treatment at the Harlem Hospital Clinic. This case was a woman, seventy-three years old, who was determined to be cured without an operation. In October, 1916, she had visited another dispensary where an operation was advised. The doctors there told her, however, that she must wait until the cataract was ripe before the operation could be performed. Later she heard about Dr. Bates curing cataract without an operation, and tried out the method as well as she could all by herself. In March, 1919, she visited Dr. Bates in his office, and he helped her.

This woman made her living by mending clothes in an orphanage, so we were glad to treat her in the clinic where she did not have to pay. Three days a week she came, no matter how bad the weather was.

On her first visit, she read the forty line at four feet from the test card, then her vision blurred. She knew just what to do, and I did not have to tell her to palm. Just once she peeped at me through her fingers and said, "I'll fool the other doctors yet. My eyes won't have any cataract if I keep this up." She kept her eyes covered for about ten minutes, and when she read the test card again, her vision had unproved to the twenty line, or 4/20. On another day she read 5/20. In June, three months after her first visit, her vision had improved to 8/15.

She became able to thread a needle without any trouble and never put on her glasses again. We did not see her during the summer, but she returned again in September of the same year. Her vision had improved to 8/10 with both eyes. I asked her if she had practiced with the test card while she was in the country. Her answer was: "I should say I did."

After a year she came to our private clinic. In the room were two school nurses and a young man, who were there to observe the cases under treatment. I was not sure that my dear old lady had retained her improved vision, because I had not seen her for so long a time. I placed the test card ten feet from her eyes, and she read every letter correctly, up to the fifteen line, without the aid of palming. At times she read 10/10, after resting her eyes with the aid of palming and blinking.

The test I made this day was the best, because she read a strange card which she had never seen before. Then I placed her in the sun and gave her the doctor's fine-print card, which she held six inches from her eyes. She looked at me in a funny way, and said, "Oh, I can read that easily." Then to the amazement of the others in the room, she proceeded to read the diamond type.

Some day I am afraid the little lady will get into trouble. Whenever she sees a child in the street wearing glasses, she becomes much excited. One day she stopped two women with a child on the street and found fault with them because the little girl, three years of age, was wearing glasses. "Why don't you take that child to my doctor; he can cure her without glasses!" Those who know our dear old lady can very well understand her good intentions, but how about the mother and friend of this little girl? They must have thought at first that she was of unsound mind, but they treated her kindly and accepted the "Better Eyesight Magazine", which she offered them.

We had another case of cataract under treatment at the clinic, a man sixty-three years old. When he first came, he had to have someone lead him. After his fourth visit to the clinic, he was able to travel by himself.

When Dr. Bates examined him with the retinoscope on the first day, he could see no red reflex in either eye I gave him a test card which he held very close to his eyes, and after he had palmed for a little while and imagined that he saw the test card moving opposite to the movement of his body, he could make out the big C of the card at two inches from his eyes, but it looked very much blurred to him. Before he left the clinic that day, he was able to read several lines of the test card, and the letters cleared up, a result which, of course, gave him a great deal of encouragement. What helped him so quickly was his certainty that we could improve his sight. He did exactly as he was told. Keeping up a steady swing of his body, slow and easy, without any effort, stopped the staring. Palming, and imagining that his body was moving, were also a rest and relaxation.

After he had been coming for a month or more, he was able to read all the letters of the test card, as he held the card very close to his eyes. Three months later he was able to read the large letters of the card two feet away, and the ten-line letters of the bottom line at three inches from his eyes. Whenever he came, which was every Saturday morning, he had something encouraging to tell us. The signs in the subway, cars, and on the street grew clearer and more distinct. He was able to dodge people in a crowd. At the present time, even people with normal vision have to be careful to avoid injury both in the street and in the subway.

On his last visit he read very fine print at three inches, and saw the fifty-line letters more than a foot away. His vision improved by practicing with print even finer than diamond type. Throughout the treatments his jolly disposition proved an asset.

It is a great relief to be able to say to a clinic patient when he first comes to us: "You are welcome here for treatment, no matter where you live." Each district has a free hospital, and those who live in another district are not admitted: At the Harlem Hospital Clinic, the authorities turned away many poor souls who needed treatment for their eyes. While it was pitiful, it was necessary, because we could not take care of them all.

### CATARACT – Case No. 3

A friend of mine once asked me if I ever got tired of clinic work, of treating obstinate cases. No, indeed, I do not. The harder a case is to benefit, the better I like the work. I never tire of my patients, though I get tired myself.

Mothers of the clinic are restful to me. I love to treat them. To see tenderness, expressions of love, come to their faces always brings a perfect mental picture of the Madonna to my mind. When Mother Jones comes, she gives me that picture.

Her first visit was on November 1st, 1924. She brought with her a note written by her pastor, stating that as Dr. Bates\* had cured many of his friends, he was sure we could do something for Mother Jones. Her age was sixty-seven and she was troubled with cataract in both eyes. Her vision had become defective about four years ago. Dr. Bates' examination with the ophthalmoscope showed a red reflex in the right eye, but none in the left.

After Dr. Bates had left the room, Mother Jones began to talk. As long as I live I shall always remember the sound of her voice. When I compared her with the Madonna, I was not trying to give the impression that Mother Jones is beautiful of face or form. She is of the ordinary motherly type. But the impression one receives while looking at her, listening to her tender voice, suggests something holy. She did not know of anyone who had been benefited by the Bates method, but her pastor had sent her, and that was recommendation enough. She is very poor, but her son and family are taking care of her. When I told her that the only way for her to be cured was to practice faithfully every day and to do exactly as she was told, she promised to do her part. When I tested her sight with the test card, she read 10/70 with both eyes together. Her vision with the right eye was 10/70, but she could not see the card at all with the left eye at ten feet.

She was instructed to palm and to think of something pleasant, something easy to remember. I left her by herself for about ten minutes, and when I returned she had not stirred, and her eyes were still covered with the palms of her hands. I told her to keep her right eye covered, but to open her left eye and tell me what she could see. I held the test card five inches from her left eye, and at that distance she saw the 200-line letter C. She sighed with relief when she discovered that her left eye was not really blind, but

was made so by strain and tension. In this short time the benefit she received from palming proved to her that her cataract was caused by strain.

I placed her in the sun, and while her eyes were closed, I used the sun-glass on her eyelids. I could see her relax, and she smiled as she felt the warmth of the sun's rays; I led her back to her chair and told her to open her eyes and read the test card. Her vision had improved to 10/30, reading with both eyes. She was instructed to practice ten minutes many times every day, alternately palming, blinking, and flashing letters on the test card.

Mother Jones came once a week without missing a treatment, and each time her vision improved, with but two exceptions, when it remained the same as on the previous visit. On her second visit she read 10/30 after palming, and on the third treatment 10/20.

This dear mother appreciated the sunshine more than any cataract case I ever had. On dark and rainy days, she was always despondent and nervous, but the sound of her voice never changed. Once when she failed to appear for treatment, I feared she was ill, and I worried about her. I had noticed that her clothes were none too warm for the cold days, and thought perhaps that was the reason for her absence.

While I was reflecting upon my bank account, I received a letter from a private patient who is also one of my adopted mothers. She comes from Ohio, where I have many friends. Her gratitude for the benefit she received from Dr. Bates prompted her to send a sum of money to be used in making my clinic family happy. A poor mother with a big family, dear old "Pop," who lives in a home for the blind, and Mother Jones shared in the loving thoughts of my mother from the West.

Mother Jones soon returned to thank me for the gift and to explain why she had been absent, her son had become a father, and both the mother and baby were doing finely. After I expressed my congratulations over this great event, I produced a test card which she had not seen before, and placed it ten feet from her eyes. Some of our readers may doubt it, but I do believe that the little stranger had something to do with the improvement in the vision of her grandmother. She read 10/20 with her left eye.

Soon afterward, I was called upon to take charge of our private practice, because of the illness of Dr. Bates. Captain Price of London, who is practicing the Bates system successfully in his country, was in our office at the time and offered to help me and my assistant, Miss Mildred Shepard. I placed Mother Jones in his care. His record of her improved vision showed on February 7, 1925, right vision of the white C card, 10/20; left vision, 10/20. At her second treatment by Captain Price, her right vision was 10/15, left vision 10/15, when reading white letters on black card.

Ophthalmologists would certainly appreciate this record, if they would only study and practice the Bates system. What further proof is necessary to convince those of

pessimistic minds that our method of curing people without glasses is a purely scientific one?

Mother Jones is still under treatment, but it will not be long before she will enjoy normal sight. She tells everyone how much better she sees and feels, since she has learned how to relax and relieve her eyestrain.

#### CATARACT – Case No. 4

Another interesting patient was a man, aged forty. On his first visit I found him palming, which was an unusual thing for a stranger to do. He evidently thought that if coveting the eye\* with the palms of thtt hands was good for others, it might help him also. I stood before him and asked: "Can I help you?" He paid no attention to me whatever, and I soon discovered that he was quite deaf; so deaf that one had to raise the voice considerably to make him hear. When at last I succeeded in making him understand me, he asked: "Is it possible that you will be able to do anything for me?"

