

This article describes how Plus lenses were prescribed when the persons eyes were normal. 3,4 years later the person still wears glasses.

Plus lense treatment consists of wearing Plus Lenses (close vision eyeglass lenses) for close and distant vision in an attempt to force the eye muscles, eyes to function for close distance when looking at close and far distances - in the attempt to force the eye muscles, eyes to change function, to force the abnormally lengthened eye that causes unclear distant vision to change shape, shorten nearer to the round eye shape that produces clear distant vision. (A round/slightly lengthened eye produces clear close vision).

The Bates Method is against the use of Plus Lense Treatment.

MY TECHNIQUE IN MYOPIC CASES in the "Land of Myopes"

By DR. C. P. RAKUSEN, Shanghai, China

The author, with 15 years of practice and research in the "Land of Myopes," reaches surprising conclusions in regard to pseudo-myopia in youthful cases and results from use of plus repression prescriptions.

I was greatly interested in the article "Simple Myopia; Preventive Treatment" in THE JOURNAL-REVIEW's issue of March 1, 1936, in which Doctor Haberfeld comments on his "technique for lessening the tendency of myopia in children." He "feels that every optometrist should know of the basic principles involved" in what he calls his "Teleopto lens formula." Doctor Haberfeld submits the article as a synopsis of the principles of his lecture before the A.O.A. convention at Miami in June, 1935.

This subject should be brought to the attention of optometrists everywhere, and I welcome Doctor Haberfeld's treatise as a means to this end. While editorial reference to the article stated that the newspapers referred to the "Teleopto" as the discovery of a new lens for myopic cases, I regret that the subject for course, no new lens-invention involved at all; it is only the technique of handling these cases which is new.

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I have been working on the subject in China ("Land of Myopes") for over 16 years, during which time, in discussions of my technique with oculists in China and with optometrists in other parts of the world, I have often been ridiculed at my "crazy ideas of plus lenses for myopes." One oculist, with whom I was corresponding, wrote me in 1928, "your next step should be minus lenses to reduce hyperopia."

On account of this ridicule and the radical technique involved, I hesitated to publish an article on the subject until about 1930 when, while examining several hundred school children among whom were a large percentage of myopes, I selected 10 whose age and history indicated recently acquired myopia. All had a manifest myopic spasm of one to two diopters, and naked vision of 20/200 to 20/100.

At first I had the school physician present to verify the naked vision, and then fitted all the children with plus repression lenses, with prism-base-in, to be worn constantly at all close work and, as much as possible, indoors. One week later, a recheck showed every one of them had normal 20/20 vision. A careful record for two years afterward showed further improvement in all cases and no return to myopia for all close work. In one case, where the glasses were later discarded, the myopic spasm returned.

More recently, in the past few years, since publication of my articles on the subject, I have received praise and commendation of my technique from medical practitioners in China, also from many well-known optometrists in America.

Illustrating the value of prescribing plus lenses in all cases of eye-strain, I may mention a child, aged 7, who was brought to me for eye-examination in January, 1930, complaining of headaches. Refraction showed entirely negative findings, except for a tendency to hold the book closer than usual, and no difficulty in reading the 20/20 line. I prescribed weak plus lenses, with weak prism base-in for school and home close work.

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The facts were, that after seeing me late in 1932, the parents returned to America and left the child with relatives to attend school in America. She broke her glasses and went without any for over a year when, eye-discomfort recurring, the relatives took her to an oculist who prescribed weak minus glasses. However, she continued to have headaches and visited one or two other oculists, each of whom changed the prescription, resulting in the final O.U. minus 2.00, minus 0.50 previously reported, which, I found, gave only O.U. 20/20.

I have little doubt that if the patient had continued to wear these glasses for several more years she would now be even more myopic and require stronger minus glasses.

I worked on the case for a year, and succeeded in reducing the myopic spasm by more than half, and patient is wearing my weak plus repression prisms for all close work. Let me tell of one more interesting and very recent case:

Patient, a boy then aged 12, was brought in by his grandmother in 1931 complaining of eye-strain. Examination showed entirely negative findings, naked vision being 20/20 readily, amplitude of accommodation, etc., all normal. I advised "no glasses needed." I have not seen the patient since, but a few days ago a Rx was brought in by a local eye surgeon who does some refraction and with whom I am on very friendly terms, as he refers all his difficult cases to me. The Rx bore the patient's name, which I recalled, and reference to my files showed, by the date and age, that it was the same patient.

My oculist friend informed me that the patient, now aged 17, came to him complaining of eye-strain and wearing R. minus 1.25 sph.; L. minus 2.00 sph., fitted about two years ago by a local optician. The oculist's Rx, brought in to me, called for R. minus 2.00; L. minus 2.75.