I answered: "I am going to try, with your help." Then I said I wanted to know something about the history of his case, and this is what he told me:

At the age of six he fell down a flight of stairs, and struck his forehead on a newel post, severing an artery in the head. Later, when it was noted that his sight was deficient, physicians attributed the condition to this fall. During the thirty-four subsequent years he had been treated by many New York physicians, both at their offices and clinics. During that period he had been blind three times, and surgical treatment had been repeatedly necessary. As a boy he could never see a blackboard at school and could read but little. Between his twenty-first and thirty-fifth years his sight had been steadily declining, and several doctors had told him that this would continue until he became completely blind. He was now practically blind in one eye so far as useful vision was concerned. I tested his sight and found that he could count his fingers at about three feet with the right eye, and with the left he could see only the movement of his hand. Dr. Bates examined him, and found that he had an inflammatory cataract in the left eye, together with other inflammatory conditions.

I told him to palm again, and he complained that he saw all sorts of bright colors when he covered his eyes with his hands, and that these disturbed him very much. I directed him to remove his hands from his eyes and look at the large letter C on the test card, which I held a foot away from him. After he had tried a few times his vision improved, and he was able to remember the letter with his eyes closed; then the bright colors faded away, and after palming for fifteen minutes his vision improved from 1/200 to 1/50 in the right eye, while with the left he became able to count my fingers at three

feet. The next clinic day he read 3/30 with the right eye and 1/10 with the left, while at the end of two weeks the vision of the right eye was 3/10 and the left 3/70. At the same time his general health was so much better that he asked me if I had time to let him tell me about it. I replied that I should be very glad to hear the story.

“For many years,” he related, “I have suffered from insomnia, and in recent months it has been nothing unusual for me to remain awake the entire night. Frequently I stayed up all night, realizing the futility of trying to induce sleep. A short time ago this happened twice in a single week. When I did sleep, my slumber was very light and disturbed by the wildest imaginable dreams – fires, murders, hair-breadth escapes. As a result of the insomnia and eyestrain I frequently had splitting headaches, sometimes every day, and sometimes even twice a day. From these I could secure relief only by the use of what I knew to be harmful medicines. Since I came to you I have been sleeping very much better, the dreams have become less disturbing, and the headaches have practically ceased.”

Hearing this, I was encouraged to try to do even more for him, so I handed him a test card, and asked him to look at a small letter, close his eyes and remember it, and then imagine it blacker and clearer than he saw it, He was able to do this, and the constant twitching of his eyelids ceased. For a moment I forgot that he was deaf and said in an even voice:

“How do your eyes feel now?”

He heard me, and answered:

“They feel so relaxed just now I do not feel that I have eyes at all, but am seeing without them.”

He came three days every week for three months, and then as he improved, he came less frequently. When I last saw him he was able, with his left eye, to read 3/10 at times, and with his right 5/10, while his hearing had improved so much that I was able to talk without raising my voice much above my ordinary conversational tone. At the same time he had been relieved of head noises, including a drumming in the ears, which, he said, had often continued from three to ten days. When he first came he could not go about alone, and walked like an Intoxicated person. In the beginning when he left the clinic, I noticed that he bumped against the benches, and he told me that the condition had been attributed by physicians whom he had consulted to incipient locomotor ataxia. After his first visit, however, he never bumped into the furniture, and before he left us his walk was almost normal.

An old mammy, who remembered the Civil War very well, but did not remember when she was born, had cataracts in both eyes. Her condition was so bad in the beginning that she could not see anything on the test card beyond three feet with either eye. When she was told to palm, she looked around the room, observing several patients who were palming, and then remarked: "Good Lor', ma'am, dis here room looks like a prayer meetin', and believe me, Ah's ready to join in, too."

Her vision Improved at the first visit to 10/200, and in flashes she read 10/100, This amused as well as pleased her, and she would have it that palming, alone, did not Improve her vision. She was sure I had done something mysterious to her, while she had her eyes closed, which caused this wonderful miracle. No amount of explaining to her would make her understand that eyestrain, which caused her cataract, was lessened by palming. Every clinic day she was there without fail, and her vision improved to 10/30. She had been coming to us for several months.

She had the saddest-looking eyes, and even when she smiled, she looked sad. I found out after we became acquainted, that she had a reason for her sadness. The story she told me was almost unbelievable, but I shall repeat just what she said:

"You know, ma'am, a long time ago Ah had a master, and he was good and kind. Den came a new master, and he was bad to de help. Dey was twenty ob us in help, and we did work on de plantation. After a while Ah waa sick, and was becomin' weary, 'cause a li'l stranger waa on de way. De sun was hot in de fields, ma'am, an\* man back was achin' powerful bad. De old master would sure hab sent me to bed, but de new one he just tells me to get a move on. One day Ah felt so bad an\* hungry dat Ah falls down on mah kriees. Ah jes' couldn't get up. De master beat me wid a lash right before de oder niggers to teach dem a lesson, and said 'Ah was jes' lazy. When mah little boy was born, he did hab de stripes ob de lash on his back de same as was on mah own back. One night Ah rah away wld mah baby, an' this was jes' before de niggers was freed bah Lincoln."

I wondered if my mammy had been told the story of Uncle Tom's Cabin, or if her story were partly true. She looked very old, and I judged, as did Dr. Bates, that she was about eighty years of age. It was remarkable what a good memory she had for some things. I asked her several questions on different days to confuse or to test her, but she was always correct in her answers.

She continued with the treatments until she became able to thread her needle without glasses, and then she stopped coming.

An old-fashioned mammy negress, aged seventy-two, was being treated for cataract in both her eyes. An operation was advised, but she was fully convinced that we could help her so that she would not need an operation. At first she could just make out the severity line of the card with each eye at ten feet. The first treatment improved her vision to 10/40. She was directed to do a great deal of palming and swinging every day, and a week later she read 10/20.

Incidentally, I can prove that eyestrain caused her cataract, for one day she was sufficiently relaxed to read some of the letters on the bottom line of the card, 10/10 temporarily. It was a joy to talk to her, because she was clean and neatly dressed. Her manner was apologetic, and she was grateful for the benefit she received. Another day I noticed that her eyes were swollen from weeping. She was eager to please me, and started to read the card, without success. She turned towards me and said: "Ma'am, I cannot read. The card is all blurred, and I cannot see one letter clearly." Then she began to cry softly, and told me her trouble.

"Many nights I have not slept," she said, "because my son was sent to prison. He is not bad, but he got into mischief."

She loved her boy very much, so she did not tell me the nature of the trouble. But oh, how she strained and suffered for him! I wish I could have told him all about it; I think he would have been sorry. While she palmed I comforted her and reminded her that everything might be much worse. She was under a tension all the while she palmed, but after a while she became more calm and I saw her relax. As she again removed her hands from her eyes to read the card, she exclaimed with relief:

"My, how the letters clear up! What did you do to me? I feel so much better now."

I told her that she did it all herself. At each visit she showed a little more improvement, until she soon became able to read and sew, and to read very fine type at six inches, in a poor light, as well as in a bright light. In less than one year the opacities of the lens disappeared.

#### CATARACT – Case No. 7

For a year I have been treating a woman, aged sixty-eight, who has cataract in both eyes. In the beginning, I saw her about once a week, then later, I treated her less frequently because I had so little time. She lives with her sister and family in the country and every one who knows her, calls her Aunt Mary. She has all the reason in the world to be depressed or unhappy, because, with the exception of just a few years, she has been a cripple all of her life. Yet Aunt Mary greets you with a smile and makes you understand that she is happy.



A few years ago, her sight began to trouble her, and she was examined by an eye specialist. He said that cataract was beginning to form in each eye, and that nothing could be done until they became ripe, when she was to be taken to the hospital for an operation. Then I was consulted by her family and asked to call at her home and examine her eyes. With the retinoscope, I saw a clear, red reflex in the right eye, but none in the left. It was evident that her trouble was caused by strain, and her condition was becoming worse because she worried about the outcome.

We placed her in a comfortable chair in the garden where the sun was shining, and fastened a white test card on the trunk of a tree. As she looked at the card, she began to squint, because the bright light bothered her. Teaching her to blink often, helped her to look at the card with less discomfort. She could read 10/200 with the right eye and 1/200 with the left, which means that at ten feet the only letter she could see with the right eye was the large letter C on the top of the card, and with the left eye, she could not see it further than one foot. With some difficulty, Aunt Mary was able to raise one of her arms, so that she could cover her eyes with her palm. She had a good imagination, so while her eyes were covered, we talked about various kinds of flowers she had seen. We also talked of white clouds and a blue sky. As I mentioned one object after another, her mind did not dwell on one thing very long. I spent about an hour with her the first day, and her vision in that time improved to 10/40 with the right eye and 10/200 with the left. Improving her Imagination of things she had seen, with eyes closed as well as with them open, was the only method I used that day.

There was quite an Improvement in her eyes when I saw her again. The vision of her right eye improved to 10/30 and 10/70 in the left. It was impossible for her to stand and swing, so I placed myself before her in an arm chair, moved my body and head to the right, then to the left with a slow movement, and asked her to do the same. While we were doing this, I could not understand why she did not see nor imagine things about her moving opposite to the direction in which her head and eyes were moving. Then I noticed that she was staring while trying to follow my directions, even though she was blinking. It did not take her very long to learn how to shift her eyes, and after that she made steady progress.

Dr. Bates became interested in Aunt Mary's case and offered to call with me the next time I treated her. He examined her eyes with his ophthalmoscope and said there was not enough opacity of either lens to lower the vision. She was very much encouraged when Dr. Bates told her that her cataract had improved. He also remarked about her cheery disposition, and how her faithfulness in keeping up her dally treatment would help greatly in the cure of her eyes.

There is an enclosed porch where she practices on rainy days, or when it becomes too cold to sit in the garden. Her loving family do all they possibly can to make her comfortable, so there is every chance that she will be cured of her eye trouble.

Aunt Mary did not like to practice with the white C card because the white background bothered her and made her strain. She likes to practice with the white letter card on a black background, so we use the black card mostly during the treatment. In her sunny room hangs a picture which is beautifully colored, but she could not see it clearly. She explained that it seemed to be always in a mist. I gave her fine print to practice with, and she has become able to read it at six inches from her eyes in a fairly good light.

Her confidence in me makes me all the more anxious to cure her. In the last few months, she has realized the fact that no operation for the removal of cataract will ever be necessary, if she continues to practice. She surprised me one day by reading 10/20 with both eyes, and after sun treatment she read 10/15. Surely, at this time, if her cataracts were as bad as they were in the beginning, when I first saw her, her vision would not have improved, neither would she have responded to the sun treatment. Recently, I examined her again with the retinoscope, and I saw a red reflex in the left eye, as well as in the right.

A neighbor, who is twenty years younger than Aunt Mary, and has presbyopia or old age sight, was surprised to find out that Aunt Mary had better sight than she had. The fact that her vision was better than a woman so much younger made her anxious to practice more. The last time I visited Aunt Mary, she read the bottom line of the test card at ten feet, or 10/10, with her right eye and 10/20 with the left. She reads the fine print now at all times, also the newspaper and her Bible without any trouble. When she strains to see at the distance, things seem to blur before her eyes, but when she palms and sways her body, as she sits in her chair, the mist clears away, and she sees better.

When I first became acquainted with her, I noticed how difficult it was for her to move about with her crutches. To get up from her chair was an effort. Not so long ago, I offered to help her change her position, but she managed very nicely herself and got up with the aid of her crutches without any effort at all. I believe the constant practice of the body swing has not only improved the condition of her eyes, but also her general condition.

## JOCKY

The following report of the relief of congenital blindness involves not only cataract but disease of the retina with no perception of light. According to the accepted teachings of ophthalmology, there would have been no relief for the child, and he would have been condemned to a life of blindness, a burden to himself, his family, and the state.

It was during the year of 1920 that Jocky, aged three, became my patient. A man and a woman on the last lap of life's journey accompanied him, and I learned later they were his grandparents. His father and mother had died of influenza soon after he was born.

After the doctor had examined the boy's eyes, he asked me to watch carefully to see if the little fellow would follow his hand, as he passed it from side to side close to his eyes. Poor Jocky paid no attention whatever to the proceedings, for he did not see the hand at all. He could see nothing. He was blind, and had been so from birth. Dr. Bates could not perceive a red reflex in either eye with the ophthalmoscope. Breathlessly the grandmother exclaimed:

"Isn't there any hope at all, Doctor, please? Oh, say there 1st" Poor woman! There seemed indeed little room for hope. The pupils of the child's eyes were filled with a white mass plainly visible to the naked eye. Dr. Bates said that before birth an inflammation of the iris and the interior coats of the eyeball must have occurred. This had not only caused the formation of the cataract, but destroyed the sensitiveness of the retina, so that the removal of the cataracts would have done no good. The Doctor did not promise anything – he never does. He always studies each case that comes to him and then directs me what to do. He explained to the grandparents how necessary it was for Jocky to rest his eyes. Then I showed the grandmother how he could do this.

It was not easy for Jocky to rest. He was never still. Every nerve in his body seemed to be straining. But with infinite patience his grandmother taught him to palm and encouraged him to make a game of it.

"Where is Jocky now?" she would ask.

Then he would cover his closed eyes with his chubby hands, shut out all light, and say: "Jocky gone away." When his grandmother observed that the little fellow was really beginning to see things placed before him, she worked unceasingly with him every day.

Jocky enjoyed playing the game of palming, and the two would keep it up for hours. Even by himself, when he became tired of his other games he would cover his closed eyes with the palms of his hands and journey elsewhere in his imagination. When he removed his hands from his eyes, he could always see better, and this naturally encouraged him to continue the game. He also enjoyed joining hands with his grandmother, or grandfather, and swinging. The practice helped his sight very much. He did not know his letters at first, but his grandmother soon taught him, with the help of the test card.

After a few months of this treatment Jocky had made the most astonishing progress. The area occupied by the cataracts grew smaller and smaller, until one pupil was half clear and the other partially so. Jocky began to go out by himself and to play with other children. At the clinic, after he had palmed awhile, his grandmother would ask him to go and find the good nurse who had been so kind to him when he first came, and he would go straight to her. Then she would ask him to find Dr. Bates and he would go straight to him. This always thrilled the nurses and doctors who were watching. He would also go to a little girl-patient with cross eyes, and the two had great fun swinging together.

Some time later a clinic attendant informed the grandparents that Jocky could not come to the clinic any more, because he did not live in the district of the Harlem Hospital. Our little Jocky, however, was not forsaken on that account. He became a steady visitor to the doctor's office, where he was always made welcome.

No patient who ever attended the clinic was more missed than Jocky when his visits ceased. As he lived a distance away he did not come three days a week, like the other children, but when he was present he was a ray of sunshine. His cunning ways endeared him to everybody, while his wonderful progress inspired confidence in the treatment and encouraged young and old to practice more industriously. He understood what we were trying to do for him, and tried to help us all he could. Whenever he saw Dr. Bates coming towards him, he would put his hands over his closed eyes, and say, over and over:

"Jocky gone away, Doctor. See! Jocky gone away."

## Better Eyesight Magazine

Dr. Bates self-published his small *Better Eyesight* magazine from 1919 to 1930. It included articles by him, other contributors, his assistant, and patients.

### Better Eyesight Magazine, June 1920

#### A CASE OF CATARACT

By VICTORIA COOLIDGE

After I had made one visit to Dr. Bates, I was so much encouraged that I asked him if he could do anything for my father, eighty-one years old, who had cataract in each eye. He said he could, provided the patient had all his faculties and would follow directions. I replied that he was not only in full possession of his faculties but that he was blest with vigorous health besides, and I felt sure that he would be willing to do anything to restore his sight.

When I went home, I told my father what Dr. Bates had said, but the treatment seemed so simple for such a difficult case, and his mind was so thoroughly imbued with the idea that nothing but an operation would help him, that he did not make up his mind to see Dr. Bates until four months later.

He remembered having had remarkably keen vision as a young man, and in 1862 passed as normal the army eye test, which was very strict at the beginning of the Civil War. When he was about fifty years old, however, he began to have trouble in reading and other near work, so he put on glasses to correct this difficulty, and seems to have had the same experience that so many people have—they were nearly, but not quite right. He went from one doctor to another, but the result was always the same. Finally, in 1907, he consulted a well-known specialist in Albany, who, in 1919, at his request, sent him the following record of his case as it was at the time of that visit:

R. V. 20/200 corrected by glasses to 20/50

L. V. 20/50 corrected by glasses to 20/30

Ophthalmoscopic examination showed in each eye incipient cataractous changes, which were more marked in the right eye. Otherwise the interior of the eye appeared normal.

Nothing was said to him personally regarding this condition, for frequently it remains unchanged for years.

He was well pleased with the glasses obtained at this time, and for a few years had more comfort with them than with any he had ever worn; but after a while he began to have trouble with his right eye again. In 1917 he noticed that there seemed to be hard deposits in his eyes. He consulted a prominent specialist in his own locality and learned from him that he had a fairly well developed cataract in the left eye, and an incipient cataract in the other. The doctor prescribed glasses for him, and asked him to visit him once a month so that he might watch the progress of the cataracts. He said that nothing but an operation would help the left eye, but he would advise an operation only in the event of a loss of sight in both eyes, as would be the case if the cataract in the right eye should also progress, because unless both eyes were operated on at approximately the same time, they would not focus together. He called on the doctor faithfully every month for about a year and a half, when he finally became tired of hearing the same discouraging story: the left cataract was rapidly developing, but the doctor would not operate unless both cataracts were ripe. And so he discontinued his visits.

It was about six or seven months after his last visit to this doctor that he called on Dr. Bates. The sight in the left eye had become so dim by this time that he could not recognize the members of his family across the table. He could see that there were people there, but he could not distinguish them. Dr. Bates made the following report of his condition at the time of his first visit:

January 1, 1918:

R. V. 20/100

L. V. Perception of light—unable to count his fingers.

At subsequent visits the following records were made:

January 2.

R. V. 20/200, artificial light.

L. V. Counted fingers at six inches.

Improved by shifting, swing, rest, palming (best).

January 4.

R. V. 14/30.

L. V. 14/200.

Reads large print.

January 8.

R. V. 14/15.

L. V. 14/200+.

Reads some words fine print continuously

.

January 13.

R. V. 14/10.

L. V. 14/40.

He reads in flashes the fine print with the right eye and some larger print with the left.  
His improved sight helps his hearing at times.

January 18.

R. V. 14/10.

L. V. 14/20 in more continuous flashes.

He is reading large print more continuously with the left eye.

April 30.

Obtains flashes of the fine print with the left eye better than with the right.

[Better Eyesight magazine, January 1921](#)

CATARACT: ITS CAUSE AND CURE

By W. H. BATES, M. D.

Cataract is a condition in which the lens becomes opaque. It is commonly associated with advancing years, but may occur at any age. It may also be congenital (present at birth). The opacities take many different forms, and may occur in a hard or a soft lens. According to the orthodox teaching the condition is incurable except by the removal of the lens, although in the earlier stages it is sometimes ameliorated by means of drops that expand the pupil and by glasses. The text-books are full of statements to this effect.