It is interesting to note that this Rx was arrived at after examination with "drops," proving the fallacy of the theory that paralysis of the accommodation eliminates spasm. I am quite confident that this is another example of myopic spasm, wrongly "corrected" by minus lenses.

Inquiry showed that several years after I examined the boy in 1931, he happened to visit a local optician in company with a school friend who was having his broken glasses repaired. The optician "tested" both the boys' "sight" and prescribed for the one, as the boy was "short-sighted," which information was communicated to the parent who authorized the glasses to be made.

I could quote hundreds of similar cases, all proving beyond any question that this pseudo myopia in youthful cases should be treated with plus repression Rx, to relax the accommodation-convergence spasm. I would go so far as to recommend that weak plus lenses be given to all children, even those with only very slightly lowered vision, and including even those with normal vision who complain of eye-strain or ocular discomfort.

THE BOOKSHELF

By JOSEPH I. PASCAL, O.D., M.D. *Optometric Questionnaire*, by H. C. Hughes, O.D., Newark, La., single copy, \$1.75; in lots of 10, \$1.50 each; in lots of 25, \$1.25 each.

THIS is a mimeographed folder containing a series of about 3000 questions on practically all phases of optometry. It includes questions on the anatomy and physiology of the eye, on theoretic and practical optometry and on theoretic and practical optics. The questions are based primarily on Laurence's *Visual Optics*, though there are some supplementary questions, the answers to which will have to be sought in other books.

From the standpoint of testing one's knowledge or of prodding one to find the answers for the questions he cannot answer, the set is quite satisfactory. It should help to set the student thinking more clearly on what he has read, as it always the case when one is asked to show one's knowledge of a subject by answering definite questions instead of merely rambling on. The questions on the whole are brief, definite and to the point.

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This method is unnatural, very harmful to the eye. It causes extreme tension, strain, dysfunction in the brain, eyes, eye muscles, causes increased blur, cataracts and other eye problems. Wearing eyeglass lenses for the incorrect distance causes confusion, dysfunction, chronic tension, strain in the brain, left and right hemispheres, visual cortex, visual system, eye muscles, eyes and increased vision impairment. Headaches, neck tension occur. The Bates Method of Natural Eyesight Improvement relaxes the brain, eye muscles, eyes, returns all to normal function, returns the eye to correct shape for clear close and distant vision and keeps the eyes healthy. Avoid all eyeglasses, use the Bates method. Reading fine print, shifting, central fixation on small details of small objects (stone, jewelry...) changes the eye to the normal round/slightly lengthened shape for clear close vision and coaxes the eye to avoid an abnormally lengthened shape and to change to the normal round shape when looking to the distance for clear distant vision.

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Floating Specks caused by Eyeglasses, Contacts, Laser Surgery, Sunglasses.

Eyeglasses, Contact lenses, Cornea Laser Surgery, Sunglasses, Staring cause Floating Specks by impairing natural eye movement, shifting, central-fixation, creating strain, tension in the eyes, eye muscles, neck, visual system, brain. Diet also affects the eyes health, function and can cause floaters.

Floaters, Floating Specks - Moving spots, lines, bubbles... in the visual field can appear in many forms, colors. They move when the eye moves and move away from the central field of vision. They are usually harmless.

Scientists state that floaters *Muscae Volitantes*, or *Flying Flies* are debris left in the eye from its development, injury or toxins in the body which can be removed by fasting, cleansing diet, improved liver, kidney health, avoiding: sugar, ingestion of chemicals, or chemicals in the air, on the skin, artery clogging food.

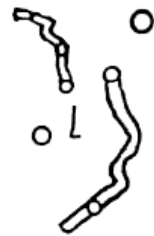
Ophthalmologist Bates states that tension in the mind, staring, squinting, limited eye movement, lack of central-fixation, eye muscle tension causes the appearance of floaters. Worrying about them, looking for the floaters, trying to prevent them from appearing and moving causes staring, eye muscle tension: the floaters then appear/stay in the visual field.

Dr Bates states that floating specks disappear when the mind, visual system, eye muscles, eyes relax causing the eyes to move, 'shift' correct - Relaxed mind, eye muscles, eyes produce all sizes, types of eye movements and it's the tiny, small shifts (saccadic eye movements, vibrations) and central-fixation that occur with relaxation, normal eye function that produce very clear vision, causes the floaters to disappear, stop moving around and the brain shuts them off.

Shift point to point on a fine print letter or small part on a distant or close object: left and right, top and bottom, diagonally... and notice the vision improves and floaters disappear. Clear vision removes floaters.