Yet it is perfectly well known that cataract does sometimes recover spontaneously. Many such cases are on record, and probably most ophthalmologists who have been practicing for any length of time have seen them. Fifteen or twenty years ago, when I was assistant surgeon at the New York Eye and Ear Infirmary, I collected, at the request of the surgeon, Dr Henry D. Noyes, a large number of records of such cases.

The removal of the lens, when it is soft, is usually accomplished by the operation of needling, whereby the tissues are broken up so that they may be absorbed. A hard lens is extracted through an opening at the margin of the cornea, and the best results are believed to be obtained when the opacity has become complete. Otherwise part of the lens substance is liable to be left behind and cause trouble. Thus the patient may be kept for years in a condition of semi-blindness.

The results of the operation are not always as satisfactory as might be desired. A considerable proportion of patients regain what is considered to be normal acuteness of vision with very strong glasses, and the results are considered good when they become able to read large print at the near-point and 20/50 at the distance. The patient is obliged, usually to have two sets of glasses, one for distant vision to replace the focusing power of the lost lens, and the other for reading to compensate for the impairment of the accommodative power which usually follows the operation.

This impairment of accommodative power is not due to the removal of the lens, which has nothing to do with accommodation, but to the fact that the patient strains so to see that the muscles that control the shape of the eyeball fail to act properly. In some cases it is regained, after the patient becomes accustomed to the new situation, without treatment, and in rare cases patients have become able to do without glasses entirely, because the eyeball elongated sufficiently to compensate for the loss of the lens.

I began to treat cataract by the operative method, because I did not know anything better to do. Then I learned from Dr James E. Kelly of New York that incipient cases would yield to hygienic treatment. My first inkling of the value of central fixation in such conditions came to me through a patient who had incipient cataract in one eye and hypermetropia (farsight) in the other. By the time the error of refraction had been relieved the cataract had disappeared. After this I had many similar experiences, but it did not occur to me that a ripe cataract, or a congenital cataract, could be cured by this or any other treatment.



In 1912, however, a young girl of seventeen came to my clinic with the left eye enucleated and a congenital cataract in the right. The left had been operated upon for the same condition, and, having become infected, was taken out to save the better eye. The latter having recently become worse, the patient had come to have it operated upon. Before performing the operation I thought it best to treat her by the method of relaxation, for the purpose of improving the condition of the eye as much as possible so that the operation might have a better chance of success. To my surprise the vision improved and kept on improving, until in three months it was normal and the cataract had disappeared.

One day, some half a dozen years later, a lady, fifty-five years of age, came to me to be cured of presbyopia (old-age sight.) Her distant vision in the right eye was 20/20, and in the left she had only light perception. This was due to the presence, in this eye, of a mature cataract. I began to treat her by the aid of the memory and imagination for presbyopia, and, in order to prove to her the relation between these mental faculties and the state of the vision, I asked her to cover her right eye and note that she could not remember or imagine a black period as well as when it was open. She replied that she could, and I said it was impossible. She insisted that, nevertheless, she did it. Thinking that at the near-point she would realize the imperfection of the sight of the left eye more clearly than at the distance, I brought the card closer and said:

“You cannot remember the period looking at this card with your good eye covered.”

She replied: “I can, and what is more, I can read the card,” which she did, both at two feet and at twenty.

This was naturally a shock to me. It did not seem to me possible that a mature cataract could melt away in such a short time, but the ophthalmoscope confirmed the statements of the patient. When she remembered a period perfectly I could see the optic nerve and other details of the eye-ground. Since then I have cured a great many similar cases, one of the most remarkable having been reported in *Better Eyesight* for June, 1920.

I had another shock when a few months ago a traumatic cataract began to melt away under the influence of relaxation treatment. The patient came to my clinic with an eye which had been completely blind for four years from traumatic cataract complicated with detachment of the retina. The opacity completely covered the pupil, and with the ophthalmoscope no red reflex (light reflected from the retina) could be seen. After a few treatments the patient became able to see the movements of his hand on the temporal side. Later he became able to see the hand in all parts of the field. Now he is beginning to read.

Another case of the cure of traumatic cataract is reported in the following article.

These cures are very remarkable. A traumatic cataract is one which follows an injury (trauma) to the lens, the opacity being due largely to the formation of connective tissue in the pupil, and, in advance of the event, I should have pronounced the cure of such a condition impossible, although I had previously demonstrated that when patients practice central fixation connective tissue is absorbed in the optic nerve, retina and cornea. In the retina and optic nerve the circulation can be seen to improve as the connective tissue disappears, and I can only assume that this is the cause of its disappearance.

Equally remarkable is the cure of diabetic cataract without relief of the disease. A patient with such a cataract came to me on April 29, 1918, her vision being 10/200 — in the right eye and 20/30 — in the left. She had been seen a year and a half previously by a well-known ophthalmologist who had advised several operations, but, fortunately, she had not submitted to them. By the aid of palming, swinging, imagination and memory, her vision improved rapidly. On May 15 that of the left eye was 20/70, while later it became normal. On May 22 the vision of the right became normal temporarily. Since then she has had slight relapses in the right eye, but few or none in the left. The general diabetic condition has not changed, and it is remarkable that when it is at its worst there is very little lowering of the vision.

It is quite evident from the foregoing facts that the cause of cataract (other than traumatic) is strain, and I have found much evidence, both clinical and experimental, to the same effect. I have not been able to produce cataract in a normal eye by strain, but in a cataractous eye I have seen the opacity come and go according as the mind of the patient was relaxed or under strain. In one of these cases the opacity was so dense that no red reflex could be seen. Another doctor who was present looked at the eye and made the same observation. I asked the patient to remember a swinging O perfectly black, with a perfectly white center. This meant perfect relaxation, and when she did it I saw some of the details of the retina and the optic nerve, while the other doctor again confirmed my observation. I then asked her to think of the O as stationary, with grey outlines and a clouded center. This meant great strain, and while she did it neither I nor my colleague could see the red reflex. In experimental animals I have produced cataract by operating upon the external muscles in such a way as to increase their pressure, and have then relieved it by cutting these muscles.

## TRAUMATIC CATARACT DISAPPEARS

By MARGARET DOWNIE

This patient was first seen on October 18, 1920, when her vision in the right eye was 20/100 and in the left 14/200. She had compound myopic astigmatism in the right eye, and the pupil of the left eye was covered by a traumatic cataract which prevented ophthalmoscopic examination of the eye-ground. On December 6, the cataract had been absorbed except for a spot about the size of a pin-head, and I was able to see the optic nerve and the retina clearly. With a glass to replace the focusing power of the lens—convex 7.00D.S. combined with convex 3.00 D.C., 75 degrees—she was able with this eye to read 20/40, and on the same day, after palming and swinging, she obtained temporary normal vision in both eyes, the left eyeball having elongated sufficiently to compensate for the loss of the lens. The fact that astigmatism should have developed in the right eye after the injury to the left is interesting, as astigmatism has been supposed, until recently, to be congenital.

When I was thirteen years of age a bullet from an air-gun, rebounding from a tree, struck my left eye and injured the lens. This resulted in the formation of a cataract which was operated upon three times. After the third operation about one third of the cataract remained, but the doctor was afraid to operate again. I was now able with this eye to distinguish, with the aid of a strong glass, only the outline of near-by objects.

Previous to the accident my eyes had been straight, and the vision of both normal, so far as I was aware. After the last operation, however, I found myself unable to read writing on the blackboard at school. I went to the specialist who had performed the operations and he was astounded to find that I had a bad case of astigmatism in the good eye. He gave me the following glass: convex 3.00 D.C., 105 degrees, combined with concave 2.50 D.C., 15 degrees. Later my left eye began to turn out.

I wore my glasses constantly, putting them on the first thing in the morning, and taking them off the last thing at night. I went swimming with them, and if they were lost or broken, I remained in my room until they were found or repaired. My condition caused me much unhappiness, and I was particularly disturbed about the squint. I wrote to every medical journal that I knew about and to many other publications, asking if there was any cure for squint; but none of them was able to suggest anything but an operation. A few months ago I happened to hear about Dr. Bates, and I resolved to see him as soon as an opportunity offered. At the beginning of the season I came to New York from my home in Texas to study music, but with Dr. Bates in the background of my mind. Nevertheless I did not look him up immediately.

One day in the elevator of a department store my glasses were swept from my face, disappearing as completely as if they had never existed. I went to the Lost Property Office, but after waiting there a long time failed to recover them. It was a horrible experience, and the realization of my helplessness without glasses depressed me terribly. However, it resulted in my looking up Dr. Bates immediately, it was a good thing.

I went to him with the hope that he might be able to cure my squint and astigmatism, but I never dreamt that he could cure cataract also. When he told me he could do so I hardly knew what to think, but I resolved to do everything I could to help him cure me. I carried out the swinging treatment so vigorously that I used to get dizzy, and fall over on my bed. Of course I was not doing it right, but the doctor had told me to swing, and I was determined to do so. I was positively terrified when he told me to palm and remember all sorts of strange things, such as the letter F on a piece of white starch, because I thought he was trying to hypnotize me, but I did my best, nevertheless, to carry out his instruction. Later I bought and read all the back numbers of the magazine, and learned the scientific principles on which the treatment is based.

My eyesight is now steadily improving, and I intend to keep up the treatment until I have normal vision. I have given up the music for the time being—my eyes are more important, ten times more important—and the ridicule of my friends does not disturb me. As long as that old cataract continues to melt away nothing else matters.

In addition to the improvement in my eyesight I have noticed an improvement in my memory. My memory for the things I learned out of books at school was always poor, while my memory for music has always been exceptionally good. I suppose the difference was due to the fact that one set of impressions reached me through my eyes, and the other through my ears. Now that my vision is improving I can remember the things that I see better.

I wish everyone could know of this remarkable method of curing defects of vision. I know in the end it must surmount all opposition, but meantime how many persons as afflicted as I once was will remain unhelped! It is right that we should be dubious of the new, but to hang so tightly to tradition as the medical profession seems to do makes progress unnecessarily hard.

#### INCIPIENT CATARACT RELIEVED

By C. L. STEENSON, M. D.

New York.

This patient when first seen had a vision of 20/200 in each eye, and was wearing, for distant vision, the following glasses: right eye, concave 6.00 D.S. combined with 1.00 D.C., 90 degrees; left eye, 10.00 D.S. combined with 1.00 D.C., 60 degrees. Owing to the presence of incipient cataract in each eye these lenses improved his vision only 20/50 in

the right eye and 20/100 in the left. For reading his glasses were three diopters weaker. He now has flashes of normal vision. He was helped most by the use of his imagination.

Since boyhood—I am now sixty-five—I have had myopia and astigmatism, for the correction of which I have worn glasses and spectacles. About two years ago cataract developed in my right eye, and a few months later in my left eye. Both were in mild degree, but still bad enough to seriously obscure the field of vision. I had previously been annoyed by vitreous opacities which made little black spots dance in the field of vision. I also suffered from frequent severe headaches. My glasses were often changed without much relief.

About November 1st of this year (1920) I consulted Dr. Bates, of whom I had heard much and favorably. His methods of treatment seemed exceedingly rational, and he gave me great hopes of getting rid of my eye troubles. First of all he made me discard my glasses, which, at first, seemed rather hard, but to which I have gradually become reconciled. Through what I would call a system of progressive education of sight, I have now almost got rid of the myopia, the vitreous opacities do not bother me any more, and, apparently, the cataracts are disappearing by degrees. The headaches have also disappeared. I have resumed, to a great extent, the literary and research work on which I have been engaged since my retirement from active practice, and I have no doubt that, ultimately, I shall be in possession of full visual power. Upon my future progress I will report at a later date.

No. 122 West Ninety-ninth Street

[Better Eyesight magazine, Sept 1923](#)

CATARACT CURE

By HERBERT PARRISH

Rector of Christ Church, New Brunswick, N. J.

An aged member of my congregation, nearly eighty, who had been accustomed to read the Bible every day of her life, and who could also read the newspaper and thread needles and sew, suddenly lost her sight early in February. She became increasingly blind and by the end of March was unable to do any reading whatever or to sew. Since there was little else that she could do, life seemed to have gone out for her, into darkness, and she was greatly distressed.

In April her daughter took her to one of the best eye specialists in this vicinity who made an examination of her eyes, said that nothing could be done at that time, charged her five dollars for the examination, and handed the daughter a slip of paper as she left the office. The daughter supposed that the paper was a receipt for the five dollars, but on reaching home and opening the paper she found that it contained a single word, "Cataract." The Doctor evidently hesitated to distress the old lady by telling her directly what was the matter. She had gone blind from cataracts.

Shortly after I visited the old lady at her home in order to administer the Sacrament. After the service I told her about the methods Dr. Bates used to cure cataract and I suggested that she should try palming her eyes three times a day and swinging. This she did very faithfully and before the end of the month she became able to read the larger print of the newspapers. Gradually she regained her sight and in the course of a month or two was able to resume her practice of reading the Bible daily and the ordinary print of the newspaper. She also was able again to thread needles and to sew.

She continues the palming and swinging. Her eyes have cleared up and are bright.

[Better Eyesight magazine, Feb 1925](#)

## CATARACT

By W. H. BATES, M.D.

Cataract is a form of imperfect sight in which the lens of the eye becomes opaque. It usually begins after the age of fifty, and may progress in the course of a year or longer to complete blindness. In most cases perception of light can be demonstrated in all parts of the field. In many cases, cataract in one or both eyes is found at birth. There are also a smaller number of cataracts which appear after an injury to the eyes. Diabetes and other general diseases are believed to be a cause of cataract. As a rule cataract is progressive.

In 1895, a well-known ophthalmologist asked me, one of his assistants, to collect the histories of all cases of cataract which recovered without treatment. There were many such cases. It seemed to me that since recovery of cataract occurred without treatment, although the majority needed an operation for the removal of the lens before they were able to see; some

form of treatment might help more of these cases. I sent some of my private patients to general practitioners who at that time by various methods did benefit these patients in quite a number of instances.

Not long afterwards I attended a meeting of the Ophthalmological Section of the American Medical Association, and listened to a paper on the treatment of cataract in which the writer declared that any doctor who claimed to cure cataract without an operation was a quack or something worse. I did not think he was right, and gave a talk on my experience, which produced something of a sensation.

More than forty years ago, when I was a student in a medical college, one of the professors gave a lecture on the eye. He had a number of nucleated eyeballs from the cow. He demonstrated that when the eyeball was squeezed with the aid of his fingers, an opacity or cataract of the lens at once appeared. I could see this more than twenty feet away. When the squeeze was relieved, the lens at once became apparently perfectly clear. I have repeated this experiment on the eyes of other animals without failure.

One day I was studying the eye of a patient with partial cataract. While the patient was talking of various things of no special consequence, I could see through several openings in the cataract, areas of a red reflex, which was evidence that the lens was not completely opaque. I asked the patient how much she could see, and while she told me the letters on the Snellen test card that she could read, the opacity of the lens was incomplete. She then made an unsuccessful effort to remember some of the smaller letters, when much to my surprise, the whole lens became opaque. I repeated the observation as follows:

I asked her: "Can you remember that you saw the big C?"

"Yes," she answered, and then at once the lens cleared in part, and I could see the red reflex through the open spaces.

Then I asked her: "Can you remember having seen any of the smaller letters on the bottom line?" I could see that she was making a considerable effort when the lens became completely opaque. I was so interested that I had a number of friends of mine repeat the experiment, and they were just as much astonished as I was when they obtained the same result.

So many patients are depressed, or become very unhappy, when they learn that they have cataract. The prospect of an operation, with its dangers and uncertainties, is too often a punishment. When an elderly patient with loss of vision is brought to me for treatment, the friends or relatives usually request me not to tell him that he may have cataract. For many years I followed this practice, gave the patient glasses, and deceived him as well as I knew how. I felt a great responsibility which I was always anxious to be rid of. I was ashamed of my cowardice. It was a great relief to have such patients consult some other physician. At the present time this has all been changed. I welcome cataract patients now, and rejoice in the fact that they have cataract because I am always able to improve the vision at the first visit, and ultimately cure them if they continue some months, or longer, under my supervision. Cataract is more readily cured than diseases of the optic nerve or retina. I believe that I am justified in telling the patients that the cause of the imperfect sight is due to cataract, because when they know what

is wrong with them, they are more likely to continue to practice methods of treatment which are helpful.

The vision of every case of cataract always improves after palming, when the patient learns how to do it right. I have seen many serious cases obtain normal vision with the disappearance of the cataract, by practicing the palming and nothing else.

It was a shock to me to see a case of traumatic cataract recover with the aid of palming. Cataract, occurring in patients with diabetes, has also disappeared without treatment or cure of the diabetes.

Treatment which is a benefit to cataract has for its object relaxation of the eyes and mind.

The quickest cure of cataract is obtained by the memory or imagination of perfect sight. It can be demonstrated that when the patient remembers some letter as well with the eyes open as with the eyes closed, that the vision is improved, and when the memory is perfect with the eyes open, perfect vision is obtained at once and the cataract disappears. This startling fact has been ridiculed by people who did not test the matter properly. When the patient stares, concentrates, or makes an effort to see, the memory, imagination, the vision, always become worse. The patient and others can feel, with the tips of the fingers lightly touching the closed upper eyelid, that the eyeball becomes harder when imperfect sight is remembered or imagined. But when perfect sight is remembered or imagined, it can always be demonstrated that the eyeball becomes as soft as is the case in the normal eye. When the patient practices the swing successfully, or practices other methods which bring about relaxation of the muscles on the outside of the eyeball, it becomes soft, and the cataract is lessened.

After an operation for the removal of cataract, a thin membrane usually forms over the pupil of the eye, which impairs the vision. This membrane is called a secondary cataract. Sometimes another operation, a puncture through this membrane, is beneficial. In a recent case, a man, after the removal of the lens for congenital cataract, came to me for treatment. Without glasses his vision was 15/200; with convex 15.00 D. S., the vision was improved to 15/70+.

The patient hesitated about taking treatment at this time because he had heard that I always removed the glasses. He felt that on account of his work, he had better defer the treatment until such time as it was convenient to go without his glasses. I asked him if he would go without his glasses if I improved his vision so that he could see as well, or better, without them, as he was now able to see with them. He answered that he would do as I recommended. With the aid of palming, swinging, and perfect memory and imagination, the vision very promptly improved to 15/15.

[Better Eyesight magazine, June 1926](#)

CATARACT

By W. H. BATES, M.D.