Practice shifting point to point on a fine print letter or tiny period with the eyes open. Then; imagine shifting on the letter or period with the eyes open without looking at it, see it in the mind only. Blink, relax. Then: do this with the eyes closed

Floating Specks.



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using the memory and imagination, then with eyes open again. Notice the eyes do tiny movements even when shifting on the imaginary tiny object with the eyes open or closed. The floaters disappear. Relaxed eye muscles, neck muscles, exercise, deep breathing improve blood/oxygen, nutrient, lymph flow, circulation to the brain, eyes, allows the eyes to remove waste, return eye fluid, lymph flow to normal. This removes floaters.

All Correct Vision Habits: Shifting, Central-fixation, Blinking, Switching Practice... and other Bates Method Activities; Long Swing, Rock, Sunlight, Deep Abdominal Breathing, good diet, avoiding processed sugar, aspartame, chemical exposure removes floaters. Food that improves the circulation in body, eyes helps cleanse the eyes, improves eye health.

Many floaters, suddenly appearing, flashing lights are a different type of floater and a sign of detached retina or other eye condition. See an Eye Doctor Immediately.

Migraine headaches can cause temporary flashing moving lights, patterns, blind spots in the visual field with or without the headache. Sinus headache, pressure can cause floaters and disrupt eye movement, cause blurry vision.

See Better Eyesight Magazine for a variety of Articles on Floaters

BETTER EYESIGHT

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

October, 1919

FLOATING SPECKS

A man returning from Europe was looking at some white clouds one day when floating specks appeared before his eyes. He consulted the ship's doctor, who told him that the symptom was very serious, and might be the forerunner of blindness. It might also indicate incipient insanity, as well as other nervous or organic diseases. He advised him to consult his family physician and an eye specialist as soon as he landed, which he did. This was twenty-five years ago, but I shall never forget the terrible state of nervousness and terror into which the patient had worked himself by the time he came to me. It was even worse than that of the clergyman, who was always ready to admit that his fears were unreasonable. I examined his eyes very carefully, and found them absolutely normal. The vision was perfect both for the near-point and the distance. The color perception, the fields and the tension were normal; and under a strong magnifying glass I could find no opacities in the vitreous. In short, there were absolutely no symptoms of any disease. I told the patient there was nothing wrong with his eyes, and I also showed him an advertisement of a quack medicine in a newspaper which gave a great deal of space to describing the dreadful things likely to follow the appearance of floating specks before the eyes, unless you began betimes (in good time, early) to take the medicine in question at one dollar a bottle. I pointed out that the advertisement, which was appearing in all the big newspapers of the city every day, and probably in other cities, must have cost a lot of money, and must, therefore, be bringing in a lot of money. Evidently there must be a great many people suffering from this symptom, and if it were as serious as was generally believed, there would be a great many more blind and insane people in the community than there were. The patient went away somewhat comforted, but at eleven o'clock—his first visit had been at nine—he was back again. He still saw the floating specks, and was still worried about them. I examined his eyes again as carefully as before, and again was able to assure him that there was nothing wrong with them. In the afternoon I was not in my office, but I was told that he was there at three and at five. At seven he came again, bringing with him his family physician, an old friend of mine. I said to the latter:

"Please make this patient stay at home. I have to charge him for his visits, because he is taking up so much of my time; but it is a shame to take his money when there is nothing wrong with him."

What my friend said to him I don't know, but he did not come back again.

I did not know as much about muscae volitantes then as I know now, or I might have saved both of these patients a great deal of uneasiness. I could tell them that their eyes were normal, but I did not know how to relieve them of the symptom, which is simply an illusion resulting from mental strain. The specks are associated to a considerable extent with markedly imperfect eyesight, because persons whose eyesight is imperfect always strain to see; but persons whose eyesight is ordinarily normal may see them at times, because no eye has normal sight all the time. Most people can see muscae volitantes when they look at the sun, or any uniformly bright surface, like a sheet of white paper upon which the sun is shining. This is because most people strain when they look at surfaces of this kind. The specks are never seen, in short, except when the eyes and mind are under a strain, and they always disappear when the strain is relieved. If one can remember a small letter on the Snellen test card by central-fixation, the specks will immediately disappear, or cease to move; but if one tries to remember two or more letters equally well at one time, they will reappear and move. Usually the strain that causes muscae volitantes is very easily relieved. [See; April, 1925 and other issues;](#)



Girl lying in the grass on a hill looking at the blue sky, white clouds and seeing floaters, imaging they are angels or outer space aliens, secret friends with magic powers that protect her.