## DEFINED

Cataract is an opacity of the lens of the eye. The lens of the eye is located in the pupil just behind the colored part of the eye, the iris. The lens is about the size of an ordinary pea. It is curved more on the front part than on the back. It is suspended in the eye by a bag-shaped structure, called the capsule. The capsule is a thin membrane. Covering the inside of the front part of the capsule is a layer of cells resembling in form and structure some of the layers of the skin of the body. The cells of the front part of the capsule are believed by some authorities to cause a secondary cataract after the lens has been extracted. Some years ago, I demonstrated by a long series of experiments that secondary cataract is not caused by these epithelial cells, but by scar tissue. The lens, itself, is composed of a number of layers of transparent tissue, which lie parallel to each other. When one places a number of sheets of plane window glass in a pile, with each pane of glass parallel to all the others, the pile of glass is transparent, but if one sheet or more is at an angle, that is, not parallel, the pile of sheet glass is clouded. This is a simple description of what takes place in the lens of the eye when it becomes opaque. When the lens is clear, its layers are parallel to each other. When the lens is opaque, one or more of the layers is at an angle to the rest. Some patients with normal eyes are able by means of an effort to consciously produce a cataract. When the cataract is beginning to show, it can be increased consciously by the memory of imperfect sight, which requires an effort with a resultant contraction of the muscles on the outside of the eyeball. When one group of eye muscles contract, the eyeball is lengthened and myopia is produced. When another group of muscles contract, the eyeball is shortened with a production of hypermetropia. When all the muscles of the eye contract sufficiently, the eyeball is squeezed in such a way as to change the parallelism of the layers of the lens with a consequent loss of its transparency.

## OCCURRENCE

**SENILE CATARACT.** There are various kinds of cataracts. The most common form is called senile cataract, because it usually occurs in elderly people after the age of fifty. Exceptions, however, are found in which the cataract may occur at a much earlier period. In the senile cataract at the beginning of the cloudiness of the lens, one sees opacities extending in nearly straight lines from the periphery, or the outside margin of the lens, to the center. Later on, the parts of the lens between these lines of opacities become clouded until the whole lens becomes totally opaque. A lens is said to be ripe when its whole structure becomes opaque, when the patient's vision becomes so poor that he is unable to count his fingers held about a foot from the eyes.

**CONGENITAL CATARACT.** When a child is born with an opacity of the lens, such a cataract is called congenital.

**TRAUMATIC CATARACT.** A traumatic cataract is caused by some mechanical injury like a blow or the puncturing of the lens by a sharp object. Being struck by a baseball or having a sharp object, such as a stick or a toy, thrust in the eye, is a common cause of traumatic cataract.

COMPLICATED CATARACT. When in addition to cataract, the patient has some disease of the eye, glaucoma, atrophy of the optic nerve, or serious inflammation of the interior of the eyeball, he has what is called complicated cataract. In these cases, the patient is usually unable to distinguish light in some parts of the field.

There are other kinds of cataract which occur less frequently.

## SYMPTOMS

Occasionally, a cataract may be sufficiently prominent to be recognized with the naked eye. In most cases, however, one cannot discover the cataract without the aid of the ophthalmoscope. When cataract is far advanced or the lens becomes totally opaque, the red reflex of the normal eye is not seen in the area of the pupil. If the cataract is only partially developed, one sees a red reflex shining through a clear part of the lens while other parts of the lens are more or less opaque.

## DEMONSTRATIONS

Some years ago, when I was attending lectures at a medical college, an experiment was performed which was so convincing that I have always remembered the details. A professor was talking about the eye. He showed us an enucleated eyeball of a cow, and called our attention to the fact that when he held the eyeball loosely in his fingers, the pupil was perfectly black. Then, when he squeezed the eyeball, almost immediately the pupil of the cow's eye became distinctly white from the pressure exerted upon the lens. Then, when the lecturer relaxed the pressure of his fingers, the pupil at once became perfectly black as it was before, and the cataract disappeared. The experiment was repeated a number of times. The pressure on the eyeball always produced cataract; relaxation of the pressure was always followed by the disappearance of the cataract.

Some years ago, I performed an experiment on a rabbit which had just been killed by chloroform. By dragging upon the muscles on the outside of the eyeball, it was possible to obtain pressure on the lens and produce a temporary cataract. When pressure on the eyeball was released, the cataract disappeared. By advancing the muscles and fastening them permanently to the back part of the eyeball with the aid of sutures, the cataract which appeared in the pupil was permanent so long as the pressure was maintained by the advancement of the muscles. The facts demonstrated very conclusively that cataract in the rabbit's eye can be produced by pressure on the eyeball with the aid of the muscles on the outside of the globe.

## TREATMENT

If cataract can be produced in a rabbit's eye experimentally, one would expect the same thing to occur in the human eye. Treatment which relieves pressure on the eyeball is always beneficial. It

is very interesting to discover that all cases of uncomplicated senile cataract have been benefited by relaxation or rest, at first temporarily, later more continuously or permanently.

There are a great many methods of treatment which bring about relaxation in the cure of cataract. The measures employed are not injurious. In fact, there is no possibility of making the condition of the eye worse. It is well to emphasize the fact that the same method of treatment to obtain relaxation is not a benefit in all cases. Patients need to be treated as individuals.

1. REST. Closing the eyes and resting them, or covering the closed eyelids with the palm of one or both hands, without exerting any pressure on the eyelids, has improved the majority of my patients. In my book, I report a case of cataract which was cured permanently by palming for a long period of time, twenty hours continuously. Palming for five minutes hourly is usually beneficial. With the eyes closed and covered, it is well that the patient allow his thoughts to drift from one thing to another without trying to remember one thing in particular all the time. By thinking of pleasant things, it is often possible for the patient to forget that he has eyes and in this way a larger amount of relaxation is attained.

2. SWINGING. Swinging is very helpful in the cure of cataract. This swinging of the body can be done with the patient standing or sitting. Some patients have practiced the swing while sitting in a chair for many hours during the day. When tired, they would alternate with palming. When the swinging is done correctly, it is restful and a benefit not only to cataract, but to other conditions of the eye. In swinging, one moves the body, head and eyes from side to side. When the body sways to the right, the head and eyes move in the same direction. When the body moves to the left, the head and eyes also move to the left. When the eyes move to the right, all objects not regarded are to the left of where the eyes are looking. When the eye moves to the left, all objects not regarded are to the right. By practicing the swinging exercise, many patients soon become able to imagine stationary objects to be moving in the opposite direction to the movement of the head and eyes. The great benefit derived from the sway is that the stare, the strain, and concentration are prevented. One cannot sway, move the eyes, and at the same time hold the eyes stationary in order to stare or concentrate.

The normal eye with normal sight never sees anything with perfect sight continuously, unless it can become able to imagine it to be moving. This movement is usually about one-quarter of an inch from side to side. Things imagined to be stationary soon become imperfect.

3. MEMORY, IMAGINATION. It is not possible to remember a letter of the Snellen test card perfectly unless it is seen perfectly. It is not possible to imagine a mental picture of the letter perfectly unless it is remembered perfectly. Furthermore, it is not possible to see the letter perfectly unless one has a perfect imagination of a known letter or other object as well with the eyes open as with the eyes closed. One of my patients had normal sight with the right eye, but only perception of light with the left eye which had a ripe cataract, or a cataract in which the whole lens was opaque. With the right eye, she could remember or imagine perfectly the letters that she was able to see perfectly. When she covered the good eye with a screen, she told me that she could imagine the small letter on the Snellen test card as perfectly with her left eye as she, could with her right. She was told that because of her poor sight in the left eye, she was unable to imagine perfectly at the same time with her left eye open. She remonstrated with me and was very positive that she could imagine as well with her left eye open as with her right.

Finally, I asked her how much she could see on the strange card, and much to my surprise she read it with normal vision. When the eye was examined with the ophthalmoscope at the same time that she said her vision was normal, the cataract had disappeared. She was right and had demonstrated the truth that when her imagination was perfect, her sight was also perfect and in order to have perfect sight, it was necessary for the cataract to disappear, which it did. This case was one of the strongest evidences that imagination treatment is one of the best methods that can be employed to cure cataract. It interested me so much and emphasized the value of the imagination so greatly that it has become a routine treatment for my other cases. While it is beneficial in most cases, it is seldom curative because very few patients have so perfect an imagination.

I treated a woman, aged fifty-six for the first time on November 7, 1923. The right eye had incipient cataract with a vision of 15/70. The left eye had a ripe cataract with a vision of only perception of light. The numerous eye doctors, whom she consulted all advised an operation for the removal of the cataract of the left eye, and told her that no other treatment would be of any help. The patient was benefited by palming, by swinging, and most of all by the use of her imagination. When her imagination, with the right eye open, improved, her vision improved to the normal. With her left eye open, her imagination was not so good, but even with an imperfect imagination her vision at once improved to 15/200. After two weeks of treatment, there were days in which her imagination became, with the left eye open, as good as with her right eye open, with normal vision in each eye. After some months of treatment without my supervision, the vision of the right eye became permanently normal and the cataract disappeared. By continuing the treatment at home, the left eye obtained normal vision for short periods of time only. Since she obtained normal vision with the left eye, although temporarily, it is possible for the temporary improvement to become permanent.

The memory of perfect sight is a rest to the eye, with a coincident relaxation of all tension or strain of the muscles of the eye.

4. FINE PRINT. Cataract patients become able to read fine print at six inches or nearer to their eyes more quickly than do patients with imperfect sight from other causes. By reading fine print frequently, or for long periods of time, the cataract becomes less.

5. SUN TREATMENT. The eyes need sunlight. People who work in mines, where there is no sun, sooner or later develop inflammations of the interior of the eyes. The cloudiness of the lens from cataract is lessened by exposing the eye to the direct rays of the sun. When using the sun treatment, it is best to let the eyes become accustomed to the sun by mild treatment at first. Have the patient sit in a chair with his eyes closed and his face turned toward the sun. He should slowly move his head a short distance from side to side. The movement of the head prevents concentration of the sun's rays on one part of the eye. After some days of treatment, or when the patient becomes more accustomed to the light, one may use the sun-glass with added benefit. Direct the patient to look far down and while he does this, lift the upper lid gently, exposing to view the sclera or white part of the eye. Now, with the aid of the sun-glass focus the sunlight on the forehead or on the cheek, and then rapidly pass the concentrated light over various parts of the sclera. This requires less than a minute of time. It is not well to be in a hurry. One should wait until the patient becomes sufficiently accustomed to the sun to permit the

upper eyelid to be raised while he looks far down, exposing the sclera only. It is important that the patient be cautioned not to look directly at the sun.

## PROGNOSIS

The cure of cataract is usually accomplished more quickly than the cure of some other diseases of the eye. My assistant, Emily C. Lierman, has had unusual success in treating cataract cases, as she adapts my methods to each individual case. In her book, "Stories from the Clinic," the treatment is described in detail.

[Better Eyesight magazine, April 1928](#)

## CATARACT

By W. H. Bates, M.D.

Some years ago a professor of anatomy was exhibiting the effect of pressure on the enucleated eyeballs of a dead cow and some other animals. At a distance of about twenty feet from the eye, the audience observed that the pupil was perfectly clear. Immediately after the eyeball was squeezed by the fingers of the professor, the area of the pupil became at once completely opaque, from the production of a cataract. Then when the pressure on the eyeball was lessened, the cataract at once disappeared and the eyeball became normal. Again squeezing the eyeball, a cataract was produced as before. And again, the cataract disappeared when the pressure was lessened. The experiment was repeated a number of times with the result that the pressure on the eyeball always produced a cataract, which was relieved by reducing the pressure.

There are two oblique and four straight or recti muscles on the outside of the eyeball.

The superior and inferior oblique pressing on the eyeball at the same time have always been followed by lengthening of the eyeball. The four straight muscles on the outside of the eyeball shorten the globe or eyeball by their contraction. In animals the eyeball has been shortened experimentally by operations on each of the four straight muscles, which increased the pressure temporarily. These operations were performed after death. Similar operations on the two oblique muscles at the same time produced pressure and increased hardness of the eyeball with cataract following.

Patients suffering from cataract have increased the hardness of the eyeball, at the same time increasing the density of the cataract. While the cataract is being observed with the aid of the ophthalmoscope, it can be seen to change in size or density when the patient consciously or voluntarily increases or diminishes the hardness of the eyeball with the aid of the memory or the imagination.

When a word, a letter, part of a letter, or other object is remembered perfectly with the eyes closed or open, the cataract can be seen by the observer to become less. But if memory of letters, colors or other objects is imperfect, the cataract always is seen by the observer to become worse. A great many cases of senile and other forms of cataract have been temporarily improved and this improvement has become more complete and more permanent by the practice of a perfect memory.

A perfect memory usually becomes manifest when the patient practices the optical swing. However, the cataract always becomes worse when the optical swing or the perfect memory is not practiced. To keep the eyeball hard by practicing an imperfect memory is difficult and requires effort. The practice of an imperfect memory is tiresome and requires constant attention of the patient. In others it can be demonstrated that the formation of cataract in elderly people requires hard work and is exceedingly difficult. These patients are difficult to treat because they cannot control the functions of the mind.

A perfect memory is easy. It is quick, continuous and beneficial. Patients with a perfect memory have consciously or unconsciously a perfect optical swing. They are able to remember, to imagine letters, colors and other objects continuously without any strain or fatigue. These cases are favorable and recover from cataract after they demonstrate that a perfect memory is beneficial.

The study of cataract has occupied the attention of eye doctors for many hundreds of years. It occurs very frequently in India, China, Japan and among people of the highest intelligence, as well as among those whose intelligence is of the lowest order. Some cases appear without apparent cause. It may increase rapidly or slowly and continuously, until the vision is completely lost.

Of all organic diseases of the eye which have received medical attention, measures of relief by operation or by the use of eyedrops have usually, in a large number of cases, been unsatisfactory. Cases have been operated upon in which a temporary cure was obtained. However, in too many of these cases the good vision obtained soon after the operation did not remain good. In some of these cases and without apparent cause, inflammation of the interior parts of the eye developed and was followed by serious loss of vision.

Some cases of cataract are found in the eyes of children soon after birth, sometimes in one eye, less frequently in both. The cataract which occurs in children is softer than in the eyes of adults and is more readily benefited by operation than in the eyes of adults. In some cases of cataract in children, the front part of the lens becomes opaque. Such a cataract is called an anterior polar cataract. Often, after the lens has been punctured, it becomes absorbed and good vision is obtained. In other cases an opacity forms on the back part of the lens which increases until the lens becomes entirely opaque. Here again repeated puncturing of the lens is followed by a total opacity of the lens, and its complete absorption. In a third variety of cataract in children, an opacity of the lens forms in one or more layers of the lens, which is usually absorbed after repeated punctures of the lens are made with a sharp needle. This operation has been called "needling of the lens."

When cataract occurs in adults of forty years or older it is called senile cataract. In adults, the operation of needling the lens is not so successful in being followed by absorption of the lens. In some cases, if not in a large number, better results are obtained by removing the whole lens by one or more operations. There are many diseases of the eyes such as inflammations of the iris and choroid which are believed to produce cataract. The removal of the lens is usually very difficult without injuring the iris, choroid and retina.

In cataract the crystalline lens becomes opaque and being opaque it interferes very seriously with the vision. To obtain good vision, eye doctors were usually able to improve the sight by the removal of the opaque lens. After the lens was removed, the vision was materially improved by the use of strong glasses, which rarely improved the sight to normal.

I have studied the physiology of the eye and I have repeatedly published the fact that it is much better to cure the opacity of the lens so that the patient could have normal vision with a normal eye rather than to relieve the blindness by the removal of the lens. Curing rheumatism of the hand by an operation which removes the hand is not the best treatment. Likewise rheumatism of the big toe is not considered a proper case for amputation. Medical or simple treatment without an operation will usually result in a cure.

I do believe in operations when necessary or where medical treatment fails to correct the trouble. However, removing the lens from the eye does not cure cataract of the lens nor does it prevent cataract from forming in the other eye.

Since cataract or opacity of the lens is caused by tension, relaxation should cure or prevent the trouble. If relaxation fails to cure cataract we should consider this fact an evidence that tension is not the cause of cataract. Relaxation can be obtained with the aid of memory, imagination and sight. If the eye of a child is injured by a blow and a cataract forms early or late in life it has always been demonstrated that the eye with cataract is under a tension.

Treatment which brings about relaxation always cures the cataract after a considerable amount of treatment which may require several months or longer. Among the many methods of treatment, the amount of relaxation necessary to be followed by a cure is a perfect memory, perfect imagination and the benefit obtained by sun treatment. Central fixation has in some cases cured all forms of cataract – senile cataract, soft cataract in children, cataract caused by sugar in the blood and other poisons.

It is found that when patients sit facing the sun with both eyes closed and move the head a short distance from side to side, they can stand the strong light of the sun for longer periods of time than they can with the eyes open. When the sun is not shining, a strong electric light is a good substitute.

Much quicker improvement in the sight can be obtained with the proper use of the sunglass. The patient is directed to look down while facing the sun and to do this continuously without effort or strain. The operator lifts the upper lid with the thumb of one hand. When the white part or sclera of the eyeball is exposed to view he quickly concentrates or focuses the strong light of the sun on the sclera, moving it continuously and only for an instant at a time.

## Cataract

By W. H. Bates, M.D.

Sinbad the sailor told many stories of his voyages which have pleased some adults and many children. I wish to maintain that some of his experiences were true while many were not. On one of his voyages, when sailing in the tropics, a violent storm struck the ship and he was wrecked on the shores of an island in the Pacific Ocean. As usual, most of the sailors were drowned but Sinbad lived to return home and tell of the wonders he had seen.

It was related by him that the island was frequented by goats who were blind for a variable length of time. After a few days or weeks many of them recovered their sight, being cured in some way by a thorn bush which had large thorns. Sinbad watched them closely and discovered that each goat pushed each blind eye directly onto one of these thorns. After a few efforts the goat became able to see. How was it accomplished?

The cause of the blindness was the presence of an opaque body behind the pupil. This opaque body is a cataract. There are numerous operations for the cure of cataract but all are planned to move it to one side, above or below the optic axis so that the pupil appears perfectly clear and permits good sight. Eye doctors during the period when Sinbad flourished had no other cure for cataract except an operation such as the goat performed on his own eyes. It was done so easily, so quickly, and in most cases so successfully that many quacks or irregular practitioners who did not understand it failed to remove the cataract properly and the sight was not improved.

Sinbad wrote a very clear account of how the goats got rid of their cataracts. He told how a goat would, in his blindness, move his head and eyes about different parts of the thorn bush until he was able to push one of the thorns into his center of sight and push the opaque cataract out of the way.

Sinbad wrote a great deal about the failures. He described how in many of the goats which operated upon itself, foul matter would form and destroy one or both eyes. But when the goat did things right, the eyes healed without any bad symptoms whatever. Sinbad's operation for the cure of cataract was described so long ago that there are still many doctors who claim that as they had never heard of Sinbad's operation there never was such a person as Sinbad.



Modern physicians believe that the thorn is not the best instrument to use to remove the cataract in elderly people. Various and numerous operations have been recommended and practiced with good results.

An opacity of the crystalline lens which is sufficiently opaque to interfere with the vision is called a cataract. There are two kinds of cataract - hard and soft. The hard cataract occurs usually in adults. An operation for its removal is usually advised for an improvement in the sight. When the operation is done properly, the vision is usually permanently improved. After the operation is completed without accidents, strong glasses are prescribed, which increase the vision. Two pairs of strong glasses are used by the patient. One pair is to improve distant vision, while a second pair with much stronger glasses may be necessary for reading, sewing, or other close work.

Soft cataract occurs usually in children or in adults at the age of 45 or younger. One operation is called "needling," in which a needle or very sharp knife penetrates a small part of the lens. A slight opacity of the lens may be seen for several days or longer, which usually causes no discomfort. It is customary to wait a few days or longer until the opacity made by the operation has disappeared. The operation is then repeated as before. By alternating in this way, the opacity of the lens becomes less after each needling until the cataract has disappeared altogether. The patient uses two pairs of glasses just the same as after the operation for the removal of a hard cataract.

Who were the earliest physicians? Who were the best doctors to cure the blindness of cataract? Barbers at an early date always bled their patients to cure any disease. Their motto was to bleed the patient until he was cured.

If the first bleeding failed it was considered good practice to bleed him some more. George Washington met his death at the hands of the barbers from too much bleeding. In the treatment of cataract in modern times we do things which are not always considered to be proper. At one of the best eye hospitals in this country patients suffering from severe pain and loss of sight have been bled from the temples and elsewhere and lost much blood that I considered unnecessary. While bleeding has apparently in some cases been a general benefit, this method of treatment is seldom indicated in a large number of patients.

Cataract occurs in a small percentage of persons with imperfect sight. One and the same method of treatment for all cases of cataract is not advised. It has been demonstrated and frequently published in this magazine that the cause of the opacity in the lens is a strain, a stare, an effort to see. When the strain is removed by relaxation methods, the cataract disappears and good or perfect sight is obtained without an operation of any kind. This being true, the removal of the cataract by some sort of an operation is the same as it would be to amputate the foot to cure rheumatism of the big toe.

People with cataract in one or both eyes may suffer from rheumatism, diabetes, bladder trouble, or other serious diseases which make it impossible for them to travel on land or water. Headache is sometimes continuous and of great severity. These patients may become bedridden and unable to walk without distress. The heart is often inflamed to such an extent that the slightest exertion brings on severe symptoms.

Some years ago a very intelligent Spaniard called to see me in reference to treatment of his wife who was a very sick woman and had been bedridden for many years. Her vision was very poor. She was unable to count her fingers when held in front of her face at a distance of two feet or more. The husband was told that it would be better for his wife to be cured of cataract while she was at home as the trip to New York would probably cause her so much discomfort that it would be very difficult to cure or improve her cataract by treatment. I told him that it would be possible for him to learn relaxation methods and have his wife practice them under his supervision. The fact that he himself had good sight would enable him to treat her more successfully than someone who had poor sight. He accepted my suggestion and told me that he would faithfully carry out any treatment which I might suggest.

The first thing I had him do was to:

+Read the Snellen test card at fifteen feet with each eye separately.

+Then he was directed to stand with his feet about one foot apart and to sway from side to side, while facing the Snellen test card. He learned how to do this very quickly. His attention was called to the fact that when the Snellen test card appeared to move in the opposite direction to the movement of his head, eyes and body, that the white card appeared whiter than it really was. The black letters also appeared much blacker and more distinct than when he did not practice the sway.

+He was then told to close his eyes and by opening and shutting them alternately, his vision improved.

+With his eyes closed he was able to imagine a small letter just as black as a large one and to imagine it better with his eyes closed than with his eyes open. When he imagined a small letter at the beginning of a line of letters perfectly black or as black as the larger letters, his vision improved to better than the average sight.

I examined his eyes with the retinoscope and found that the memory of imperfect sight caused the area of the pupil to appear blurred. When he strained or made an effort to improve his sight, the area of the pupil became very cloudy, the eyeballs became hard and the vision worse - a condition similar to that which occurs in cataract. This man was told that with his good sight he could at will increase the hardness of his good eyeballs more readily and lower his vision more readily than his wife who had cataract.

It is a truth that persons with normal eyes can produce imperfect sight at will to a greater degree than when the sight is imperfect from cataract. A large number of patients with cataract have been examined with the retinoscope at the same time that a strain is made to improve the sight. In all cases without exception the cataract became worse by an effort to see and the vision was still further lowered. Many persons with normal eyes were also examined at the same time. An effort to see better lowered the vision to a greater extent than occurred with the patients suffering from cataract.

It should be emphasized that a stare or strain is the principal cause of cataract. The retinoscope demonstrates that when an effort is made the cataract becomes worse. When the patient remembered or imagined letters or other objects the cloudiness and imperfect sight disappeared. An important point is the readiness with which an eye with good sight is able to produce imperfect sight while one with imperfect sight has great difficulty in straining sufficiently to increase it.

The husband was very much pleased because it seemed to him that there would be more difficulty in teaching his wife how to increase her cataract than to lessen or cure it. In due time I received a very grateful letter from him; he was much pleased to inform me that his wife had cured her cataract by my methods and after the cataract was cured, she became able to leave her bed. (She had been bedridden because of fear of walking about because of her poor eyesight.) The method was a benefit not only to her eyes but to her general health as well.

We have received many letters of inquiry from patients who have cataract who ask the questions: Can people eighty years of age be benefited? Which are the best methods of helping cataract? These questions were answered by the results of treatment in a man who was 106 years old. He came to the clinic with cataract so far advanced in each eye that he was unable, even with strong glasses, to read ordinary type. He was treated by rest of his eyes with the aid of shifting, swinging, memory, and imagination. After the first visit, he became able to read large print without glasses. His vision rapidly improved so that after some weeks of treatment, the cataract had disappeared and his vision for distance became normal. It was interesting to watch his cataract disappear while he was forming mental pictures of the white spaces between the lines of black letters.

Many patients with cataract who knew about this old man asked me how it was that he was cured in so short a time while many younger patients were not cured so quickly. The word obedience suggests that the reason this patient obtained so prompt and permanent a cure was because of his ability to obtain perfect relaxation of his eyes and mind as well as all the nerves of his body. For example, when he was told to close his eyes and keep them closed until told to open them, he did this thoroughly and well. Too many of my cataract patients do not practice central fixation as obediently as did my elderly patient.

So many people with cataract, when they close their eyes, feel that they are doing what they were told and cannot understand why they obtain so little benefit. Closing the eyes is not always followed by relaxation and rest. In short, there are many patients with cataract who strain their eyes more when they are closed than they do when they regard letters and objects with their eyes open. These patients are directed to practice the universal swing, the long swing, the variable swing and other methods of obtaining relaxation. One of the best methods of lessening cataract is to encourage the patient to regard a blank wall of one color. When the eyes are examined at the same time, it is usually found that the cataract has become less because the eye is not straining to see any one particular object.

Some cases of cataract acquire the ability to read without glasses very fine print held a few inches from the face. When such patients are recommended to read the fine print many hours daily, the cataract becomes less and the vision improves. The practice of regarding fine print or other small objects is one of the best methods of curing cataract.

## Websites

Edward Kondrot, M.D.

Dr. Kondrot is a homeopathic ophthalmologist who does a weekly radio show.

### ALTERNATIVE TREATMENT OF CATARACTS

Cataracts are the result of aging in the eye accelerated by toxic stress, dehydration and heavy metal poisoning. Tests reveal high concentrations of heavy metals in the lens of the eyes. In fact it is often three times higher in eyes with cataracts. Heavy metals such as bromide, cobalt, cadmium and nickel and lead. Cigarette smoke is a leading source of cadmium.

The three most important steps you can take to reduce the growth and reverse cataracts are the following:

- 1) Change your diet to organic living foods. Avoid all preservatives, GMO foods and corn fructose.
- 2) Maintain proper hydration. Cataracts are denatured lens protein (denatured = dehydrated). Proper hydration is also the best way to reduce your toxic load.
- 3) Be tested for heavy metal poisoning and if heavy metals are present have them treated. Hair analysis is a waste of money and it is very inaccurate. The only way is to have a 6 hour urine challenge test with a provocative agent to measure the heavy metals. If you have elevated heavy metals you need to undergo chelation therapy. See [www.acam.org](http://www.acam.org) for doctors who do this challenge test.

There is no short cut to stopping or reversing a cataract. Vitamins are a short cut that might help briefly but unless the underlying conditions are addressed the cataracts will progress. The above 3 basic steps must be undertaken to regain your sight.

Many patients are taking CAN-C to reduce their cataracts. The problem with CAN-C is that the NAC does not penetrate through the cornea into the lens. Even if a small amount does pass through the cornea into the eye, the human lens does not have any blood supply to carry the NAC into the cataractous lens. The oxidative properties in NAC might help reduce superficial inflammation on the cornea and improve the tear layer which would result in better vision. I also have an issue with CAN-C, the company stating that lutein should be avoided when taking NAC. Stopping lutein in animal studies have shown to lead to macular degeneration, certainly a more serious condition than cataracts.

(Read the full article at his website, <http://www.healingtheeye.com/Articles/Cataracts.html> )

## Mercola.com

Mercola.com is one of the top health websites. Dr. Mercola is an osteopath who has been featured on TV networks, radio shows, and magazines.

<http://articles.mercola.com/sites/articles/archive/2016/04/04/vitamin-c-vision-health.aspx>

## Earth Clinic

Earth Clinic is one of the top alternative medicine websites, focusing on natural foods and substances.

<http://www.earthclinic.com/cures/cataracts.html>

## Our Community

Come discuss any of the above information with us!

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